

JH EXETER PROJECTS	WHAT IT DOES	PARTNERS	PREVENTION
<p>Assertive Homeless Outreach Team</p>	<p>Julian House (JH) Outreach workers (OW) proactively engage and work closely with individuals experiencing rough sleeping (RS) on the streets very early in the morning and support them to access statutory, voluntary, or private rented sector accommodation. OWs holistically assess, risk assess and co-produce support plans for the cohort. We seek to minimise antisocial behaviour (ASB), for example in city centre areas, through building rapport, supporting behavioural change and conveying pre-agreed messaging with council, police and multi-agency colleagues. Maximise health through engagement with GP, drug/alcohol services and mental health.</p> <p>The team also identify and make appropriate safeguarding referrals and meet basic needs (for example, food, clothes, bedding, shoes). This team achieve a very high rate of planned outcomes through the above approach to supporting rough sleepers combined with a strong relationship with the Local Authority (LA) Rough Sleeper Initiative (RSI) Coordinator and other ECC teams.</p> <p>The key challenge Ex AHOT is grappling with is the sustainability of the high rate of planned outcomes mentioned above, we see a high proportion of people returning to rough sleeping shortly after we have supported them off the street. The second crucial challenge is the volume of accommodation available to support people with higher, more complex needs. This means that</p>	<p>We have a formal partnership with Together drug and alcohol service, and they allocate one member of staff to join the team on outreach sessions.</p> <p>We deliver Health Outreach through an informal partnership with Clocktower Surgery.</p> <p>The team works very closely with ECC's RSI coordinator and are a key partner in ECC's strategic developments and emerging/existing Partnerships.</p> <p>We assisted the set-up of the Access to Accommodation (A2A) panel and provide the administrative support to the group, which is key to ensuring accountability to action and ensuring clients move through accommodation pathway in a timely, safe and efficient manner.</p> <p>We work closely with Co-lab, BCHA, Exeter City FC and others</p>	<p>The service ensures that people sleeping rough are identified immediately, working to the principles of 'no second night out', to access housing and services before their situation becomes 'entrenched'.</p> <p>We also provide free homelessness awareness teaching resources to primary and secondary schools, reaching 100's of pupils pa. We have developed education packs, to complement the KS2&3 curriculum, teaching pupils to understand homelessness, challenge stigma and promote prevention.</p> <p>Everyone needs to 'Think Homelessness' on every contact and the support that follows needs to be holistic, homelessness is not just a housing issue. People need a</p>

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	<p>accommodation offers take longer to secure and people become more entrenched in a street-based lifestyle.</p> <p>Address the stigma towards RS in Exeter. Drive forward the current appetite for system change / system integration</p> <p>We have flexed the outreach team to ensure we are responsive. We provide outreach and in-reach into accommodation in the hope that this will provide better tenancy sustainment as people have a good start in their accommodation.</p> <p>We have supported the King William Street pods both in terms of practical delivery and supporting those who have utilised the service.</p> <p>We are ready to embrace an 'Off the Streets' offer which is so vital to our clients' needs.</p> <p>We provide a presence at Co-lab during their opening times, delivering interventions to people both inside and outside of the building to provide timely support, reduce anxiety and engender hope.</p> <p>AHOT support approx. 230 RS per year of which approx. 180 are unique.</p>	<p>through weekly strategic and operational meetings.</p> <p>We continue to work with Public Health to ensure there is a legacy to the pandemic and closer working relationships that were formed during the crisis period. We work with Public Health on a project to enhance outcomes for individuals experiencing addiction and homelessness.</p> <p>We work with social, private and philanthropic landlords to open up new accommodation for people sleeping rough.</p> <p>This team works very closely with local statutory and voluntary sector housing providers to ensure homelessness is brief and non-recurrent.</p> <p>Where a client does not have a local connection to Exeter we work with other authorities in and out of Devon to reconnect an individual to a geography in which they can access appropriate support.</p>	<p>suitable and sustainable home, financial stability, life without excessive debt and employment.</p> <p>What can we all do? Offer accommodation early – house people on first contact so they are not becoming entrenched rough sleepers who are more likely to cause ASB. Work together to end evictions into homelessness.</p> <p>With more funding, we could extend the resettlement period from the street into accommodation – providing in-reach for a longer period to help avoid a return to the streets.</p> <p>Consider housing people without a local connection, whilst the reconnection offer is arranged. This could be for (say) 28 days only.</p> <p>Our AHOT staff do not work from home. They were often</p>

