

Imogen Blood &
Associates

Doncaster Review of Homelessness and Rough Sleeping 2019

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Doncaster
Council

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Summary of key messages

Prevention of homelessness

There is scope for Doncaster to improve the prevention of homelessness; however, this cannot be the sole responsibility of the Home Options Team.

There is a risk – and Doncaster is by no means alone in this – that the Homelessness Reduction Act simply generates a lot more ‘processing’ work, with fewer sustainable outcomes.

Given the complex causes of homelessness and the additional support needs of those experiencing or at risk of it in the city, a multi-layered, whole system, strategic response is required to achieve this, including a clear multi-agency action plan and ‘whole system’ performance indicators.

This fits well with the local ‘Homelessness Reduction Boards’ MHCLG is considering and with the focus on prevention of homelessness and complexity in the NHS Long-Term Plan. We present some areas for consideration **on page 8**

Housing-Related Support (HRS)

Doncaster currently has a reasonable number of total HRS provision; though there is an urgent need to review the *type* of provision and what role it should ideally play in the wider system.

The increasing number of people (including young people and women) with complex needs is placing existing models and pathways under strain.

Given Doncaster’s housing market, there is real potential to move to a more housing-led model over time, where the ‘default’ is rapid-re-housing with tailored support. But it is essential that this happens as part of an integrated homelessness/ housing strategy and is co-produced with people with lived experience and existing providers and partners. If this is to be the direction of travel, it will be essential to develop a clear transitional plan.

We present some areas for consideration **on page 16**

Creating and embedding a ‘whole systems approach’

There are many positives on which to build in Doncaster. However, our review found that, despite the promising practices and resources outlined above, much of this work still takes place within traditional ‘silos’. In order to increase effectiveness, a ‘whole systems’ approach is needed to better prevent future and end current homelessness.

We suggest what this might look like **on page 19**.

1. Introduction

1.1. This commission/ report

Doncaster MBC commissioned the independent social research consultancy, Imogen Blood & Associates (IBA) in April 2019 to conduct a Homelessness and Rough Sleeping Review to inform its forthcoming Homelessness Strategy.

In line with the Homelessness Code of Guidance for Local Authorities, the review has:

- Involved relevant partners, including statutory partners, voluntary sector and specialist providers, and people with lived experience: those who have participated are listed in Appendix E;
- Considered other relevant local plans and wider but related programmes, to assess strategic alignment;
- Reviewed data on current levels of homelessness, its causes and the profile of those experiencing homelessness;
- Reviewed activities to prevent homelessness and to provide support and/or temporary/ settled accommodation to those experiencing homelessness.

The findings of this review will inform the development of a new Homelessness Strategy.

1.2. The evidence on which it is based

Our activities have included:

- Two meetings with a steering group of senior staff from: St Leger Homes (including the Home Options Team) and Doncaster MBC (Strategy & Performance, Adults Health & Wellbeing, Localities and Town Centre);
- Site visits to Home Options Team, Complex Lives Alliance, and Riverside projects to observe, and interview staff, service users and multi-disciplinary teams;
- A review of data and documents supplied by the council;
- Meetings with commissioners and analysts to collect and review data;
- A series of phone interviews and group discussions with a range of partner agencies and departments;
- The development of a spreadsheet-based tool, to better understand current and model future demand for accommodation and support.

1.3. Our outputs

The specification called for 'some clear insight into our data; not simply repeating data already available'; our focus has been to synthesise a substantial amount of information to produce this succinct high-level document, with supporting evidence included in:

- Appendices;
- A separate interim summary document, on which we sought and responded to feedback from the steering group, and
- The draft modelling tool, shared with the Accommodation Flow Group

2. Prevention of homelessness

In order to effectively prevent homelessness, it is vital to understand what is causing it.

2.1. The causes of homelessness in Doncaster

Table 1 in Appendix A shows the reasons for (threatened) loss of accommodation of those presenting at the council's Housing Options Team (HOT) in the last financial year. This data suggests:

- A **wide range of reasons** why people are becoming homeless (or at risk of becoming homeless), necessitating different preventative interventions.
- Significant success in preventing **private sector evictions**, which make up 31% of those on a prevention duty, but just 16% of those on a relief duty.
- **Relationship breakdown** of various types (violent/ non-violent, partner/ family/ friends) is a major cause of homelessness: this is more difficult for the council to prevent, though access to mediation services may help in some cases.
- A relatively high¹ number of cases at relief stage which should **ideally be identified and prevented earlier on**, e.g. 117 evictions from supported housing, 35 evictions from social tenancies, 43 leaving institutions and 18 leaving asylum accommodation.

Those accessing the Home Options Service have a **high level of additional support needs**:

- 72% of those presenting as homeless in Doncaster had additional support needs, compared to half of those presenting nationally/ regionally (see Table 2, Appendix A)
- **Mental health** is the most frequently noted, in line with the national picture.
- Those presenting as homeless in Doncaster have **higher levels of multiple needs** than the national/ regional average.
- Support providers and other professionals working with those experiencing homelessness confirmed high levels of complexity, including poly-drug (including Spice) use, alongside mental health problems (often linked to past trauma) and 'revolving doors' through homelessness, prison and housing instability.
- For those with lived experience we interviewed, relationship breakdown had often triggered homelessness, but was typically linked to (caused by and/or triggered) substance use and or mental health issues.
- The proportion of childless households presenting – especially amongst those who are actually homeless and owed a relief duty - is relatively high (see Table 3)
- In 2018-19, 54 Households with a Polish head of household presented to Home Options and 31 were cases where a duty was accepted.
- HOT and external support reported an increase in the number of women presenting, especially amongst the cohort at risk of/ experiencing rough sleeping.
- There are four local prisons which release people into the city and surrounding area.

¹ Where eviction from supported housing prompted 7.5% of all homelessness presentations in Doncaster, it accounted for 2% of homeless presentations nationally. Leaving institutions was the cause of 3% of Doncaster's presentations, and 1% of national presentations:

2.2. How prevention is currently working

In the year 2018-19, 2227 households presented to Doncaster Home Options Team. The breakdown of statutory decisions made is included in Table 4, Appendix A.

The Homelessness Reduction Act (HRA) 2017 places duties on local authorities to intervene at earlier stages to prevent homelessness in their areas and requires housing authorities to provide homelessness services to all those affected. A triage system was set up within the Home Options Team (HOT) on implementation of the HRA in order to filter and manage the additional work. HOT staff report that they spend a lot of their time processing presentations, though would like to spend more time proactively taking preventative action. However, since HOT had offered advice and assistance to those deemed 'non-priority' prior to the HRA, there has not been a big change to the offer, and no real increase in statutory presentations as yet.

40% of those owed a duty were owed a prevention rather than a relief duty; this is significantly lower than the national (55%) and regional (56%) averages. In other words, **a higher proportion of Doncaster's presentations are already homeless.**

Qualitative research with professionals within HOT and with those based in other departments/ agencies, suggests that **referrals sometimes occur too late in the pathway to trigger a preventative approach. However, improvements have been made recently to some of these pathways**, though it is perhaps too early to see the impact of these on the numbers, and we sometimes heard conflicting versions of what does or is supposed to happen. The emerging themes are:

- Good pathways developed at a strategic level do not always work as planned at an operational level, due to frontline pressures, poor inter-agency communication, lack of awareness/ understanding, staff absence or turnover: this seems to be the case in relation to hospital discharge.
- DMBC Housing should work more closely with their colleagues who have developed the forthcoming Autism strategy. This might include: drawing on the expertise of the Autism lead to consider the pathways of people living with Autism who are at risk of or experiencing homelessness; sending a representative of the Home Options Team to Autism strategy planning meetings; and making reference to the Housing section of the Autism strategy within the forthcoming Homelessness Strategy. We have included a practice example from Oldham; however, whilst this includes housing/ homelessness, its focus is much broader.
- Building consistent and trusting relationships between HOT and other agencies/ departments is key; this is in place in some pathways (e.g. young people leaving care, prisons) but was felt to have been reduced due to cuts in others (e.g. domestic violence, hospitals)
- Having a seconded HOT worker in specialist teams (e.g. in the Complex Lives Alliance, who also picks up those at risk of homelessness on release from prison) helps to streamline referrals and assessments and improve upstream prevention.
- Offering informal surgeries outside of the Civic (e.g. those held for refugees at Quaker House) can help to build relationships with external agencies and encourage people to come forward for advice and assistance at an earlier stage.

