Stockport Homelessness Review 2020

Executive Summary

Stockport Council has a legal obligation to provide a published strategy that outlines how it will prevent and address homelessness and rough sleeping. Its current strategy covers the period from 2016-2021 and will be replaced with a new version outlining the measures the local authority and its partners will take from 2021-2024.

While the maximum period a strategy can cover is five years, a shorter period has been chosen due to the current levels of uncertainty and challenges posed by the Covid pandemic.

This review provides an evidence base for the formulation of the new strategy, outlining the nature of current service provision, looking at the extent of homelessness within the Borough and the context on a national, sub-regional and local basis. It also has a strong focus on consultation with key stakeholders and people with lived experience of homelessness, which will be at the heart of the new strategy.

The achievements and outcomes of the 2016-2021 strategy are additionally reviewed, which covered eight main aims from extending collaborative working with partner agencies to focussing on supporting customers through significant welfare reforms. Some of the main outcomes included:

- *Delivery of several Greater Manchester GM initiatives, such as 'A Bed Every Night', ensuring accommodation was always available to rough sleepers and 'Housing First', providing intensively supported tenancies to street homeless people*
- *Developing a supported housing scheme for care leavers in a partnership arrangement with Stockport Family, Stockport Homes group (SHG) and Depaul UK*
- *Providing a health and hospital discharge service through a third sector provider, H3, working in close collaboration with SHG*
- *Delivering in excess of 700 new affordable housing units through the Council and the Stockport Housing Partnership*
- *Formulation of 'task and target' multi-agency meetings to address rough sleeping and introduction of a dedicated outreach team*

The 2016-2021 period also saw the introduction of the 2017 Homelessness Reduction Act, which placed additional duties on local authorities to prevent and relieve homelessness. The Council ensured that additional resources to implement the new Act were targeted at customer facing services through SHG, its operational provider, enabling an extension of money advice, access to the private sector and support for people facing homelessness.

The Council and SHG also continued to invest in temporary accommodation, expanding provision for single people and ensuring that there remained no need to resort to use bed and breakfast accommodation. Additional health input was also introduced at the temporary accommodation schemes, with GP visits and a range of preventative measures such as smoking cessation sessions.

The main reasons for homelessness remain unchanged within the Borough with almost half of all households losing their accommodation due to failed lodging arrangements or the end of private sector tenancies. Domestic abuse is the third main reason and will have a real focus over the course of the new strategy with the introduction of the Domestic Abuse Bill in 2021, with increased obligations for local authorities to address the issue.

Along with seeking to increase the supply of affordable accommodation, at the heart of any homelessness strategy, seeking to prevent the loss of housing will be a core feature of the

2021-2024 version. This is a particularly acute need as the number of social housing properties becoming available to let has fallen significantly in recent years, providing a smaller pool of affordable housing for those becoming homeless.

From consulting with stakeholders and customers and reinforced by the main strategic drivers at all levels, improving the health of people who are homeless and addressing multiple and complex needs will be a requirement of the new strategy. Levels of physical and mental health are statistically poor across the Country for those in housing need, and on a local level has been demonstrated by GP surgeries at one of the temporary accommodation schemes.

When homeless people have struggled to access health services in many instances, and where they have there are often issues with tracing notes and a lack of continuity in provision. This is a challenge where people have multiple needs, for example mental health and substance misuse issues, who can struggle to navigate services which have largely reduced or removed outreach services due to financial pressures.

Rough sleeping levels have remained at a relatively low level, but the impact upon individuals and services of this small cohort is such that it will remain a central objective within the successor strategy and is also in line with the national 2018 Rough Sleeping Strategy.

As a result, this Review has identified five main themes for the new strategy, which are:

- Accessing affordable accommodation
- Preventing and relieving homelessness
- Improving the health of people who are homeless
- Addressing multiple and complex needs
- Tackling rough sleeping

It also identifies several approaches that will help achieve these objectives, which include:

- *Joint working between agencies – the complexity of the challenges these themes pose means that their resolution depends heavily upon collaborative approaches*
- *New ways of working– relying on expecting people to fit neatly into services or joint working to succeed without challenging existing norms is unlikely to work*
- *Person centred approaches – success depends upon engagement with people and recognising their individuality, not just delivering a service 'to them'*
- *Prevention and early intervention are key – not just in terms of homelessness, but avoiding health issues, family dynamics and relationships deteriorating*
- *Staff training – few stakeholders feel their staff have all the skills and knowledge needed to achieve the best outcomes*

For each theme, a number of specific issues to address each aspect are also then identified, ranging from improved co-ordination at a strategic level around housing, substance misuse and mental health, to practical objectives such as introducing a 'health passport' to enable easier access to GP and health services.