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		<p>ECC's presence at Co-lab is invaluable. It answers the frustrations of staff and clients alike that were expressed around clients being asked to access different services in different locations on the same day and whilst in crisis. Presence of ECC officers at CoLab has reduced the need for AHOT to work in a reactive / crisis response way and created space to deliver responsive psychosocial interaction.</p>	<p>the only team providing a face-to-face service for homeless people and rough sleepers during the height of the pandemic. This approach continues so that we can be responsive and flexible to clients' needs.</p>
<p>Bay 6 – Hospital Liaison</p>	<p>Engaging with individuals admitted to Royal Devon & Exeter (RD&E) hospital that are identified as homeless or vulnerably housed at admission. Team is constituted of 1fte casework coordinator who provides the housing advice and completes extensive liaison with LAs, adult social care etc and 0.2fte casework coordinator who provides benefit and debt advice. This team has a very effective relationship with the RD&E, the bed manager that commissions the service recognises that Bay 6 saves the hospital 1000+ bed nights per year. The debt & benefit advisor is FCA accredited and can work at a high level to intervene where case of homelessness is economic.</p> <p>Bay 6 supports approx. 170 clients per year achieving good outcomes.</p>	<p>We are the 'Go-To' organisation for any of the wards who are struggling to discharge a patient due to a housing or homelessness issue. We have key relationships embedded locally and with local authorities across Devon and beyond.</p> <p>The specialist service provided by the Benefits and Advice resource (2 days per week) means there is a sustainability to the discharge and patients leave with a holistic plan that prevents re-admission. We are well embedded with the CAB and</p>	<p>Everything about this service is preventative. We have established hospital protocols for screening and identifying patients who are homeless or at risk of homelessness on admission, in order to prevent a return to homelessness or the streets upon their discharge.</p> <p>With more funding this team could become multi-disciplinary. We would like the service to meet a wide range of needs, whilst the person is in</p>

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		<p>other partners to ensure a streamlined service.</p> <p>We work very closely with Adult Social Care, Care/Nursing Homes and Community Mental Health Teams to ensure a patient receives the support, adaptations, enabling and care necessary to addressing a pattern of frequent hospital admission.</p>	<p>hospital e.g. substance misuse and mental health. With more than 1FTE, we could cover more of the hospital, provide staff training* and a follow up support service in the community which would be innovative, person-centred, prevent rough sleeping and hospital re-admission.</p> <p>(8000 staff work at the hospital)</p>
<p>Exeter Prison Resettlement</p>	<p>An accommodation project currently offering 6, shortly increasing to 11 units for local people due to be released from prison with No Fixed Abode or engaged with probation. The accommodation is leased from private landlords. The project works closely with National Probation Service (NPS) to reduce offending, sustain a tenancy, manage money appropriately, engage with education training employment (ETE). Holistic assessments and risk assessments help to frame a co-produced support plan with SMART goals agreed. We seek to minimise antisocial behaviour (ASB) by providing meaningful activities and signposting. Maximise health engagement with GP, drug/alcohol services, mental health. Safeguarding. Housing management includes benefit claims, fire risk actions, health and safety actions, property checks, neighbour communication, and peer support. Seek appropriate move on (ideally as the client reaches the 9 month point in our tenancy) into social housing, private rented sector (PRS) or</p>	<p>We work closely with criminal justice services i.e. prisons, probation, probation subcontractors, the police, approved premises and the courts. We work with probation officers to understand an individual's public protection risks and the conditions of their licence to ensure the client and the public remain protected.</p> <p>We work with other key support providers such as substance misuse and mental health to address the underlying issues that acted as a catalyst of homelessness and offending behaviour.</p>	<p>Engaging people at point of release from prison is crucial to preventing rough sleeping and maximising health outcomes. No-one should leave Exeter prison with No Fixed Abode as this is associated with recidivism, ASB and increased probability of death.</p> <p>We aim to secure sufficient resources to be able to provide continuation support into prisons. If a rough sleeper is incarcerated for a short period, we want to go and visit them and maintain the rapport,</p>