There was a known positive outcome in 51% of Prevention Duty cases. Interventions included financial advice and assistance, paying discretionary upfront fees for private rented accommodation, supporting Discretionary Housing Payments, and paying off rent arrears. However, this is **lower than the National or Regional averages** (60%, 69% respectively²).

80% of these successful preventions were achieved by securing alternative accommodation – in many cases supported housing. This is a much higher proportion than national or regional averages (68%, 62% respectively). This suggests that more might be done to support people to maintain existing tenancies: a lack of flexible preventative floating support and the absence of independent/ legal housing advice were mentioned by a number of professional stakeholders feeding into the review.

IBA observed a number of challenges in relation to the HOT service model:

- The Civic Centre is the main access point to HOT services, yet this can be a daunting environment for people who are in crisis, and for those who might want an early, informal conversation about their housing or financial problems.
- The triage workers do not have the necessary experience, training and access to interventions to maximise the opportunities for prevention; those who are not homeless that day may have to wait between one and three weeks for a full housing advice and options offer, which may increase the risk of them being ‘lost to the system’ and/or returning as homeless at a later point.
- The service model is focused on statutory assessment and, given the volume of work, was felt by frontline staff to be reactive and crisis-led. Although people with lived experience described positive encounters with some individual HOT staff, there are other examples where people report feeling that the response is dominated by eligibility decisions, rather than an honest human conversation about options and resources.
- Within this context, Personal Housing Plans (PHPs) are not being used to their maximum potential: staff described not having time to co-produce meaningful action plans and follow-up as necessary; people with lived experience of the system felt the templates, letters and information could be more user-friendly.
- 343 households were recorded as being ‘at risk’ of homelessness, but not owed a duty. They are likely to be a key group to target for ‘upstream prevention’ and, whilst it is good practice that they are recorded, the data does not show what actions, if any, were taken to support them, or whether or not they present again at a later point.

² We are conscious that there are fewer opportunities to prevent where relationship breakdown is the cause of homelessness. Analysis of the MHCLG data for causes of homelessness over the first three quarters of 2018/19 shows that 42% of initial assessments in both England (excluding London) and Doncaster fall into this category (i.e. violent/ non-violent; partner and family/ friends). The equivalent figure for the region is higher at 47%.

2.3. Areas for consideration

Key message: There is scope for Doncaster to improve the prevention of homelessness; however, this cannot be the sole responsibility of HOT. There is a risk – and Doncaster is by no means alone in this – that the HRA simply generates a lot more ‘processing’ work, with fewer sustainable outcomes.

Given the complex causes of homelessness and the additional support needs of those experiencing or at risk of it in the city, a multi-layered, whole system, strategic response is required to achieve this, including a clear multi-agency action plan and ‘whole system’ performance indicators. This fits well with the proposal for local ‘Homelessness Reduction Boards’ on which MHCLG has been consulting and with the focus on prevention of homelessness and complexity in the NHS Long-Term Plan.

Learning from within Doncaster suggests the importance of:

- Continuing to invest in and, wherever possible, develop the secondment of HOT workers in other departments/ agencies; and/or offering a HOT duty service which is available only to other professionals to maximise opportunities for early referrals.
- Consistent and regular communication of the operational arrangements, especially in larger, more complex organisations and pathways.
- Building stronger relationships with PRS landlords, both to sustain tenancies, challenge poor landlords and to source new tenancies.
- Continuing to embed Homelessness Prevention within the wider work of the Anti-Poverty Steering Group, including partnerships with CAB, DWP, credit unions, etc.
- The recent award of MHCLG Rapid Rehousing Pathway Early Adopter Programme for Rough Sleepers funding provides a key opportunity to develop a flexible floating support offer for those at risk of rough sleeping, which will form part of the strategy, however sustainability is a real issue, given the time-limited nature of the funding.

Other areas have taken the following steps, which might be of interest to Doncaster and its partners (see Appendix B, Prevention for details):

- Commissioning the provision of homelessness prevention services (e.g. Reading MBC and Launchpad), e.g. legal advice, drop-in surgeries, preventative floating support.
- Building skills and positive attitudes, staff development and retention in ‘triage’: (e.g. LB Harrow put their most experienced staff in triage roles; South Gloucestershire recruits for skills and attitudes and uses the ‘3 conversations’ approach).
- Promoting the earliest possible prevention by embedding homelessness prevention awareness and information in neighbourhood locality GP hubs (e.g. Stockport MBC)
- Pathway has developed a model for the effective care and discharge of homeless people in and from hospital, including ward rounds with homeless specialist nurse practitioners and pre- and post-discharge support from peer navigators.
- Sheffield has used Trailblazer funding to pilot an enhanced Housing Options service, providing holistic support to the most vulnerable people presenting to the council.

3. Housing-Related Support

3.1. The current challenge

As in other local authority areas, there have been significant cuts to budgets for the commissioning of housing-related support in Doncaster for those at risk of or experiencing homelessness, following the removal of the Supporting People ring fence in 2009. Although Doncaster has worked hard to maintain a healthy supply of both supported housing units and floating support services, the significant number of people experiencing homelessness, alongside high levels of multiple support needs is creating a challenge for the current housing and support system in Doncaster. Riverside and Target (the two commissioned providers for homeless adults, including those with complex needs) confirmed an increase in the size and level of need of this group in recent years, and described steps they have taken to try and manage this as best as possible within the current buildings and staffing models. Providers reported challenges levering in multi-disciplinary support – especially in relation to mental health and substance misuse - for supported housing residents who are not part of the Complex Lives Alliance cohort but still have high levels of multiple need.

There is growing evidence from other areas³, and some anecdotal evidence from Doncaster, that many of this cohort find hostel environments extremely stressful. Meanwhile, concerns were raised by providers and landlords about neighbour nuisance where people with complex needs – especially those currently drinking and/or using drugs are placed in ordinary tenancies. Despite a significant number of commissioned units of young people’s supported housing in the city, there is a lack of accommodation options for young people with current substance use issues. Although we did not undertake quantitative analysis in relation to gender, we heard that there are increasing numbers of women with complex needs in the city, and we understand that the emergency bed provision at Wharf House consists of four mixed-gender beds in a single room, which is likely to create barriers for female rough sleepers entering the hostel system.

A data analysis exercise conducted with 8 of Doncaster’s supported housing projects for adults and young people experiencing homelessness found that:

- 83% of households who are actually homeless were referred last year for re-housing support. This suggests that supported housing tends to be the default response to homelessness.
- In 41% of the 369 referrals made during a 3-month period, the application was withdrawn, or contact was lost: there may be varied reasons for this: it may be that referrals have been made to multiple providers, but presumably some of these will be caused by the individual refusing the placement. A third of these referrals actually result in a re-housing support placement.
- 38% of supported housing placements ended in an unplanned way: a third ended in either abandonment or eviction (which we know to be the cause of 7.5% of homeless presentations in Doncaster). This is likely to be due to a combination of

³ E.g. interviews with 100 people with multiple needs in Liverpool City Region, conducted as part of the Crisis/ MHCLG Housing First Feasibility Study by IBA

inappropriate referrals, lack of engagement and ultimately points again to the unsuitability of the current model for people with complex needs.