The Review identifies that the 2021-2024 period is likely to be one that faces several challenges due to the impact of the Covid crisis, however its development has revealed a clear and ongoing commitment from the local authority and its partners to addressing the issue. Even more than with previous strategies, the success of the 2021-2024 version will rely upon effective joint working that is strongly outcomes focussed.

Appendix B

1. Introduction

1.1 Stockport has implemented four homelessness strategies since the requirement to have one was introduced by the 2002 Homelessness Act, with an ongoing commitment to the improvement of services to prevent and relieve homelessness. In line with the Government's 2018 National Rough Sleeping Strategy, street homelessness also has a focus. The current strategy expires in April 2021, and this review seeks to provide an evidence base and discussion document to guide its replacement.

1.2 The present strategy covers the period from 2016-2021, and there is a requirement for a review and renewal of the document at least every five years. As a result of uncertainty caused by the Covid pandemic at the time of developing the next Strategy and its likely economic and social implications for the future, a shorter period covering 2021 to 2024 is proposed for its next iteration.

1.3 This review will initially look at the impact of the 2016-2021 strategy, then provide an outline of existing services and the scale and nature of homelessness within Stockport. It describes the consultation completed with people who have experienced homelessness and key stakeholders to identify issues the new strategy should address, and explores some of the context on a national, Greater Manchester (GM) and borough level.

1.4 At each stage key issues will be flagged up for consideration within the new strategy, and ultimately brought together within five key themes of:

- Accessing affordable accommodation
- Preventing and relieving homelessness
- Improving the health of people who are homeless
- Addressing multiple and complex needs
- Tacking rough sleeping

1.5 While there is overlap within these themes, they provide a basis to group potential actions and workstreams for the new strategy and align with other areas of work on a local and sub-regional level.

2. Achievements and remaining challenges from the 2016-2021 Strategy

2.1 Stockport's previous homelessness strategy outlined eight priorities that were to be targeted over its five-year span, each with a number of related actions. The strategy and related action plan were updated in 2018, and again in 2019 to reflect changes in priorities, take advantage of opportunities and reflect a new requirement to specifically address rough sleeping.

2.2 The final action plan is included as Appendix A, but some of the main achievements included:

Aim 1: To raise awareness and educate people on how to prevent homelessness and signpost to support

- *Briefings on regular basis to key partners including Stockport Housing Partnership, Probation, Multi-agency Support and Safeguarding Hub (MASSH), Adult Social Care, Stockport Family and third sector organisations*

- *'No wrong door approach' adopted with housing options engagement in multi-agency fora such as Multi-Agency Adults at Risk System (MAARS), Multi-Agency Risk Assessment Conferences (MARAC) and Place Based Initiatives (PBI).*

Aim 2: For agencies and local authorities to work together and develop services to best meet the needs of people who are homeless

- *Delivery partner of GM A Bed Every Night (ABEN) provision & engagement with evaluation programme, GM Housing Providers lead on homelessness work stream, GM Ethical Lettings Agency delivery partner, GM Housing First delivery partner and engagement with evaluation programme, GM Rough Sleeper Initiative (RSI) delivery partner, Council and SHG engaged in Covid response and emergency homelessness provision, SHG and Council engagement in development of GM Homelessness Prevention Strategy*
- *Opening of supported accommodation scheme for care leavers and development of move on flats, Extension of 'Staying Put' scheme by Council, Additional provision of direct lets to care leavers*

Aim 3: To develop housing pathways to support specific client groups

- *Housing pathways established across GM Housing First, Homeless Task and Target meetings, RSI Outreach service, Revised allocations policy for previously disqualified applicants, creation of offender outreach role.*
- *Duty to Refer process implemented with public bodies and partner agencies.*

Aim 4: To identify and address the health needs of homeless people

- *H3 – homeless hospital advocate service provided in Stockport to work alongside hospitals and housing options team to prevent homeless hospital discharge occurring.*
- *H4 charity services – direct work with GP practises, mental health and substance misuse services to increase access for vulnerable homeless customers*
- *GP surgeries initiated at temporary accommodation schemes with private consultation room built at Buxton Road Scheme.*
- *Health and homelessness workshop completed, and related strategic task and finish group set up.*

Aim 5: To support customers through welfare reform changes to ensure they are fully prepared for the impact

- *Money advice team supporting customers presenting to housing options team*
- *Affordability advice offered on bidding and property searching within budget and detailed planning tool in 'Accommodation Finding Pack' provided as part of Personal Housing Plan.*

Aim 6: To continuously monitor trends in homelessness and wider connected issues to ensure commitment to continuous improvement

