Scrutiny Committee – Customer Scrutiny Task and Finish Group - Evidence Information

Session 2 – 19.10.22:
1. **Working together – ECC & partners**
2. **Strategic Priorities including Early Intervention & Prevention**

1. **Working Together – ECC & partners**

ECC works with partners to prevent and reduce homelessness through attendance in key multi-agency partnerships e.g:

- A2A – homelessness supported housing prioritisation assessment and referral panel
- Early Help – families at risk inc safeguarding
- Devon Young Persons Homelessness Prevention Partnership – children's services & all district housing authorities – 16-17 year olds and care-leavers
- DCHOP – all Devon & Cornwall housing services co-ordinating priorities and sharing best practice – with guest key stakeholders -
- Devon Domestic Abuse Partnership Board – with DCC and multiple providers in refuge and recovery support services (key driver Domestic Abuse Bill)
- Devon & Cornwall Rough Sleeping Partnership – 11 LAs plus contracted rough sleeper outreach services focusing on multi-agency outreach work, info sharing and best practice development
- Community Safety Partnership – Exeter management and sub-groups inc housing, Env Health, Communities team, police, university, Colab
- Community Grants programme – with services such as CAB, Homemaker, Turntable etc
- Exeter Homeless Partnership - key homelessness providers e.g. ECC, BCHA, Julian House, St Petrocks, ECI, Colab working with businesses and community to raise awareness and develop additional capacity
- ASBAT / STAG – local (Exeter) partnership inc. housing, police, legal, Env Health to intervene with high risk / high need cases in the community
- RSI programme – multiple contracts and schemes with key providers delivering housing and support services to rough sleepers / persons at risk of rough sleeping
- Devon Home Choice - Board membership for strategy and policy plus local allocations decisions
- YPHF – referrals and assessments for priority YP housing
- Homelessness Housing development e.g. NSAP/RSAP, PRS leasing, PRSA (PSLs. HAT scheme, Renting Minefield, PSL team)
- Refugee & Asylum resettlement – working with SW Immigration partnership and DCC and districts re: Syrian, Afghan, Ukraine

The nature of the working relationships differ according to need (e.g. some including direct contract management as ECC procures a variety of services under homelessness reduction) but key themes of co-operation include information-sharing, identifying lead agencies and respective actions, focus on individual customer need, and strategies to meet current and arising demand. Members may wish to seek feedback from stakeholders around ECC engagement, including good and poor practice, improvements and recommendations for change.

2. Strategic Priorities

Exeter's joint homelessness strategy 2016-2021 was constructed around four themes reflecting the primary resource deficiencies underpinning homelessness:

- A Place to Live – housing and homes are needed
- Access To Services – information and support needs to be customer-oriented
- Health & Protection – illness, abuse and neglect needs to stop
- Money Matters – income for having a home needs to be available and sustainable

Unsurprisingly these themes remain fundamentally relevant and are therefore embedded in the following five strategic priorities For each of the priority areas an action plan will be developed to detail the specific work streams with target outcomes, interim milestones, resource requirements and lead accountability.

The Priorities are:
1) Ending Rough Sleeping
2) Prevention & Early Intervention
3) Health, Wellbeing & Recovery
4) Inclusion & Enablement
5) Systems & Partnership

Priority 1 – Ending Rough Sleeping

All forms of homelessness are best averted but in its most acute form homelessness in Exeter in the form of rough sleeping as a result of there being no available housing option is unacceptable. This has to end. Whilst Exeter has successfully further developed services over the last few years resulting in reduced rough sleeping the issue still prevails. Ending rough sleeping means preventing it wherever possible and where it cannot be prevented making it a rare, brief and non-recurrent experience. This means:

- Prevention - Stop people from being forced to sleep out in the first place
- Rare - Reduce numbers to a measurable indicator which is as close to zero as possible
- Brief - If a person sleeps rough, the episode should be as short as possible
- Non-recurring - No one should experience multiple episodes of rough sleeping

Exeter has recently established a new operational housing pathway forum to maximise access to accommodation for rough sleepers. Partners are in the process of developing a supporting management group for further reducing and then ending rough sleeping.