- 1 in 5 of the people moving into Wharf House (the main direct access provision) have been through the hostel before.

Despite the best efforts of providers (as confirmed in interviews with people who have stayed in supported housing projects), this evidence suggests that there are some significant systemic challenges which need to be addressed by a review of housing and support provision for this cohort. These challenges are by no means unique to Doncaster.

3.2. A typology of housing-related support interventions to model number and type required

There is a huge diversity of Housing-Related Support (HRS) for people experiencing homelessness. Being very specific about the function of each scheme within the system is a key step to modelling future requirements. The following table proposes such a typology and shows the current number of units which might be classed under each category.

HGO Consultancy, working in partnership with Imogen Blood & Associates, has conducted a modelling exercise for Doncaster which uses available data on the 'flow' of people through the whole homelessness system to make evidence-based projections of the amount of each type of HRS needed in different scenarios.

There are two essential caveats here:

- There are some gaps in available data which reduce the reliability of the numbers used, e.g. on repeat homelessness and referrals into all of the non-commissioned projects.
- The model takes account of inter-dependencies across the whole system: e.g.:
 - If prevention performance is improved, the need for HRS units decreases;
 - If the number of units in building-based HRS schemes reduces, the amount of suitable alternative 'ordinary' housing needed will increase (see S.3.7)

For these reasons, the projections in the right-hand column of the table below **must be treated as illustrative**. The key assumptions on which they are based are given in Appendix C and D. A number of current schemes straddle the high-risk/ congregate and dispersed/ independent living provision boundary, partly due to the physical environment (with units partially but not fully self-contained), and partly because some projects are not functioning as originally intended due to increasing complexity (see breakdown, Appendix C).

Category of supported housing	Current units in Doncaster (of which are for young people)	Projected need (2020/21)	Projected need (2023/24)
Support that is offered independently of housing, i.e. when the support is no longer needed, the person does not have to move. This might include:			
○ Non-time-limited support offer (Complex Lives Alliance)	100 - 200	?	?
○ Time-limited support <i>to support a new tenancy</i>	235 (105 yp)	86	93
○ Time-limited support <i>to sustain an existing tenancy</i>		145	199
Support that is integral to the housing offer, i.e. when the support is no longer needed, the person does have to move.			
○ High-risk/ congregate supported housing where levels of staff are geared to provide certain levels of cover to ensure security and safety	90 (30 yp)	53 (26yp)	56 (28 yp)
○ Dispersed/ self-contained supported housing – where support packages are focussed on independent living	133 (65 yp)	158 (67yp)	165 (71 yp)
○ Low level supported housing – where the focus is on the provision of Intensive Housing Management	130 (0 yp)	159 (41 yp)	164 (63 yp)

- Broadly speaking, the modelling suggests that the current level of provision is about right, but the balance of provision required is a little different, with less hostel provision and more dispersed (or congregate ‘own front door’) and intensive housing management style supported housing required.
- The estimates for floating support-type provision are the only area that overall shows a significant increase in what is needed by 2023/4 where the estimate is for around 290 units instead of 230. This reflects the increasing emphasis on prevention; without sufficient investment here, the numbers needing re-housing with support are likely to increase.
- As it stands, the need for supported housing does not go down overall despite an assumed improvement in prevention and a shift away from seeing supported housing as the default option for people with additional support needs. This is because the modelling also assumes that there is a significant improvement in translating the level of referrals into actual placements which balances out the other trends.
- We have not sought to model future need for the Complex Lives Alliance service and current caseload figures show between 112 and 190 open cases, hence the question mark next to the estimated future ‘Non-time-limited support offer’.

We present some further areas for consideration in section 3.8 below

3.3. Single Point of Access

The Single Point of Access (SPOA) has been introduced as a way of managing and monitoring referrals into HRS. All of the referrals into Wharf House direct access hostel (Riverside) and Target (dispersed shared housing) must now come through this route. Other providers, including some of the non-commissioned (Intensive Housing Management only) services accept referrals from SPOA, though not exclusively. The SPOA received 343 referrals during the quarter February to April 2019; half were from HOT, 29% from Nacro and the remaining 21% from other sources.

Overall, the SPOA was felt by providers and stakeholders to be a sensible step on the part of DMBC to improve its strategic control and monitoring of how HRS is used in the city. A few operational challenges in relation to insufficient referral information and bottlenecks were reported; however, on balance, it was felt by stakeholders to:

- Reduce the risk of people who do not have support needs receiving HRS, simply because they do not have accommodation;
- Help to mediate and influence where there are blockages in the pathway.

In terms of further developing the approach, the following suggestions were made, though it was recognised they will have human resource implications:

- Continue to promote use of the SPOA with non-commissioned providers. The council will inevitably have limited control over their referrals, but could perhaps ask for data on all referrals accepted by them to inform its strategic development;
- Include floating support and commissioned young people's services within the SPOA, so the system encourages a housing-led approach, rather than a default route into hostels;
- Improve data sharing and live information about vacancies via an online system.
- Develop the role of the SPOA in relation to testing and improving the data to inform the modelling of future need: we make some specific recommendations in relation to this at Appendix C.

3.4. Non-commissioned housing/ support

DMBC has good links with Bridge-it, Ongo and South Yorkshire Housing Association who, between them provide around 130 units of supported housing, which is funded solely by Intensive Housing Management (i.e. through enhanced rate Housing Benefit). Given this funding model, these projects are not able to support people with complex needs; however, they provide an important resource within the city. For example, Ongo told us that it houses many refugees who have been given leave to remain and would otherwise be homeless. Little is currently known about non-commissioned HRS provided by the private sector and/or by smaller charities and groups and serving these cohorts. In Appendix B, we describe Hull CC's work to better manage the non-commissioned sector.

3.5. Temporary accommodation

358 Temporary Accommodation (TA) placements were made to 322 households (i.e. there were some repeat placements) in 2018/19.

- 187 (52%) of these placements went into St Leger’s void flats on a temporary basis (with an average (mean) stay of 55 days), often following a short initial stay in Bed & Breakfast.
- 169 (47%) were placed in Bed & Breakfast only (with an average (mean) stay of 10 days).

The overall proportion of households in TA placed in Bed & Breakfast is high⁴; however, the average lengths of these stays is short, which is positive, as is the steady supply of temporary accommodation provided by St Leger’s. Commercial B&B rates in Doncaster are relatively low compared to other parts of the country and, if quality is good, this may be a cost-effective way to manage the high churn through the system. It was beyond the scope of this review to conduct detailed consultation with households in B&B to better understand their experiences and pathways, and this will be important, since 90 households with a total of 159 children were placed in B&B accommodation during 2018/19.