- *Locata system used for rough sleeper case management (regardless of homelessness application). Locata system in use and quarterly reporting to the Council feeding into homelessness forum. Also used in rough sleeper case management and able to record personal housing plans and ongoing support.*
- *Implementation of RSI Outreach role in order to develop more extensive profiling and support planning of rough sleepers and ensuring each has an offer of support under outreach procedures*

- *Formulation of Homeless Task and Target meetings to enable more extensive and timed response to rough sleepers*

Aim 7: To develop and improve the Private Rented Sector, including the implementation of a private rented sector offer and developing social lettings model

- *Literature and dedicated contact put in place. Ongoing work to access private properties at or around LHA rent.*
- *Guaranteed rent and leasing incentives for landlords using the Stockport Homes Lettings Service*

Aim 8: To seek to address local housing supply issues in order to prevent and relieve homelessness and continue to avoid the use of bed and breakfast accommodation for homeless households.

- *SHG continuing to avoid use of B&B accommodation in all cases.*
- *Additional properties secured through government 'move on' fund to extend to customers in homeless accommodation*
- *Delivery of 700 new units of affordable housing over the course of the strategy*

2.3 While action plan objectives were achieved, it is however recognised that there is a need for ongoing continuous improvement, and the new strategy will seek to build on work completed by the various partners during the 2016-2021 period.

3. Homelessness Services within Stockport

3.1 Overview

SHG deliver the operational aspects of the homelessness service within Stockport on behalf of the local authority and have done so since the creation of the arms-length management organisation (ALMO) in 2005. This is primarily through the Housing Options and Temporary Accommodation teams within SHG, accompanied by a wider commitment within the Organisation to prevent and relieve homelessness and develop holistic support services. The Council retain the strategic function and work closely with SHG and other key partners to design and deliver services.

Homelessness services work within the framework of the 1996 Housing Act, which outlines the necessity for local authorities to provide advice and assistance to people in housing need, and the duties and obligations towards households who are homeless or threatened with homelessness. This statute was amended significantly by the 2017 Homelessness Reduction Act, which extended the duties owed to people without accommodation or facing losing their home, with a more prescriptive approach towards the delivery of advice and support.

There are additionally other areas of legislation with a close relationship and occasional overlap with the 1996 Act, the:

- 2014 Care Act
- 1989 Children Act
- 2017 Children and Social Care Act

Meeting statutory obligations therefore requires close working across several different services for responsibility in these areas, rather than the Housing Options Team working in isolation.

Alongside statutory services such as adults and children's social care, Probation and health partners, third sector partners also play a key role in directly addressing homelessness and providing support. These include, but are not limited to:

- Stockport Without Abuse (refuge provision and domestic abuse support)
- The Women's Centre (domestic abuse support and working with female offenders)
- Helping the Homeless into Housing (H3)
- The Wellspring (resource centre for homeless and disadvantaged people)
- Loaves and Fishes (outreach and rough sleeper support)
- Ongoing Women's Local Support (OWLS)

Rather than being a singular local authority entity, the wider homelessness service with the Borough can best be a coalition of organisations. One of the challenges of this strategy is to co-ordinate and support each element of that coalition, with an increasing focus on seeing people in housing need as partners in resolving their situation rather than just recipients of a service.

3.2   The 'Core Service'

The core service delivered through SHG meets and in many cases exceeds the statutory obligations of the local authority towards homeless people. It operates in a partnership approach with the local authority, with close working relationships and a joint commitment to the continual improvement of services.

3.2.1 The Housing Options Team

The Housing Options Team provide the core housing advice and assessment service at SHG, seeing approximately 1800 households per year. Delivering a face to face, telephone and emergency out of hours telephone service, they are based at SHG's modern, town centre building in Stockport.

The service is funded through a mixture of a local authority and central government grants, and its capacity was increased in 2018 to meet the additional demands of the 2017 Homelessness Reduction Act (HRA). It consists of:

- 2 x team leaders
- 9 x housing options officers
- 2.5 x mediation officers
- 1 x development officer
- 1x offender outreach worker
- 0.5 x refugee and asylum officer

Some of the housing options officers have a generic role and others have specialisms such as linking with social care and health services. The offender outreach worker is a new addition to the Team during 2020, funded through Foundations, SHG's charitable arm recognising the strong links between homelessness and repeat offending. They will also be looking to work with people who have experienced homelessness and the criminal justice system, identifying what they feel did, and did not work with the support they received and how services could be more effectively tailored.

The Team is considered to be well resourced, having been recently audited by Price Cooper Waterhouse through SHG processes and during the course of the last

homelessness strategy received Gold Standard Accreditation through the National Practitioner Support Service.