Key Objectives

- To further halve rough sleeping by the end of 2023 and end rough sleeping (as a norm) by the end of 2024. This is to be achieved by further tackling flow onto the streets and by delivering more housing for rough sleeping relief
- To maximise the level state-funded housing services signed up to ending rough sleeping and fully commit to practices of duty to refer, tenancy sustainment (minimal eviction) protocols and tenancy rescue schemes. This includes community housing (social and supported) and institutions (prisons, general and specialised hospitals including mental health wards)
- To ensure the same for supporting services such as health and social care, children and young person's services, and services working with households with specific homelessness risk such as ex-military and persons experiencing domestic violence and/ or abuse
- To optimise housing capacity at all tiers of the rough sleeper supported housing pathway. This includes emergency crash-pad accommodation such as night chairs/beds, host schemes, No second night out / off the streets schemes through to supported housing placements tailored to specific or

cohort need (e.g. gender-based, health recovery-based, DVSA). This includes growing the number of housing-first dedicated accommodation

➢ To direct Health & Wellbeing services (with sufficient capacity and appropriate remit) to provide more bespoke, timely interventions with homeless households providing ongoing care and support where needed. This includes treatment for health issues such as substance use (building services on the rough sleeper drug and alcohol treatment grant), mental ill-health regardless of formal diagnosis and / or fluctuating need, "dual non-diagnosis" illness, and social care or learning difficulty need

➢ To evaluate and re-map cross partner multi-agency priorities to increase resource committed to supporting complex, severe and multiple need that contributes to repeat rough sleeping. This entails dedicated frontline services with remit to work "under the thresholds" where barriers to ongoing work and rough sleeping resolution are addressed by a resources creative solutions panel

➢ To develop Recovery capital with a particular focus on enabling clearer established routes to employment, new relationships and "exiting the system". This includes opportunities for current and former rough sleepers to access dedicated occupational and vocational services (supporting self-esteem and confidence) as stepping stones into mainstream education, training and employment services

Priority 2 – Prevention & Early Intervention

Exeter's homelessness services deploy their limited resources across the working spectrum of homelessness. This ranges from early indicators and early prevention through to crisis intervention and follow-on recovery and ongoing support functions. However it is widely accepted that the earlier a service can identify and proactively intervene in homelessness risks the more successful the intervention is likely to be i.e. homelessness is often averted.

"Upstreaming" resources requires careful balance to avoid a "cover-all" approach at danger of rendering potential effect and impact too thinly spread. Human nature generally tends towards a falsely informed ignorance of early signs until reality actually starts to bite. Targeting highest risk characteristic groups in the local population can act as effective education. Working to complement and join up existing partner work in this area will be a prime necessity.

Key Objectives

➢ To raise the levels of homelessness awareness in terms of risks of homelessness as well as the challenges of the housing market. This will be in the form of increased information and material distributed amongst all existing homelessness stakeholders. But more importantly to reach out to those services in closer contact with the potential homeless of tomorrow e.g. church and community groups, schools, colleges, health centres, youth centres and libraries. The use of creative messaging and social media channels will be vital especially for connecting with the younger population.

➢ To increase early identification of homelessness cases by identifying and targeting local potential need for information and advice. This includes local hotspots such as the lowest income / socially deprived wards. Also those groups with higher risk characteristics e.g. troubled families, recurrent offender / criminality issues, households with assessed high adverse childhood effect ("ACE") need and / or health needs

➢ To continue building meaningful information exchange with existing early intervention services e.g. Early Help, Children's' services, Youth Offender Team, Police. This will include a pro-active programme of promoting duty to refer responsibilities as well as building opportunities for joint budgeting and pooled / devolved spend to save funds

➢ To expand the number of targeted outreach-based / co-location housing advice in the community (including the above closer contact services) with statutory agencies such as DWP (Job Centre Plus) and voluntary services such as Exeter CAB and other local service hubs.

➢ To deliver home-based advice and assistance through visits to household homes either at early referral stage or early risk (56 days). This would also include home assessment for those with accessibility issues and also for a number of households in priority need on the social housing register.

➢ To train and increase Mediation skills, knowledge and experience within the sector. This will be to better equip staff to negotiate with partners, parents and landlords of potential homeless individuals or families. This will include maximising assistive prevention tools such as money services (income maximisation), debt advice, supporting payments and follow-up tenancy rescue and sustainment support.