3.6. Complex Lives Alliance

Team Doncaster’s ‘Deep Dive’ report in 2017⁵, estimated annual costs of at least £9K per person on the ‘complex lives’ cohort to housing, social care, police and NHS. Given the size of the cohort, this equates to an annual spend of at least £750K. This evidence base provided the impetus to pilot a new multi-disciplinary partnership approach to engaging and supporting people with complex needs who are homeless, formerly homeless and now resettled or threatened with homelessness. Key features of the model include:

- Embedded workers from a range of different agencies (including HOT, substance misuse, health, etc) work together to provide a holistic case management approach, supported by regular reflective practice;
- Wider engagement and coordination with partners in the community – businesses, faith and community groups;
- The support is not time-limited: CLA ‘stays’ with the cohort, crucially, as their housing circumstances change, which they often do quite frequently.
- The ethos of the support, which is strengths-based, promotes choice and aims to work in a creative, flexible and problem-solving way. This approach is confirmed and valued by those accessing CLA services⁶ who said workers:

‘Listen and give you more support’

‘Help to break down a “crisis” into bitesize pieces. Help with coping strategies’.

‘Non-judgemental’

⁴ Around 8% of all households in TA nationally were in B&B during the first three quarters of 2018/19.

This and other data for this paragraph drawn from MHCLG Temporary Accommodation Tables, England, April to December 2018

⁵ Team Doncaster (July 2017) Complex Lives: Deep Dive, Draft v.3

⁶ Quotes from Crisis consultation of people with lived experience at CLA, 28 Feb 2019

‘Will praise us – want to tell them we’ve done well – real relationship – not pick on bad stuff all the time’.

This was particularly significant given that a recurring theme from those we interviewed with lived experience of the system (but outside of CLA) told us that they often felt ‘patronised’ or ‘judged’ by services, or that workers were focused on assessing eligibility rather than on them as a person.

There is a strong fit between the CLA model and the Housing First principles.⁷

In June 2019, CLA confirmed that it is currently providing ongoing support to 112 individuals. Of this cohort, 22 were currently rough sleeping, 23 were in St Leger’s (temporary or secure) tenancies, with the remainder currently in supported housing, private rented tenancies or other settings. There is a small contract to deliver Housing First with South Yorkshire Housing Association, which currently includes 3 people on the CLA cohort.

Data from November 2018 to March 2019, shows an average of 18 rough sleepers identified in both the town centre and other areas (typically around a third of them sleeping rough outside the town centre). This was reflected by CLA who, in January 2019⁸, described ‘very intensive multi-agency efforts’ to halve the cohort of regular rough sleepers from over 30 to around 16. Despite this, levels of rough sleeping continue to fluctuate, primarily influenced by short-term imprisonment/ release of the core cohort and weather.

A robust proposal⁹ has been drawn up to evaluate the impact of the CLA initiative to date, with a particular focus on measuring the shift from unplanned/ emergency to planned care (which is where the primary cost savings to the NHS should accrue) and on tenancy sustainment (which is widely recognised as the core KPI for this group¹⁰). **This will be of particular importance in making the case for ongoing mainstream funding for CLA.**

In March 2019, Doncaster was awarded MHCLG funding of £528K (Rapid Rehousing Pathway Early Adopter Programme for Rough Sleepers). This will fund the extension of the existing CLA Navigators (who engage rough sleepers and aim to support them into accommodation and other services) and of the St Leger’s Lettings Service (brokering access to PRS accommodation for this cohort). As mentioned under the Prevention chapter, this will also fund some preventative flexible floating support for those at risk of rough sleeping.

The stakeholder consultation for this review identified the following challenges for DMBC and its partners as it develops its approach to supporting people with complex lives moving forwards:

- Whilst the non-time-limited and flexible nature of the support is an integral part of the CLA offer, it raises questions as to how best to ration limited resources in the face of growing numbers of people with complex needs in the city. Some already felt there was a risk of ‘dilution’, given the current cohort size; some were unsure

⁷ See: <https://hfe.homeless.org.uk/principles-housing-first>

⁸ Complex Lives Briefing note for Lord David Prior visit 23 January 2019

⁹ Complex Lives Evaluation Proposal Silver Group

¹⁰ E.g. as discussed in Blood, I. et al (2017) Housing First Feasibility Study for Liverpool City Region, Crisis.

whether to refer people who they felt needed the service, given this. There is a need to clarify and communicate referral routes and eligibility criteria for the service.

- Those commissioning and providing HRS felt there was a need to review and clarify how HRS services and CLA worked alongside each other where CLA clients were living in supported housing and to clarify and communication the roles and responsibilities of CLA within these partnerships,
- As part of these conversations, there is a need to consider – at system level – how the multi-agency partnerships and the community of strengths-based practice initiated within CLA can be extended out to provide a better service offer to those who are not (quite yet) in need of CLA services, but are at risk.

3.7. Access to settled housing

Access to affordable and secure housing must lie at the very heart of the homelessness strategy. There is much that is positive here to build on, including:

- A change in allocations policy and practice by HomeChoice, including the introduction of ‘Platinum’ band, and a case-by-case, more flexible approach to Former Tenant Arrears (especially for those moving on from supported housing).
- The opportunities for new development (provided there is a clear exit/ reconversion strategy), with available land, a range of potential development partners and the possibility of capital from Homes England.
- The development of a local lettings approach by St Leger’s (with further MHCLG funding) to build relationships with and offer a tenant-finding/ management service to the PRS.

The illustrative model for HRS requirements in S3.2 assumes an increase in the supply of settled housing into the system. We have estimated the use of settled housing to meet duties and to support move-on in the last year as 489. As the table below shows, the future illustrative model shown in S3.2 requires an overall **increase of 226 tenancies and, crucially, a shift in how properties are used across the system**, with fewer used to prevent (which will only be possible if more tenancies are sustained) and more available as move-on.

Reason	Previous Year	+2 Years	+5 Years
To meet Prevention Duty	128	72	52
To meet Relief duty	249	208	189
As move-on from SH	100	254	308
Access for Long Term Homelessness (CL)	12	25	25
Total	489	715	731

3.8. Areas for consideration

Key messages

Doncaster currently seems to have about the right number of HRS units. However, the increasing number of people (including young people and women) with complex needs is placing existing models and pathways under strain. There are a number of ways in which this might be improved, offering more choice of supported housing provision, including rapid re-housing with support, further investing in the staffing models, buildings and leveraging in more multi-agency support to existing supported housing models; however, the challenge will be how to do this within existing resources.

If this is to be done effectively, there is an urgent need to review the *type* of provision, focusing on developing more preventative floating support and more dispersed provision with flexible levels of support, and being very clear about the role which hostels play in the pathway and for which cohorts (rather than a referral to hostels being the automatic move – we provide some more detailed commentary on this point in appendix C). Simply speeding up the passage through the hostel pathway, by reducing the amount of time people spend in hostels is likely to result in more repeat homelessness; the focus should be on trying to support sustainable route out of homelessness. Given Doncaster’s housing market, there is real potential to move to a more housing-led model over time, where the ‘default’ becomes rapid-re-housing with tailored support. But it is essential that this happens as part of an integrated homelessness/ housing strategy and is co-produced with people with lived experience and existing providers and partners. If this is to be the direction of travel, it will be essential to develop a clear transitional plan.

Complex Lives Alliance already effectively offers the support element of a Housing First offer, though there is risk of ‘dilution’ as a result of the growth of the cohort, and there is still a need to secure ongoing mainstream partnership funding for the initiative. A range of housing which can provide a menu of good quality options is needed to underpin this model if it is to provide sustainable routes out of homelessness for people with complex needs in Doncaster. This might ideally include a mix of:

- Small clusters (e.g. 4-6) of self-contained flats with their own front door and a visiting CLA/ Housing First-style support service, in different locations in and across the city.
- Individual and shared tenancies, building on the St Leger’s offer and their local lettings approach, and also ideally drawing in other Registered Providers in the city

It is important that the needs of young people and women are considered within this.