3.2.2 The Rough Sleeper Initiative (RSI) Team

The RSI Team is financed by a specific government grant to address rough sleeping, and SHG manage three workers that work across both Stockport and Trafford. Two outreach officers engage on a daily basis with known rough sleepers, conduct 'hot spot' checks and respond to reports from partner agencies and the public. An additional 'navigator' officer focusses on engaging with the most entrenched rough sleepers, often with multiple and complex needs and supporting them to access appropriate services and accommodation.

Relatively new in post during 2020, part of the navigator role is to help shape the RSI approach, working with people who have moved through a period of rough sleeping to identify what barriers they experienced, how they feel they could have been more effectively supported and changes to practice that are needed.

The RSI approach also includes fortnightly multi-agency 'task and target' meetings to identify rough sleepers and work out a co-ordinated housing and support plan for each person.

3.2.3 The Temporary Accommodation and Housing First Team

The Temporary Accommodation and Housing First Team manage 121 units of accommodation for households experiencing homelessness, accommodating in excess of 450 households per year. The Team provide support to families, single males and single females across a number of hostel sites and dispersed properties within the Borough.

In addition, the service manages the Borough's A Bed for Every Night provision as part of the wider GM commitments, providing support and accommodation to people rough sleeping, and supporting in excess of 350 customers since the initiative began in 2018.

The Team also includes two Housing First support workers, with SHG working as a delivery agent for the sub-regional Housing First Initiative.
The Team consists of:

- 1 x temporary accommodation manager
- 3 x scheme managers
- 17 x homeless support officers
- 2 x Housing First Support Workers
- 1 x Caretaker
- 1 x Engagement Officer
- 1 x ABEN Officer

3.2.4 Additional SHG Services

Within SHG several other services are also funded that support homelessness and related preventative work.

Of these '360 Living' manages 180 private sector tenancies on behalf of private landlords, seeking to provide a quality offer to people in the sector. Often letting to people in housing need, they are also a delivery agent for the sub-regional 'Ethical Lettings' Agency looking to expand access to affordable private sector accommodation to those facing homelessness

The Money Advice Team offers a service for those experiencing difficulties budgeting or other financial problems. Originally just for Council tenants, it has been extended to people of any tenure in order to provide additional support with applying for benefits, addressing rent arrears, utility charges, service charges and navigating changes to the welfare system.

The Tenancy Ready and Housing Support teams offer cross tenure assistance to help people prepare for and maintain independent living, including those who have experienced homelessness. Aligned with their work is that of a furniture recycling scheme to ensure people have the basics to set up in a new home, and an Employment Team to help ensure the sustainability of tenancies with support to find work and training opportunities.

3.3   Key statutory partners

Local authority, criminal justice and health partners are the other statutory services integral to the delivery of effective homelessness services. Joint working has developed over several years, with working practices embedded within agreed protocols and engagement though case based and strategic meetings and arrangements.

3.3.1 *Childrens Social Care (CSC)*

CSC within Stockport operates with the framework of Stockport Family, which brings together a wider workforce of agencies and professionals working with young people and their families. Long standing protocols cover collaborative working with families, homeless 16/17-year olds and care leavers.

3.3.2 Adult Social Care (ASC)

ASC cover a large scope of services from Care Act assessments through to learning disabilities and support for the most elderly and frail. From a homelessness perspective, it is the engagement around people with significant mental health issues, complex needs and self-neglect that often need a combined approach, and significant work has been undertaken to improve joint working. However, it is recognised that the same degree of established partnership working is not as embedded within the adult sphere as with children.

A revised operating model is still be fully transitioned to within ASC, including a separation of responsibilities with Pennine Mental Health Services which offers an opportunity to review working approaches to achieve improved outcomes.

3.3.3 *Safeguarding Children and Adults*

The recognition that safeguarding is 'everyone's concern' has increased in recent years across both children and adults, along with the extent of the risks posed by

homelessness and the need for a multi-agency response where complex needs exist. Both Childrens and Adults Safeguarding Boards have taken an increased interest in homelessness during 2020/21, alongside further developing joint approaches to meeting the needs of those with the most complex needs where accommodation is often a key factor.

Building upon this work will prove a key element of this review and the subsequent 2021-24 strategy.

3.3.4 *Probation/Community Rehabilitation Company (CRC)*

A stable accommodation base is evidenced as being essential to preventing offending and breaking the law on a repeated basis. Long standing protocols exist between probation and the CRC and SHG have also created a dedicated post to engage with offenders, recognising the challenges faced in securing accommodation for this cohort.

3.3.5 *Health Services*

During the course of the 2016-2021 Homelessness Prevention Strategy there have been a number of improvements with elements of health services within the Borough, particularly in relation to drug and alcohol services, local health centres working with the residents of temporary accommodation schemes and processes with the Stepping Hill Hospital around people ready for discharge with no fixed abode. However, given the overwhelming links between homelessness, poor mental and physical health this is a recognised area of future development by relevant services and the Stockport Health and Wellbeing Board.