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	<p>other supported accommodation. Creating new social networks that encourage a life away from the streets and previous behaviour is an important part of the support plan and requires motivational and specialist skills to maintain momentum and enable integration.</p> <p>The team demonstrate a very strong understanding of criminal justice processes and have established productive and effective relationships with NPS, Probation subcontractors and Police staff. Channels of communication are smooth and timely with regular and prompt communication with offender managers.</p> <p>This project is joint funded by NPS and ECC. A continued challenge is access to suitable move on accommodation from prison resettlement units and some neighbour concerns when setting up new properties.</p> <p>Prison Resettlement supports and accommodates a minimum of 10-15 people per year.</p>	<p>We work with DWP, education and meaningful activity providers to support prosocial behaviours, enhanced self-esteem, and desistance.</p> <p>We use a better together approach to our work with this cohort using a coproduction approach to ensure that the client and all relevant partners contribute to the recovery pathway.</p>	<p>relationship, trust and accommodation planning. The outreach team is not currently well enough funded to provide this service.</p>
<p>Exeter Young Person's Trainer Tenancies</p>	<p>Project made up of 8 units of accommodation across 4 addresses rented by JH from a housing association partner and used to accommodate 8 x 16 to 24yr olds with a background of care and/or homelessness. Supported by the young person's coach we empower clients to sustain tenancy, manage money appropriately, engage with education training employment (ETE). Holistic assessments and risk assessments help to frame a co-produced support plan with SMART goals agreed. JH seek to minimise antisocial behaviour (ASB). Maximise health through engagement with GP, drug/alcohol</p>	<p>The young people we support all have a background of adverse childhood experience (ACE) and trauma</p> <p>The Young Person's Coach works closely with Devon Home Choice as for many of these residents social housing is the most effective</p>	<p>The young people we support are our future traumatised, rough sleepers without this early intervention. They are care leavers and young people struggling to come to recover from the pandemic. The service needs stable, long-term funding to enhance and grow.</p>

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	<p>services, mental health. Safeguarding referrals particularly around self-harm and suicidal ideation.</p> <p>JH Housing management includes benefit claims, fire risk actions, health and safety actions, property checks, neighbour communication and peer support. Seek appropriate move on (ideally as the client reaches the 9 month point in our tenancy) into social housing, private rented sector (PRS) or other supported accommodation. Creating new social networks that encourage a life away from the streets and previous behaviour is an important part of the support plan and requires motivational and specialist skills to maintain momentum and enable integration.</p> <p>Move-on is a particular challenge for this cohort, the residents are young and therefore commonly receive low rate of welfare benefits meaning that move on options are severely limited. The consequence of this is that throughput of residents is slower than we would like. We also regularly see clients caught in an employment trap i.e. they secure employment but the pay is insufficient to pay rent and service charge, in part due to the lack of support contract for this project (it is all funded through Trust and charitable fundraising income) so we see clients experiencing a perverse incentive to remain unemployed and on benefits.</p> <p>Trainer Tenancies support and accommodate between 10-15 young people per year.</p>	<p>mechanism for ensuring stability going forward.</p> <p>We work with Young Devon (specialising in youth homelessness) to support individuals through the risk transition as they graduate from children to adult services.</p> <p>We have strong partnerships with Childrens Social Services as this project support 'care experienced' clients. We work with social services to complement the support and enabling packages they put in place.</p> <p>In addition to the more formal housing and support partners we also work with education, employment and meaningful activity providers. WE have residents engaging with meaningful activity in the community, enrolled at university and completing workplace apprenticeships.</p>	<p>We have been able to agree a very small number of young people are 'B Banded' giving them a better chance of securing a social housing tenancy. Agreeing a Move-on Scheme which prioritises people who are tenancy ready prevents the need for people to demonstrate how vulnerable they are, in order to secure long term housing.</p>