We understand that the core commissioned HRS contracts are due for renewal. Maintaining Wharf House as a ‘holding ground’ whilst the necessary infrastructure for a housing-led approach is developed or deciding to close the provision would both bring considerable risks. An alternative might be to commit to a gradual re-modelling of the hostel to both improve the building (with fewer self-contained units and a more psychologically informed environment) and to invest in higher levels of staffing so that the project is better able to work effectively with people with complex needs. However, the landlord (separate from

current commissioned support provider) would need a long-term commitment in relation to revenue funding and the ongoing commissioning of the building in order to be confident about making further capital investment in it. It will be key to envision the role which Wharf House might play in the future system (see further discussion about the role of hostels in Appendix C): there will undoubtedly need to be a high quality 'assessment centre/ hub' at the engine of a system which aims to rapidly re-house. Turning Wharf House into such a centre would involve improving the building, leveraging in multi-agency and social enterprise partnerships more effectively, and ensuring that the CLA strengths-based and psychologically-informed culture is consistently applied here and across the rest of the homelessness system.

We have included in Appendix B some practice examples from other authorities, which may be of interest here, e.g.:

- Hubs and Assessment Centres: Greenhouse Hackney and LB Westminster's the Passage with its 28-day wrap-around assessment service
- Middlesbrough's Stages Academy, with its 10-year commissioning contract and a very structured approach to resettlement
- Reading's revised supported housing pathway

4. Creating and embedding a 'whole systems approach'

There are many positives on which to build in Doncaster, including:

- The significant step towards integrated commissioning taken by the creation of and operational commitment to the Complex Lives Alliance;
- The emergence of a new culture of strengths- and relationship-based working within the Complex Lives Alliance, which is particularly valued by people experiencing homelessness;
- The commitment towards building a broad, coordinated response to homelessness, as evidenced by the level of engagement in this review. This includes community, faith and business communities, many of whom understand the need to work in a more joined-up way to prevent and support people out of homelessness.
- The ongoing commitment post-*Supporting People* of DMBC to funding housing and support for those experiencing or at risk of homelessness, including those who are not 'in priority need', supported by a positive dialogue between commissioners and experienced providers, and the implementation of a Single Point of Access;
- The implementation of the HRA within HOT, and the development of closer working in parts of the system (e.g. in relation to prison release, care leavers and the complex lives cohort);
- The resources available within St Leger's Homes to prevent and respond to homelessness, including: the supply of a significant volume of temporary accommodation; a positive review of allocation policy and practice; and the development of a local lettings agency working with private sector landlords;
- The opportunities – in terms of both potential sites and capital funding – to develop new housing to better meet future demand and increase effective re-housing of those experiencing homelessness.
- The relatively good data collection which is currently happening in different parts of the homelessness 'system'.

However, as we have seen, the challenges in Doncaster are significant in relation to the volume and level of additional needs of people presenting at Home Options, repeat homelessness (evidenced by supported housing evictions and re-lets), and the cohort of those with high levels of complex needs, some of whom continue to sleep rough.

Our review found that, despite the promising practices and resources outlined above, much of this work still takes place within traditional 'silos'. In order to increase effectiveness, a 'whole systems' approach is needed to better prevent future and end current homelessness.

4.1. Areas for consideration

A 'whole systems approach' in Doncaster might mean:

- Developing a system-wide prevention strategy
- Further development of strategic and operational protocols between agencies
- Visioning and further modelling of the future HRS and social housing requirements in partnership with housing and support providers, and the development of a clear phased plan to reach this vision.
- The development and implementation of a system-wide performance framework (we include a suite of potential indicators from which KPIs might be selected, with current performance marked against them in Appendix D). Developing benchmarking with other authorities to assess Doncaster's performance.
- The development of a shared online database/ pathway (see Mainstay, Appendix B).
- Building co-production at the core of this system (see for example the work undertaken in Manchester and through the GROW trainee programme, Appendix B).
- Build on the solid foundation of the CLA partnerships and ethos and extend these to create wider system change for those who are at risk of becoming the next cohort.
- A strengths-based approach, which promotes honest adult conversations and maximises individuals' choice and control should be rolled out right across the system, including HOT and all HRS as well as CLA. This may seem like an optional extra, but feedback from people with lived experience and evaluation of high-fidelity Housing First models suggests that this may be the 'golden thread'. See for example South Gloucestershire and Camden examples in Appendix B.
- Better join-up with the Housing Strategy team to inform new bespoke developments (supported, accessible and general needs).
- Further develop the contribution of community, faith and business partnerships strategically: see for example the Street Support Network example in Appendix B which offers one way of mapping, coordinating and strategically influencing their offer. These partnerships could, for example, play a key role in building an asset-based approach to the currently missing, 'meaningful occupation' offer to this cohort. User-led recovery communities, such as Liverpool's dry bar and community venue 'The Brink'¹¹ and the many user-led activity groups that have grown out of Inspiring Change Manchester may be a model. One idea proposed by churches was the potential to set up a furniture recycling project in the Wharf House store-room,

¹¹ <http://thebrinkliverpool.com>

which could provide both training and volunteering opportunities and facilitate furniture packages for a housing-led approach, see some examples in Appendix B.

Appendix A: Data tables

Table 1: Reason for (risk/ threat of) “Loss of Last Settled Home” for those households presenting to Housing Options in Doncaster in 2018/19

Reason	At Risk		Prevention Duty		Relief Duty		Total
End of AST	65	19%	179	30%	166	15%	410
End of other Private Sector Tenancy	3	1%	6	1%	9	1%	18
End of Social Housing Tenancy	5	1%	15	3%	35	3%	55
Mortgage repossession	2	1%	15	3%	7	1%	22
Family no longer able to accommodate	64	19%	94	16%	158	14%	316
Friends no longer able to accommodate	13	4%	10	2%	37	3%	60
Domestic Abuse	43	13%	49	8%	152	14%	244
Other harassment / violence	18	5%	28	5%	46	4%	92
Relationship with partner ended	39	11%	61	10%	121	11%	221
Eviction from supported housing	6	2%	29	5%	117	11%	152
Left HM Forces	0	0%	2	0%	3	0%	5
Left institution with no accommodation	7	2%	15	3%	43	4%	65
Required to leave asylum accommodation	1	0%	11	2%	18	2%	30
Property disrepair	0	0%	5	1%	6	1%	11
Other	76	22%	72	12%	172	16%	320
Not Known	0	0%	7	1%	9	1%	16
Total	342	100%	598	100%	1099	100%	2037

Table 2: Numbers of cases presenting to Doncaster Housing Options with specific additional support needs noted.

Learning Disabilities	162
Physical Health / Disabilities	491
Old Age	28
Sexual Abuse	39
Non-Domestic Abuse	59
Domestic Abuse	283
History of Rough Sleeping	296
Repeat Homelessness	315
Mental Health	853
Alcohol	154
Drugs	342
Offending History	422
16-17 year olds	37
18-25 year olds	33
Young Parents	11
Care leavers 18-20	28
Care Leavers 21+	19
Asylum Seekers	26
Leaving HM Forces	34

- For those with additional support needs the average number of support needs per household was 2.34. This compared with 2.28 in Yorkshire and Humberside and 2.17 in the Rest of England.
- The proportion of those with Support Needs who had 3+ different support needs notes was 33.8% in Doncaster. this compares to a proportion of 31.6% across Yorkshire & Humberside and 29.1% across the Rest of England.