3.3.6 *The Prevention Alliance*

The Prevention Alliance is a Council commissioned service providing a range of different services to disadvantaged individuals in the community, providing support and guidance in a number of areas including housing, health, employment & skills, finance and relationships. The Service aims to work collaboratively with individuals to improve overall wellbeing and reduce the need for people to access public services.

3.4 Third sector organisations

There are several third sector agencies within the Borough who either have a direct input to preventing and relieving homelessness or work with people who are at risk of losing accommodation. Developing improved links with, and between these organisations and developing more effective collaborative working is a development opportunity for the 2021-2024 strategy.

3.4.1 *H3: Helping the homeless into housing*

H3 is a registered charity in Stockport that supports people experiencing homelessness and those at risk of homelessness. The service provides support in the form of peer support, positive engagement and social enterprise and volunteering.

The charity also runs a hospital discharge service, funded through the GM Manchester Mayor's Charity, which works directly with hospitals to avoid people leaving. This service is key in preventing discharges to no fixed abode and is an essential part of an additional offer to those at risk of homelessness with additional health needs.

3.4.2 *The Wellspring*

The Wellspring is a day centre located in Stockport Town centre that provides a service for disadvantaged and homeless rough sleepers in Stockport GM. The service combines paid staff and volunteers ensuring that those visiting the service are provided food, hot meals, clothing, a place to wash and support with housing and benefits. Stockport Homes and the Wellspring have developed a working protocol to maximise their impact upon addressing homelessness. The Wellspring also have a recognised presence in the rough sleeper task and target meetings and sit on the GM Housing First Panel.

3.4.3 *Stockport Loaves and Fishes*

Loaves and Fishes is a homeless project that supports homeless and disadvantaged people from Stockport and the surrounding area. Based at the 'Olive Branch' drop in, Loaves and Fishes distribute resources including bedding, clothes and emergency food parcels when needed and run a Sunday evening hot meal and drink service each week. Loaves and Fishes run an essential service in the borough and provide companionship, support, practical help to those who need it. In addition, the service also sign posts and facilitates access to other statutory and voluntary partnerships such as housing.

3.4.4 *Stockport Without Abuse (SWA)*

SWA manage a refuge for people experiencing domestic abuse with an 11-bed central unit and two dispersed flats. Alongside SHG they are the only provider of temporary accommodation for homeless people within the Borough, as well as delivering a range of support and education services for people experiencing domestic abuse and relationship issues.

3.4.5 Stockport Women's Centre (SWC)

SWC provides a range of services for women in the Borough, from counselling and domestic abuse support to working with female offenders. They deliver the 'freedom programme', which supports women who have or are experiencing domestic abuse, which is a main cause of homelessness within the Borough.

Scope exists for joint working with SWC and the new SHG offender outreach worker around women who are involved with the criminal justice system.

3.4.6 *Ongoing Women's Local Support (OWLS)*

OWLS is a volunteer run peer support group, founded by survivors of domestic abuse. It supports women who have, or are currently going through, domestic abuse including coercive and controlling behaviour and/or physical violence. It formed in March 2016 in response to a lack of ongoing support available for women once they had left an abusive household and moved into their own property.

Key points from service outline

- **Essentially well-resourced and effective core service with added value from other elements of SHG**
- **Established links between key statutory agencies, but scope for improved and embedded joint working with health and adult social care services**

- **Recognition of safeguarding and homelessness having close links, but potential to better co-ordinate multi-agency approaches to complex needs and managing risk**
- **Opportunity to use establishment of new rough sleeping and offender posts to engage with people with lived experience and shape services**
- **Scope for greater collaboration with third sector organisations working with homeless people or in situations often leading to the loss of accommodation**