Priority 3 – Health, Wellbeing & Recovery

Exeter's homelessness services are composed of a multi-stakeholder mix of housing partners alongside partners from the likes of health and social care, primary care, offender management, and community-building and engagement. Close multi-agency for "wraparound" support services has been key to the successes achieved in local homelessness over the past five years. However more needs to be done at all stages of prevention, intervention and recovery in order to reduce "flow" of new homelessness including rough sleeping but also to reduce "returners" i.e. households with repeat episodes of homelessness.

The prevalence of significant health inequalities amongst homeless individuals and households is a well-documented fact. Some health and well-being issues lead to homelessness whereas others arise or further develop as a result of having no home. Typically these are physical and / or mental ill-health and substance misuse. Aside from critical resource levels core themes in this priority area of need often include issues such as high service access and complex eligibility thresholds, engagement issues such as consistency, expectations, lead worker turnover, diagnostic-centric design, range and availability of treatment offers and service waiting lists.

For homelessness to see reductions that are achieved and sustained by the individual or household wraparound services need capacity and flexibility. This is particularly relevant for statutory services, including housing, where multiple services often hold their piece of the intervention and treatment jigsaw but frequently fail to put them together in a sequenced and user-informed way. The end result if too often a picture of hand-offs rather than a scene of recovery. Homeless people also need early access through screening opportunities and health education as a way of reducing crisis service contact of high cost (human and money) access routes.

Key Objectives

➢ To develop leading strategy and operations multi-agency groups across housing, health and recovery partners with homelessness reduction as the key term of reference and primary objective. Work will include growing a trauma-informed services policy and operating model with sub-threshold accessibility and outreach-based practice, connecting with a significantly higher number of individuals and households than currently achieved.

➢ To mobilise a growth in substance misuse health and wellbeing care and support for rough sleepers including those with severe and multiple / complex need. This will include access to both psychological and psychosocial services and continuing to build of local primary care health outreach with rough sleepers and into supported housing. One indicator of success will be a significant reduction in the number of homeless people not in receipt of active wraparound support, including those in temporary and supported accommodation.

➢ To increase and optimise early referrals from health services including hospitals, mental health housing and community wards, expanding the existing in-reach homelessness prevention service if necessary, to reduce the number of NFA discharges and also those without post-discharge timely community-follow up.

➢ Maximise household income for the purposes of averting homelessness (e.g. eviction for rent arrears and associated affordability issues) through access to relief funds, added discretionary benefits including spend to save monies, plus individual budgets and creative solutions packages.

To include the development stages of earnings from employment. To support fundraising and awareness raising initiatives such as continuing alternative giving plus developing a financial welfare package targeted towards the homelessness impact of the cost of living crisis.

➢ To develop and deliver a wider range of means to achieving income and reducing reliance on (sub-market rate) welfare benefits. This is via a focused programme in ETE (Education, Training and Employment) which will also contribute to personal achievement and social learning. A foundation of the ETE work should include "soft occupation" such as leisure and early vocational opportunities to enable growth of self-esteem, confidence and resilience. Employment engagement will aim to include volunteering and paid employment opportunities within partner agencies plus apprenticeships across a portfolio of local employers.

Priority 4 – Inclusion & Enablement

The deep dive of the homelessness review affirms the position that many of Exeter's homeless households are excluded from a variety of services either by design or by default. Inequalities exist amongst the service landscape and there is more work to do to tackle elements of discrimination, exclusion and stigma around homelessness. This priority will continue to build upon the progress made under the preceding strategy theme overseeing access to services and will seek to grow the opportunities for customer self-enablement, involvement and empowerment.

Inclusion and enablement is particularly an ongoing issue for those more marginalised cohorts of people who find themselves homeless and struggling to integrate or be integrated into society and / or local community. People rough sleeping often fall into this category especially where underlying causes are enduring poor mental health or drug or alcohol addiction. Embedded rough sleeping and "street attachment" can reflect an individual's loss of connectivity with general societal norms and signal disenfranchisement with services and the system. Complexity or multiplicity of need often further compounds this effect.

Neglect or limited family structure and dysfunctional upbringing may also play out resulting in relationship loss and traumatic breakdown for young people in particular. Risks of developing a lifestyle of homelessness are often very high in such cases especially where schooling has been affected education limited. Evidence shows the drawing effect of gang culture and associated anti-social behaviour that acts as the precept for criminal behaviour (e.g. substance use and enrolment into illicit drug supply networks including County lines).