Table 3: Numbers of households homeless, at risk of homelessness, or threatened with homelessness in Doncaster with children in the household or not (2018/19)

Children in Household?	At Risk		Prevention		Relief		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
No	144	42%	288	48%	784	71%	1216	60%
Yes	198	58%	309	52%	315	29%	822	40%
TOTAL	342	100%	597	100%	1099	100%	2038	100%

Table 4: *Number of Households Presenting to Doncaster Housing Options (2018/19) with result of Assessments* (NB: numbers in third column are sub-sets of row above)

	Initial Assessments		% of Numbers Presenting
Numbers Presenting	2227		
Number Not Proceeding	655		29%
<i>At Risk but not threatened</i>		343	
Prevention Duty Accepted	597		27%
<i>Prevention Duty Moves to Relief Duty</i>		124	
Relief Duty Accepted	975		44%
<i>Main Duty Accepted</i>		95	

Appendix B: Practice examples from other authorities

Prevention

Reading MBC/ Launchpad: A range of prevention initiatives, including flexible floating support

Reading MBC has recently re-commissioning their floating support provision, so it operates on a tiered basis. The traditional ongoing support model is still available to those who need it, but there is an increasing emphasis on offering 'short sharp interventions', where someone might see a support officer a couple of times. They simply ask what is needed (rather than completing a lengthy assessment process) and might provide a furniture voucher, help with a UC claim, etc.

Commissioned voluntary sector provider, Launchpad provides a range of services to prevent homelessness (see: <https://www.launchpadreading.org.uk/our-work/preventing-homelessness/> for more details). This includes:

- 3 x 4 hour weekly drop-in surgeries at their offices for people experiencing housing problems;
- The two-tier floating support to help maintain a tenancy and/or find and set up another (accessed via referral from the council, Probation, social work, or potentially through self-referral at the drop-in);
- A jointly-funded housing solicitor who can provide advice and advocacy for those at risk of eviction, needing to challenging disrepair, rent increases, etc.;
- Hosting the MEAM Coordinator on behalf of Reading MBC (equivalent of Doncaster's Complex Lives Alliance) so that the multi-agency response to those 'in a difficult housing situation with a number of deep-rooted and complicated issues' can be coordinated promptly and effectively.

South Gloucestershire: Triage service

The South Gloucestershire Home Options Team Manager explained that they prioritise the selection, development and retention of staff in their triage system. This includes:

- Recruiting staff for their attitudes and skills, rather than knowledge and experience;
- Providing an excellent package of training and supervision to ensure staff feel confident and supported and to reduce stress levels. This in turn promotes retention;

They have also applied the '3 conversations/ Making Every Contact Count' model which is being rolled out across the council to their initial conversations at triage. The 3 conversations are:

- What is the main problem you are facing?
- How could it be resolved?
- What do you need to access the help you require?

Stockport Locality Hubs

Stockport Together, Stockport Clinical Commissioning Group (CCG) and local GPs are developing four 'Locality Hubs'. These work in neighbourhoods in order to ensure people can access support, care and advice locally as part of the preventative agenda. Stockport MBC and Stockport Homes have been working as part of the partnership to ensure this includes early identification of housing problems and appropriate signposting for further advice and support.

Sheffield Housing Solutions: Enhanced Housing Advice Service

The Enhanced Housing Options (EHO) service is a 12-month pilot of an intensive housing options service, funded through the Trailblazers. The service aims to work with the most chaotic and vulnerable Housing Solutions customers, many of whom will be trapped in a cycle of homelessness, to find long term settled accommodation appropriate for their individual needs. The approach has similarities to Doncaster's Complex Lives Alliance, though the remit is wider in terms of eligible client groups (including any 'vulnerable' customer who has already presented to HS). The support is individually-tailored depending on the root causes of the person's homelessness but may include tenancy support; independent living and life skills; and interventions to boost self-esteem, participation and health, as well as direct work to sustain or find a tenancy. They work with customers wherever they are living until a long term settled home is found, and then support them to settle into their new accommodation.

Supporting more effective discharge of homeless patients from hospital

Pathway has developed a model of integrated healthcare for homeless people and other multiply-excluded groups. For example, the model includes:

- A ward round provided by an accredited Pathway GP, supported by a specialist homeless health nurse practitioner, visiting every homeless patient admitted to the hospital to co-ordinate all aspects of care and make plans with the patient for discharge.
- Pathway Care Navigators, who have personal experience of homelessness, and who befriend, support, and mentor homeless patients in the hospital, helping them navigate the hospital environment, housing and benefit systems, and accompanying patients to meetings and appointments to provide advocacy and emotional support.

This has been adopted and evaluated in 11 hospital trusts and the charity provides a training and support package for those wishing to adopt the model.

<https://www.pathway.org.uk/services/>

Oldham Multi-Agency Group for people living with autism

Oldham MBC in partnership with the National Autistic Society has set up a multi-agency planning group made up of mainstream services that support people with autism, including education, employment and housing. The authority has also invested in a multi-tier training framework. Training is provided not only to those who support people with autism but also those carrying out assessments and other professionals who may come into contact with people who have autism. Many of Oldham's services, including supported tenancies, have

gained autism accreditation. The authority runs national conferences to promote good practice

(Contact: Wendy Atkinson Autism Development Worker, Oldham). Extracted from: Higgins, B. Good practice in supporting adults with autism: guidance for commissioners and statutory services

Housing & Support Interventions

Greenhouse Hackney Hub

At the Greenhouse day centre in Hackney, experts from Thames Reach, Hackney council, and the NHS work alongside one another, providing free healthcare, housing and welfare support for homeless people in the borough. Known as the Single Homeless Hub, the service is the first multi-purpose resource and advice centre for homeless people in London.

Services provided at the Greenhouse include full health assessments; GP registration; housing advice; welfare and benefits support; help with access to employment, training, and volunteering; legal advice for people registered at the medical practice; and links to other support services. Anyone seeking advice can drop in to The Greenhouse for an appointment, 9-5 each day, bar Wednesday. Advice sessions are booked on a first come first served basis.

<https://thamesreach.org.uk/what-we-do/recovery/day-centres/greenhouse/>

LB Westminster's Passage House Assessment Centre

LB Westminster has turned some of their long-term generic supported housing into faster, rapid assessment centres, e.g. Passage House, which offers a 28-day wraparound service. It took learning from Housing First principles of getting someone into housing/ a safe space, then intensively supporting them, with a view that we will then identify where they are most likely to get sustainable housing. <http://passage.org.uk/how-we-help/housing/> The council reports that, over the last year they have achieved a positive outcome for 100 of the 180 people who have been through this intensive assessment approach.

Given Westminster's particular context, many of those accessing the Passage do not have a local connection, and much of the move-on work involves re-connection and re-location. This is clearly very different to Doncaster's context, though the inclusion of those without a local area connection, the intensive wrap-around assessment re-configuration are, we believe, potentially interesting.

Middlesbrough Council/ Riverside: Stages Academy

This 48-bed hostel has two stages: in Stage 1, there are 30 rooms, and 3 support workers supporting these residents; at Stage 2, there are 2 support workers supporting residents living independently in 18 self-contained flats and helping them to access the right move-on tenancy, with follow-up support on resettlement (provided by Humankind) where needed. The highly supported and structured approach to move-on is felt to be critical to the Academy's success in achieving positive move-on for 10-12 customers a month. The staffing structure also includes a GROW (peer with lived experience) assistant and a specialist support worker, who work to increase people's living skills, education and training and to

support the move on into independent living. In the past, the council re-tendered this service every two years; however, this practice was felt by both commissioners and providers to be creating unnecessary work, uncertainty for service users and stress/turnover of staff. The council is very pleased with the outcomes it achieves from the service and has now produced a 10-year contract for the service.