4. Nature and Scope of Homelessness in Stockport

4.1 Homeless applications

The Housing Options Team at SHG saw a total of 1783 households in 2019/20, almost in line with the figure of 1751 in 2018/19 and like previous years. This includes those just seeking advice as well as people found to be homeless, with people encouraged to seek assistance at the earliest opportunity.
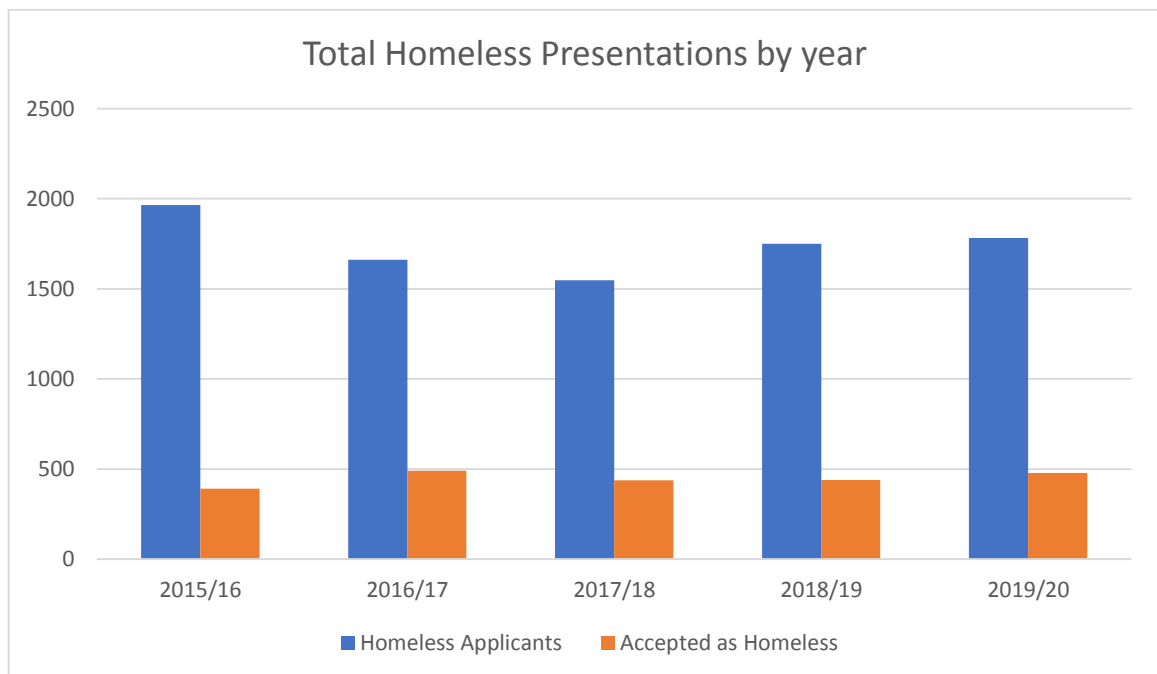
The majority of household seen were single males, although 27 percent of households seen had dependent children.

- 44% Of applicants were single males
- 20% Of applicants were single females
- 2% Of applicants were single males with dependent children
- 21% Of applicants were single females with dependent children
- 6% Of applicants were couples with dependent children
- 6% Of applicants were couples with no dependants

There was a significant spread of ages represented, with families tending to fall within the mid bracket of age ranges, and single people at the younger end.

- **2%** 16-17-year olds
- **21%** 18-24-year olds

- **30%** 25-34-year olds
- **21%** 35-44-year olds
- **14%** 44-54-year olds
- **8%** 55-64-year olds
- **4%** 65+ year olds

4.2   Households accepted as being homeless

A total of 566 households were accepted as being homeless during 2019/20, with the distinction not made as in previous years as to whether they met 'priority need status'.

The table below outlines the stated reason for loss of settled accommodation in each of these cases, although often there are a variety of factors in play leading to homelessness. This explains the high number of applicants assigned as 'other' as reason for homeless, where it was not possible to assign one of the other categories.

Where reasons can be discerned, it was the breakdown in lodging arrangements either with family or friends that caused homelessness in 187 instances, 33 percent of the overall total. End of assured shorthold tenancies then amounted for a further 92(16%) cases, meaning almost half of all homelessness was the result of two basic causes. Domestic abuse made up the third highest individual reason for homelessness with 67(12%) of the total, with the overall patterns of homelessness largely reflecting national trends. The full breakdown of reasons for homelessness is outlined in table one.

Table one – Relief duties and cause of homelessness

Reasons for Loss of Settled Home	Total (566)
Asked to Leave by Family	136 (24%)
End of Assured Shorthold Tenancy	92 (16%)
Other	65 (11%)
Domestic Abuse	67 (12%)
Asked to Leave by Friends	51 (9%)
Non-violent Relationship breakdown	50 (9%)
End of Social Rented Tenancy	28 (5%)
Left institution with no accommodation available	27 (5%)
Required to leave home office accommodation provided as Asylum support	19 (3%)
Harassment	15 (3%)
Eviction from supported housing	7 (1%)
Property Disrepair	7 (1%)
Fire	1(<1%)
Mortgage repossession	1 (<1%)

In the 546 instances where a relief duty ended during 2019/20, this was due to long term rehousing in 280 (51%) cases, of which 165 (30%) moved into social housing. Of the remainder, this was primarily where 56 days had elapsed, and accommodation had not been secured and a 'main homelessness decision' was required. This is where a

formal decision is needed as to whether there is a legal duty to provide ongoing accommodation for an applicant. This is detailed in table two.