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<p>Next Steps Accommodation Programme - ECC</p>	<p>JH deliver support only to 5 one bed dispersed units of accommodation and support and provide housing management to a six bed shared house all owned by ECC.</p> <p>These units are for medium need clients (tier 3) moving on from supported housing placements in tiers 1 & 2. The 6 bed shared house caters to slightly higher need residents as it offers 4hrs support per person per week, the 5 dispersed units receive 2-3hrs support per person per week.</p> <p>Support to sustain tenancy, manage money appropriately, engage with education training employment (ETE). Holistic assessments and risk assessments help to frame a co-produced support plan with SMART goals agreed. Seek to minimise antisocial behaviour (ASB). Maximise health through engagement with GP, drug/alcohol services, mental health. Safeguarding. Housing management inc. benefit claims, fire risk actions, health and safety actions, property checks. Seek appropriate move on (ideally as the client reaches the 9 month point in our tenancy) into social housing, private rented sector (PRS).</p> <p>We would see supported accommodation as a backward step from this accommodation. Creating new social networks that encourage a life away from the streets and previous behaviour is an important part of the support plan and requires motivational and specialist skills to maintain momentum and enable integration.</p>	<p>ECC and all other partners with whom we work with on a daily basis to deliver holistic support.</p> <p>We work with other key support providers such as substance misuse and mental health to address the underlying issues that acted as a catalyst of homelessness.</p> <p>We work with DWP, education and meaningful activity providers to support prosocial behaviours, enhanced self-esteem, and desistance.</p> <p>We use a better together approach to our work with this cohort using a coproduction to ensure that the client and all relevant partners contribute to the recovery pathway.</p>	<p>This is the ideal model to prevent and alleviate homelessness. The challenge will be how affordable self-contained accommodation is on an on-going basis for people who are receiving welfare assistance.</p> <p>A focus on employment support by our teams helps to prevent tenancy breakdown. This is explored in a timely way and often after initial crises have been addressed.</p>

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<p>Next Steps Accommodation Programme - CS</p>	<p>Project comprised of 10 units of accommodation provided by a housing association partner. These units are used for medium need clients (tier 3) moving on from first stage supported accommodation (tiers 1 & 2).</p> <p>Support to sustain tenancy, manage money appropriately, engage with education training employment (ETE). Holistic assessments and risk assessments help to frame a co-produced support plan with SMART goals agreed. Seek to minimise antisocial behaviour (ASB). Maximise health through engagement with GP, drug/alcohol services, mental health. Safeguarding. Housing management including benefit claims, fire risk actions, health and safety actions, property checks. Seek appropriate move on (ideally as the client reaches the 9 month point in our tenancy) into social housing, private rented sector (PRS) or other supported accommodation. Creating new social networks that encourage a life away from the streets and previous behaviour is an important part of the support plan and requires motivational and specialist skills to maintain momentum and enable integration.</p>	<p>We work with other key support providers such as substance misuse and mental health to address the underlying issues that acted as a catalyst of homelessness.</p> <p>We work with DWP, education and meaningful activity providers to support prosocial behaviours, enhanced self-esteem, and desistance.</p> <p>We use a better together approach to our work with this cohort using a coproduction to ensure that the client and all relevant partners contribute to the recovery pathway.</p>	<p>These properties are ideal for preventing repeat homelessness. They are 1 and 2 bed properties of a good standard within friendly communities. Whilst they are temporary – they are a good quality and steppingstone to complete independence. Being able to offer good quality registered provider accommodation has had a positive impact on residents’ quality of life and has improve health and behaviour.</p>
<p>Rough Sleeper Accommodation Programme – Manston Rd</p>	<p>A 6 bed property for people with a housing duty. It is temporary accommodation, leased through a private organisation/landlord. JH provide support for the residents who are often in employment.</p>	<p>This is an innovative project where working with ECC and a private company we have identified an affordable mechanism for increasing accommodation options for individuals experiencing homelessness.</p>	<p>When there are vacancies, this project allows for a timely offer of accommodation for people with low- medium support needs. Particularly useful to note is the ability to self-check in through a lock box used to access the property.</p>