Camden Hospital Discharge Service

Camden CCG and LB Camden jointly commission a couple of projects to support the healthcare of homeless people. The hospital discharge service (evaluated by IBA in 2016) is run by St Mungo's and provides six dedicated beds in a separate wing within Endsleigh Gardens Hostel. These provide step-down (post hospital admission) and step-up (where people are at risk of admission) provision for homeless people with physical health needs, who are intended to stay for periods of up to 12 weeks. During this time, they receive nursing and psychological services, as well as day-to-day support from the hostel support team.

Reading MBC's pathway

Reading has revised their housing and support pathway. This now includes emergency/assessment beds with an on-site hub and a tiered selection of housing and support interventions to which people can be referred either direct from the streets or via the hub. Full details at:

<http://news.reading.gov.uk/homelessness-services-launch/>

Engaging and influencing non-commissioned providers as part of a wider strategy

Hull CC recognises that it has and depends on a flourishing non-commissioned sector, which is funded solely through the use of Intensive Housing Management (exempt Housing Benefit). This includes many good providers of supported housing; however, the council is also aware of some poor-quality non-commissioned providers and has set up a Supported Accommodation review team to hold this part of the sector to account. The review team includes Adult Social Care (where the supported housing commissioners are based) and the Director of Finance. As part of the review, a frontline team will be knocking on the door of non-commissioned providers, including:

- An HB claim assessor, to check that the rate being paid is fair;
- A member of the private housing team, who will inspect the condition and safety of the building; and
- An ASC contract manager, to understand the support offered, and to look at and quality assure support plans.

Supporting a whole systems approach

Mainstay Liverpool

The Mainstay Gateway to Housing & Support was created to provide improved access to short-term HRS services for single persons (and couples in some circumstances) within the region of Liverpool City Council. The system offers one comprehensive assessment for access to all services linked via an IT System, including Housing Options, Shelter and the

Whitechapel (commissioned day centre) and all the commissioned accommodation-based support services in the city.

The system avoids multiple assessments, means services can share information on individuals, and includes assessment points which are available 24-hours a day at numerous locations within the city. Applicants can be matched via the system to the most appropriate service for their needs, reducing the amount of evictions and abandonments due to inappropriate placements. It also creates a rich source of data to monitor pathways and evaluate outcomes from them, which can be used to inform strategic developments. YMCA is commissioned by the council to maintain the database.

<http://www.mainstayliverpool.org.uk>

Street Support Network

Street Support Network was developed in Greater Manchester, and now also works in a number of locations across the UK. It offers a number of models and tools around which statutory, voluntary, business and community partners can coordinate their efforts strategically, co-produced by people with lived experience. These include an information sharing platform website which lists all services (including small grass-roots provision) working to support homeless and/or vulnerable people in an area. The aim is to coordinate and develop a more strategic approach. As one commissioner explained to us: “we get a lot of people coming in and saying ‘we want to give out food’, but we can then say, there is plenty of food being handed out, we don’t need anymore, but we can then try to divert some of that goodwill and resource toward other things that we do need – it’s our masterplan”. <https://streetsupport.net/>

Manchester: Co-production

Co-production with people with lived experience and a wide range of providers (both commissioned and not) and the community and business sectors has been instrumental to the development of Manchester’s Homelessness Partnership, Strategy and Charter. <https://mhp.org.uk>. The council has recently commissioned an alliance model to deliver HRS and included people with lived experience and the VCS on the panel developing the model, the specifications and assessing responses. Prior to the panel, there were three aims for the service (resilience and recovery, practical living skills, relationships and communities); the panel added a fourth related to doing things you enjoy and having fun. Strong links with the GROW traineeship programme (<https://www.riverside.org.uk/new-grow-programme/>) and organisations such as Connect Manchester and Street Support Network have helped to develop the infrastructure for meaningful co-production in the city and mean that it has become ‘the norm’.

Strengths-based approaches: LB Camden

In their draft Homelessness & Rough Sleeping Strategy, LB Camden states that a key part of their prevention work is to: “Use a strengths-based model to intervene and prevent homelessness based on a personalised approach focusing on social networks, education, employment, skills and training to improve life outcomes”. This was confirmed in a recent interview IBA conducted with commissioners, who explained that a key priority for them was to move away from the ‘deficit model’ and look at ‘re-humanising the approach’. This

involves finding out what people can do, what they want to do, what support they need to achieve this, rather than asking them to list their deficits and telling them what they need to do, what we can/ cannot offer them.

One specific example they give of this is of the council's well-established use of Family Group Conferences (FGCs) within social work with both adults and with children and families. FGCs are a structured way in which a person/ family and their networks come together to jointly identify and plan solutions, which could potentially involve both service provision and support from outside of services. These have been used successfully in Camden with some people who are facing/ experiencing homelessness, alongside a range of complex issues. IBA is also aware that Daybreak <http://www.daybreakfgc.org.uk> has been looking to further test and apply the use of FGCs with this cohort.

Furniture recycling projects

Barnabus

Barnabus's Renu project is based at the Message Enterprise Centre in Sharston, Manchester where people with current or recent experiences of homelessness are how to renovate donated furniture items by upcycling them into beautiful and sought-after pieces. <https://www.barnabus-manchester.org.uk/renu-upcycling-furniture-project>

Crest Cooperative

Crest Cooperative in North Wales uses a similar model, but provides volunteering, training and employment opportunities for a wider cohort of people, including disabled people and those who are unemployed. <https://www.crestcooperative.co.uk>

Emmaus

Furniture recycling workshops are a key part of Emmaus's offer to communities and to people who have experienced homeless. <https://www.emmaus.org.uk/recycling>

Appendix C: Assumptions for HRS predictions/ categories

In order to calculate the projected need for Re-Housing Support interventions (shown in S3.2) we have been able to model the flow of households through the system last year. The outcomes of that modelling are shown in Appendix D (as suggest KPIs moving forwards).

The following is a commentary behind the assumptions built into the modelling:

1. The starting point is the “at-risk of homelessness” total which is calculated by means of the following calculation:

2227 (the number of cases recorded by Home Options in 2018/19)
 -312 (the number of cases where no reason for homelessness is recorded)
 -358 (the number of cases where a long-term history of homelessness is recorded by Home Options – these people form part of the long-term homeless cohort that are inputted elsewhere in the model)
 + 808 (this is the assumed number of referrals made direct to housing-related support services, excluding those through Home Options but also multiplied by 75% to reflect the potential for duplication)

$$2227-312-358+808 = 2365$$

2. There will be a modest increase in households finding themselves at risk of homelessness. This will be at a rate of 1% per year.
3. Over the 5 years there will be an improvement in the proportion of households where an intervention prevents them becoming formally threatened with homelessness, and an improvement in the number of households prevented from becoming homeless or needing to move into alternative accommodation (see indicator table below for the detail).
4. Over the 5 years there will be a reduction in the proportion of the homeless cohort referred to re-housing support (more will be provided with access to re-housing without support), but an increase in the proportion of referrals made leading to a successful placement (see indicator table below for the detail).
5. It is assumed that 55 people from the long-term homeless cohort will be placed in a re-housing support service, but this will decrease to 51 within 5 years – as more use is made of Housing First provision.
6. The proportion of the young people within the total number of households referred to re-housing support services is calculated based on the number of people in the Home Options data where a relief duty is accepted and the household is record as having additional support needs because of their youth plus an estimate of the additional referrals from other agencies to specifically young people’s services.
7. The estimate of the need for preventative floating support is based on an assumption that we think a reasonable target for those at risk of homelessness

having their home secured is 15% for next year and 20% for a further 3 years time i.e. this is the assumed number of successful preventative floating support placements. We then multiply this number by 1.2 to reflect the fact that only approximately 80% of cases will be successful.