Table two – reason for end of relief duty

Reason for end of Relief Duty	Total (546)
Secured Accommodation for 6+ months	199 (38%)
56 Days Elapsed	280 (51%)
Contact Lost	36 (7%)
Withdrew application/applicant deceased	19 (3%)
Refused final accommodation	0
Intentionally Homeless from accommodation provided	8 (1%)
Local connection referral accepted by another LA	1 (<1%)
No longer eligible	3 (<1%)
Notice served due to refusal to cooperate	0
Not Known	0

4.3   Main homelessness duties

Where a homelessness relief duty has been in existence for 56 days, then a decision must be made as to what ongoing duty may exist towards an applicant. Table three below outlines the outcomes where this was the case in 2019/20, with a similar split towards those whom an ongoing 'Full' duty exists, and those who may have a limited duty due to having made themselves 'intentionally homeless', or no ongoing duty to not being considered vulnerable or meeting any other 'priority category', such as having dependent children. That is not to say that those not in priority need would not be offered accommodation or existing placements continued, just that there is no ongoing obligation to do so.

Of the 129 households towards whom a full duty was owed in 2019/20, 100 were rehoused into social housing with only two ending up in the private sector. While a positive outcome for those households, it is however questionable how sustainable that balance will be going forward given the trend towards lower numbers of available social homes. The outcomes for non-priority applicants are not currently reported on, and an action for the strategy will be to follow up these applicants to assess the value of interventions.

Table three – Main duty decisions

	Q1	Q2	Q3	Q4	Total
Total Statutory homelessness decisions:	63	61	58	78	260
Outcome:					
Full housing Duty:	25	32	34	38	129
Homeless +	6	3	4	3	16

priority need + IH					
Homeless + no priority need	32	26	20	37	115
Not Homeless	0	0	0	0	0

4.4   Households accepted as being threatened with homelessness

In addition, a further 569 applicants had a homelessness prevention duty accepted towards them in 2019/20, meaning that it was accepted they were 56 days or less away from losing their accommodation. The causes of threatened homelessness in these instances are outlined in the graph below, with the highest number of 199 (35%) due to the loss of private rented accommodation. This reflects the fact that applicants in this position generally get two months' notice of loss of accommodation, rather than homelessness arising in a crisis.

Homelessness prevention duties can come to an end in a number of ways from expiry of a 56-day period working with someone to them becoming homeless, but the goal is to try and ensure they find new accommodation or are able to stay in their current home for at least a six month period. Of the 531 instances where a duty ended in 2019/20, 335 (63%) of duties were ended successfully in this manner, slightly higher than the regional and national averages as outlined in table four.

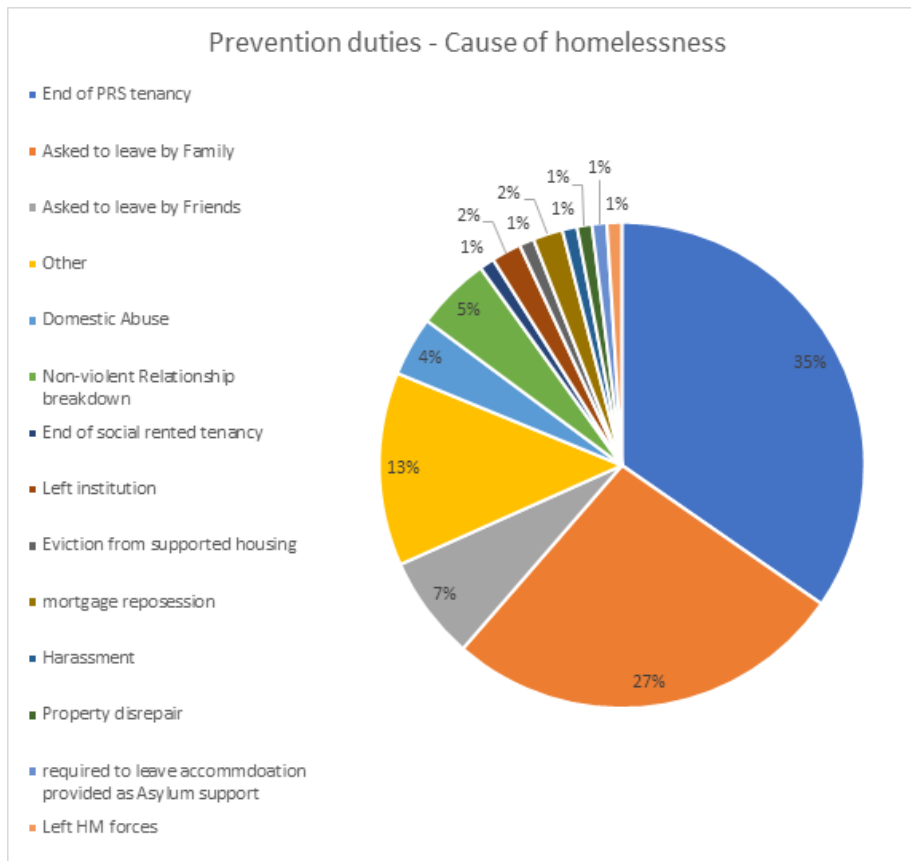*Table four – averages for successful end of prevention duties*