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		<p>This project operates as a partnership by design with the three key partners working in concert to support clients and support sustainable move-on.</p>	
<p>Exeter TA Crescent</p>	<p>JH have a secondment arrangement for a member of our staff to work in ECC accommodating and supporting the 14 clients that were identified as too high need to be accommodated in any of the other statutory supported accommodation options in the city.</p> <p>In this instance JH are supporting ECC at the lead provider and we have contributed stability to this much needed project.</p>		<p>When there are vacancies, this project allows for a timely offer of accommodation for people with high support needs. The project have 24/7 on-site staff.</p>
<p>Expert By Experience</p>	<p>This new project will employ a Co-production and Engagement worker who has lived experience of using support services, to work across multiple settings in the city. The worker will enable people recovering from rough sleeping and/or homelessness to have their voices heard, share and feedback on their journey. We want to develop and grow our existing approach to hearing thoughts, ideas and recommendations from service users (SUs) about what challenges they have faced, what has, and will, make the difference to achieving meaningful change. We will learn and be ambitious for the homeless communities of Exeter. This post will:</p> <ul style="list-style-type: none"> • Work to the principles of co-production. • Build on previous work and local relationships. • Sensitively contributing to the creation of whole systems change. 	<p>This project started 01/10/22 we have made contact with ECI, BCHA and CoLab regarding development of a joint approach to client involvement.</p> <p>Our fundamental partner for this project will be those that are or have experienced homelessness in Exeter</p>	<p>We must listen and learn from people with lived experience as the impact this has on service development means that services change to meet current and future needs. ECC's presence at Co-lab has significantly changed the service offer and provides early intervention.</p> <p>Every support plan devised with an individual is co-produced and has client voice at the centre. Clients guide their own support, including goals they want to achieve</p>

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	<ul style="list-style-type: none"> Empower clients, staff and agencies to put client voice at the centre of decision making; changing and improving services as a result. 		alongside assertive enablement from support workers.

Challenges & Solutions – summarised from Quarterly reports

AHOT has very strong working relations with Together Drug & Alcohol Services, and we work in partnership to address an individual’s housing and dependency needs. A significant and enduring issue when seeking to meet this dual need is that this sub cohort commonly present with challenging behaviours making it very difficult for Supported Housing providers to deliver sustainable accommodation options. AHOT benefits from a Together Recovery Worker being partially embedded in the Team. This addition allows us to ensure that an individual experiencing rough sleeping can engage quickly with tier 3 substance misuse services. The challenge is the subsequent delay to supporting a client into meaningful recovery. Nationally the average duration of a successful opioid treatment journey is 4.5 years (Exeter performs slightly but not appreciably better than this average). For an individual to become suitable for available supported accommodation options usually requires 6 months to stabilise them on opioid substitution therapy (OST) and to minimise, to the point of manageability, the more chaotic behaviours. It is also important to acknowledge that addiction is a relapsing remitting condition requiring significant effort to maintain. We see a high volume of clients exhibiting needs around combined Rough Sleeping and Drug misuse problems returning to rough sleeping very quickly after an accommodation placement is secured because it is challenging to ensure the pace of recovery is in step with the pace of the housing intervention(s). An immediate offer of accommodation, on presentation, would contribute to addressing this need. The accommodation needs to be well enough funded to be able to provide the right support, at the right time, at the right level.