We have also made the following assumptions about the percentage of the cohorts placed as to which intervention they will need and what the average length of stay in each type of provision is likely to be. This will need to be discussed and agreed by DMBC and its partners.

	Proportion of relevant cohort requiring this intervention	Average length of stay - in Months
Re-Housing Support		
Hostel	5%	5
Hostel (YP)	10%	7
Hostel and Dispersed	10%	14
Hostel and Dispersed (YP)	15%	19
Dispersed	20%	9
Dispersed (YP)	35%	12
IHM	30%	12
IHM(YP)	25%	12
Resettlement Support linked to Alternative Housing	35%	4
Resettlement Support (YP)	15%	4
Proportion of Move On Referrals requiring Support	40%	4

We take a hostel to be a form of very temporary housing that is suitable for people whose current circumstances require a high degree of monitoring and supervision to ensure that they do not come to any serious harm, and where the individual at the moment is unable or unwilling to accept any significant degree of independent living or the responsibility that follows from that.

Potentially this involves a fair degree of assessment and finding out in more detail what services or support the individual (or household) truly needs or wants. For economic reasons hostels will tend to be relatively large single-site congregate forms of housing., although the positive use of assistive technology could promote a more dispersed hostel model. Hostels tend to be highly-staffed because of the focus on maintaining a safe and secure environment as well as the high level of monitoring required. To be effective full attention has to be given to the physical design, and the promotion of psychologically-informed environments and practices. Hostels are only appropriate for a minority of people whose homelessness is associated with additional support needs, and should not be seen as a default form of provision that everyone has to go through.

In particular they are not normally appropriate for those with the highest needs and the most unpredictable or anti-social behaviour, as the nature of congregate housing inevitably tends to exacerbate this rather than help, and additionally threatens the safety and security of those who would otherwise benefit from this provision. Under normal circumstances, it should be seen as temporary provision that leads to a supported setting or access to more mainstream housing with associated support if required. In some cases, it may be appropriate in the long-term. We use the term “hostel” in relation to young people’s services as well, but here the application of the above principles is slightly different. The need for higher levels of monitoring and the creation of a safe and secure environment is focussed on the need to mirror certain aspects of a family-type environment which provides sufficient structure and supervision for young people to enable them to complete the growing-up process in a way which allows them to enter independent adult life successfully. On average this is likely to be a longer process.

In the context of this understanding of hostels we have provided estimates both for the proportion of the wider cohort that would benefit from such provision and the average length of stay that this might involve. This is based on informed opinion that reflects years of experience working in the sector and consideration of these needs in a number of different contexts rather than hard research-based evidence. We are confident however that these are reasonable estimates that rightly err on the side of caution in terms of the degree of change in practice that they reflect. We have however also produced recommendations as to steps that can be taken to assure the Authority of the robustness of these assumptions in the Doncaster setting.

We have categorised DMBC’s current commissioned HRS under the following categories to populate the table in S3.2, though again, **you may wish to revise this:**

High-risk or congregate supported housing

Wharf House	34
Open House	26
Goodall House (YP)	30
TOTAL	90 (of which 30 are YP only)

Dispersed/ self-contained supported housing

Green Gables (YP)	13
Supported Lodgings (YP)	12
Foyer (YP)	40
Riverside Substance Misuse	6
Target	62
Total	133 (of which 65 are YP only)

Recommendations to improve the robustness of the estimates

We would suggest that the estimates could potentially be improved in the short to medium term by taking the following action:

- a) Monitoring the referrals into all relevant services (including through the SPOA) including where they come from, whether they were homeless or at risk of homelessness when referred, what the result of the referral was (and why)
- b) Agree a protocol among all relevant partners to record individuals using a common unique identifier e.g. combination of initials and date of birth, in order to be able to identify the level of any double-counting in terms of presentations.
- c) Agree the working definitions of the various re-housing support options identified (hostel, dispersed supported housing, intensive housing management supported housing and resettlement support linked to access to housing).
- d) Agree with partners to use a simple proforma when recording people's need based on an assessment of the type of service ideally needed rather than what is available

Appendix D: Possible system-wide performance indicators

NB: Suggested targets for YRs 2 and 5 are based on what should be possible given Reasons for Homelessness and Reasons for Support Referrals not proceeding, however these would need to be refined and agreed by DMBC and its partners.

PERFORMANCE INDICATOR	PAST YEAR	YR 2	YR 5
AT RISK			
% of those At Risk becoming formally Threatened With Homelessness	82%	75%	70%
% of those At Risk losing contact		5%	5%
% of those At Risk securing their home		15%	20%
% of those at risk staying at this stage		5%	5%
THREATENED WITH HOMELESSNESS			
% of those Threatened with Homelessness becoming actually Homeless	72%	72%	68%
% of those Threatened losing contact	4%	5%	5%
% of those Threatened securing their home	2%	6%	9%
% of those Threatened staying at this stage	12%	12%	12%
% Threatened cases referred to Re-housing (with no support or limited resettlement)	7%	4%	3%
% Threatened cases referred to Re-housing support	1%	2%	3%
HOMELESS			
% Homeless cases referred to Re-housing support	84%	65%	65%
% Homeless cases referred to Re-housing (with no support or limited resettlement)	18%	16%	16%
% of Homeless cases losing contact	12%	10%	10%
% of Homeless cases staying at this stage	10%	9%	9%
RE-HOUSING SUPPORT			
% of Referrals leading to placement	34%	58%	65%
% of Re- Housing Support Cases losing contact at referral stage	59%	35%	28%
% still in transition	7%	7%	7%
% disengaging / being evicted	25%	20%	15%
% staying	50%	50%	55%
% moving on to stable housing	25%	30%	40%
% Complex Lives cases using Re-Housing Support (in a year)	30%	30%	27%

Appendix E: Stakeholders engaged in this review

Organisation/Area	Activities / Meetings with Staff /Interviews
Complex Lives	<ul style="list-style-type: none"> • MDT Meeting • Service Manager • Independent Consultant • Head of Localities & Town Centre • MEAM Worker • Outreach Worker • Accompanied home visit
Housing Options	<ul style="list-style-type: none"> • HOT Focus Group – frontline workers • Senior Home Options Worker • Home Options Service Manager • HRA Implementation Manager • Observation and discussion with Triage and Home Options workers • Front Desk Observation
NACRO	<ul style="list-style-type: none"> • Prison Team Leader
Probation/ CRC	<ul style="list-style-type: none"> • Probation Officer
DMBC	<ul style="list-style-type: none"> • Autism/LD Strategy • Childrens Services – YP leaving care • Commissioners (Adult social care) • Contract Management • Domestic Violence • Strategic Housing
St Leger Homes	<ul style="list-style-type: none"> • Allocations • Single point of access
NHS Hospital Discharge	<ul style="list-style-type: none"> • Integrated Discharge Team Lead / Head of Acute Therapies • Lead Occupational Therapist
Riverside	<ul style="list-style-type: none"> • Service Manager, managers for Outreach, Wharf House, Open House Plus, substance misuse services • Accompanied outreach walk • 6 x lived experience interviews
Target	<ul style="list-style-type: none"> • Service Manager for Doncaster
Crisis	<ul style="list-style-type: none"> • Director of Crisis Skylight, South Yorks
DWP	<ul style="list-style-type: none"> • Partnership Manager
Homelessness Support Providers	<ul style="list-style-type: none"> • Focus Group representing <ul style="list-style-type: none"> ○ UR Church ○ Christ Church ○ YWCA ○ Ongo Homes ○ Bridge-it Housing ○ Changing Lives