Where victims of unlawful behaviour are also clearly at risk of homelessness Exeter resembles trends of many other predominantly rural counties where there are growing numbers of households approaching the city services as homeless as a result of domestic violence and abuse. It is imperative that the necessary emergency and specialist supportive housing settings are established in the city with longer term funding than present. It is equally important that services work better together to understand the triggers and profiles of tomorrow's victims as well as the perpetrators and develop greater insights and activities for effective prevention.

Key Objectives

➢ Services to increase outreach-based service delivery to reach "to where people are at" (as opposed to expecting people to come to services) to increase contact with excluded high risk of homelessness populations in the city. Similar to prevention activity this will include campaigning work around homelessness awareness and skills training for those most at risk in these communities (e.g. through Wellbeing Exeter work). It will also include increasing the capacity for and number of home visits to households at most risk of homelessness.

➢ Homelessness services to develop common set of customer engagement tools and opportunity based on the participation ladder concept which includes consultation, service co-production and key customer governance and employment opportunities. This work must start with building dialogue and open communication channels with customers, as equals and experts by their own experience. Opportunities for volunteering and paid consultancy work will be developed in recognition of expertise and for the enhancement of understanding and compassion.

➤ To assess need and develop / grow targeted accessibility points for specific cohorts of excluded / marginalised household need e.g. specialist advice, support and housing (where necessary) for people with complex need, victims of domestic abuse, young persons.
➤ To review and extend accessibility of homelessness information, advice and assistance. This will include online platforms, digital media, and specialist information and ensure access and signposting to services is extended to include weekends and maximise provision 24/7, 365 days per year.

Priority 5 – Systems & Partnership

Partnership working is common phraseology often espoused by services but rarely broken down to component parts in order to identify, engage and amplify connectivity and working practice between key and "peripheral" partners. Numerous services and agencies work within the sphere of homelessness and their contribution to preventing and resolving homelessness is recognised in the main and greatly appreciated. There have been many recent examples of effective partnership work directly impacting on homeless households in Exeter, some examples being:

o Co-location and multi-agency working within the Colab community
o New interventions co-ordinated and delivered under the Exeter Homeless Partnership
o Health interventions and service co-ordination under the Homelessness Groundswell partnership including Public Health
o Design and commissioning of new services under the new Domestic Abuse Partnership, Homelessness Prevention Taskforce, Ending Rough Sleeping group, Mental Health Alliance, Rough Sleeper Drug & Alcohol Task Group

Yet there is more to do and build upon especially in the co-designing or services to align target objectives, develop shared outcomes and pooled budgets for optimising and maximising impact together.

Key Objectives

➤ To establish and embed the Ending Rough Sleeping group as a mandated management partnership with clear terms of reference and designated resources to drive the further reduction and ultimate ending of rough sleeping in the city. This will include the establishment of clear reporting and governance oversight for this work (including that of the equivalent drug and alcohol targeted rough sleeper grant programme) from an existing or new oversight board taking lead responsibility for prioritising homelessness prevention.
➤ To develop more strategic alignment whereby homelessness is central to commissioning agendas. Homelessness and ensuing mitigating activities to be clearly cited in all partner lead plans and strategies given that it is a near universal risk factor / outcome associated with the work of each respective service. Partners to have an identified ending homelessness champion suitably equipped with the mandate and resources to make an extra difference with positive change. The former Creative Solutions partnership can act as a seed model for this work.
➤ To develop modelling and scheduling for strategic and funding alignment. This is to increase the join up of local strategies and their supporting resources in order to deliver more clearly targeted and shared service delivery on the ground. This includes activities such as identifying each partner contributions to preventing and resolving homelessness, developing shared job descriptions, enabling more flexibility around working practices (to reduce unhelpful risk aversion) and eliminating duplication and counter-active or conflicting inputs. Barriers to more positive or pro-active working with homeless (or at risk of) households to be challenged and overcome at levels including attitudinal or cultural, organisational, policy and process-driven and where possible, resource-led.
➤ To promote and deliver a landscape for closer shared resource modelling within frontline partner organisations e.g. consortium structures, alliance commissioning practices. Seeking to spread responsibility and risk management and effect greater flexibility and transferable skills and knowledge within the workforce
➤ To maintain and improve the network of support for staff working in and around the "homelessness sector". To better identify and understand the impact of repeat exposure to trauma and distress (including dysfunctional or chaotic customer response) and to generate greater workforce care including pooled supportive services to aid well-being and resilience.

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