Analysis of this question indicates a significant shift in presenting need particularly for males experiencing rough sleeping. In all previous reporting by JH Drug misuse problems has been the most frequently cited need after Rough Sleeping. It may be too early to say but this quarter indicates that all the multi-agency efforts to work on the intersection between rough sleeping and drug misuse have started to address this population need and we are seeing fewer rough sleepers citing drug misuse as the distal cause of their rough sleeping. In Q1 for males experiencing rough sleeping we see Single Homeless with Support Needs (tenancy sustainment and money management) and Offender at Risk of Offending occurring with greater frequency. This could be explained by the high rates of flow onto the street this quarter. This also evidences a concerning trend that AHOT have been raising anecdotally for some months, the number of prison releases and or probation transfers that arrive on the streets of Exeter with little warning and no pathway. We have seen high numbers of complex and risky clients released from HMP Exeter to No Fixed Abode who then sleep rough and in many cases they have been issued with a travel warrant by the Prison but because there is no accommodation offer in the area to which they have a local connection they choose to remain in Exeter. This concerning trend has been raised with HMP Exeter, Probation and ECC and some action is planned to mitigate going forward. More information should be available from ECC’s prison navigator who is based at Exeter prison.

A key barrier to relieving rough sleeping commonly experienced by AHOT, is a shortage of suitable temporary accommodation. To address this, it may be useful for statutory and non-statutory providers to establish a clearer understanding of all accommodation options available to a rough sleeper. Our hope is that this can be achieved through the proposal to bring together a homeless accommodation panel comprised of local accommodation and support providers (A2A). The hypothesis being that this will provide a vantage point from which to see the system as a whole and address blocks and barriers. The importance of establishing a forum that permits smooth movement through accommodation tiers can be seen by the very high rate of returners seen historically. This area remains a concern, however there are some strong indications that A2A coupled with enhanced system response to addiction and mental health is coterminous with a sustained reduction in the proportion of returners to the street. We can confidently say that there is some correlation between recent system enhancements and reduced returners however it is difficult to evidence this as a causal relationship. The ultimate aim must be to offer accommodation on first presentation.

A high proportion of the individuals experiencing rough sleeping also experience addiction. Successful treatment journeys for opiate clients on average require 4.5 years of structured treatment. Stabilising an individual's addiction to the point where they can function appropriately in accommodation commonly requires 3-6 months of psychosocial and pharmacological interventions. The specific challenge is that these common treatment durations mean that a complex client is placed in supported or temp accommodation promptly but that the expected gains from drug treatment then take a significant period to materialize and often the individual is evicted in this time lag between moving into accommodation and stabilising their addiction. Preventing people from rough sleeping in the first instance will contribute to addressing this challenge alongside the recent developments in this domain - which are promising. We are completing closer and more effective joint work with Together Drug & Alcohol Service and it looks as though through the well-funded RSDATG (Rough Sleeper Drug and Alcohol Treatment Grant) the system will benefit from a significant increase of recovery support personnel in off street accommodation options (eg Gabriel House).

Possibly the most pronounced issues we have been experiencing regarding relieving rough sleeping is the shortage of accommodation options for our cohort of complex clients. A significant proportion of those currently rough sleeping in Exeter have previously been accommodated in supported accommodation and or Covid-19 emergency accommodation that has ended because of behavioural issues. Thinking about this cohort on a sliding scale of complexity / required intensity of support there are no options left in the local area that could be expected to offer a sustainable solution. There are a group referred to as the 'Target Priority Group' of 28 people who are closely monitored by DLUCH and ECC with the aim of achieving a sustainable exit from the streets. A substantial risk remains that there are not suitable or appropriate offers for all high /complex need rough sleepers. Our assessment is that NSAP, RSAP (and hopefully SHAP) properties and the process of rationalising / rejuvenating the housing pathway for individuals who have experienced rough sleeping will create some additional options for this complex cohort, but we are already identifying some clients for who there are zero accommodation options despite our recently enhanced system. It is important to retain a focus on housing pathways for complex clients as these can become silted up very quickly. The NSAP, RSAP & SHAP have potential to create movement through the system, these enhancements require momentum and monitoring to ensure they embed in the system in a way that creates flow through the pathway.