Area	Year
	2019/2020
Stockport	63%
North West	61%
England	58%

However, there is a risk that successful prevention interventions in the Borough were more likely than in other areas to be through people finding new accommodation than remaining in their current home, which may be problematic as levels of available homes continue to fall. Table five outlines the increased reliance on finding accommodation compared to the regional and national averages.

Table five – reason for successful end of prevention duties

Area	moved to alternative accommodation	Stayed in existing accommodation
Stockport	68 %	32%
North West	66%	34%
England	63%	37%

Prevention duties - Cause of homelessness

Legend:
- End of PRS tenancy
- Asked to leave by Family
- Asked to leave by Friends
- Other
- Domestic Abuse
- Non-violent Relationship breakdown
- End of social rented tenancy
- Left institution
- Eviction from supported housing
- mortgage reposession
- Harassment
- Property disrepair
- required to leave accommdoation provided as Asylum support
- Left HM forces

Values: 35%, 27%, 13%, 7%, 5%, 4%, 1%, 2%, 1%, 2%, 1%, 1%, 1%, 1%

4.5 Support Needs

60% of all homeless applicants owed a duty declared support needs in their homeless presentation. The total number of support needs declared over the year exceeded the number of households who declared support needs, meaning that in most cases people declared 1 or more support need. This is however reliant upon self-declared needs and there are likely to under recorded issues such as substance misuse.

The highest occurring support needs cited by applicants were as follows:
- History of mental health problems (27%)
- Physical ill health/disability (13%)
- Offending history (9%)
- At risk of/has experienced domestic abuse (8%)
- Alcohol/Substance misuse (13%)

4.6 Young People

2% of applicants who were owed a duty were 16-17 years old at the time of presentation. Stockport has developed specialist housing pathways for those 16-17-year olds who are at risk of experiencing homelessness whether it is in interactions with the care system or through breakdown at home. Within housing options there is a dedicated housing options officer involved in all cases of 16-17-year olds and taking part in joint housing services with child care and also sitting on a regular panel meeting that identifies cases at risk.

4.7   Duty to Refer

Since the introduction of the Duty to Refer procedures in the Homelessness Reduction Act, Stockport has established the Duty to Refer pathways with relevant statutory agencies in the Borough and conducted a number of training sessions. This includes prison services, health services and other partner agencies who interact with potential applicants. The proportion of cases received under the duty to refer protocol in 2019/20 showed a 56% increase on the previous year and provides a good indication that pathways have become increasingly well established and used within the Borough.

Table six – Duty to refer cases

	2018/19	2019/20
Referrals received under DtR public body	31	70

4.8   Rough sleeping

Addressing rough sleeping has been a core focus of activity within Stockport, with the development of A Bed Every Night (ABEN), Housing First and a dedicated rough sleeping outreach team. This had led to fall in numbers during 2020, despite increased demand due to the impact of Covid. As outlined elsewhere in the Review, this will remain a significant priority over the course of the new strategy.

Table seven – levels of rough sleeping

	2016	**2017**	**2018**	**2019**	**2020**
Stockport	10	10	7	12	6
North West	313	434	428	349	Not available
England	4134	4751	4677	4266	

4.9   BAME Homelessness

Annual government statistics between April 2019 and March 2020 showed that Black communities are disproportionately affected by homelessness with 1 in 23 black households becoming homeless or threatened with homelessness compared to 1 in 83 for all other ethnicities combined.

A quarter (24%) of people making homelessness applications to local councils are from Black, Asian and Minority Ethnic (BAME) groups despite them only making up just over a tenth (11%) of all households in England ***
https://england.shelter.org.uk/media/press_release/black_people_are_more_than_three_times_as_likely_to_experience_homelessness ***

Over the duration of 2019/20 of those open cases where ethnicity was recorded (ethnicity was not recorded in some instances where the homeless application did not progress beyond advice only), 78% of applicants were from a white background. Homeless duties extended to those from black and mixed backgrounds appear slightly disproportionate in comparison to their representation in the borough.

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Presentations from Asian communities were also higher in proportion to their representation in the borough, though this may be explained by the additional number of presenting refugees, who often come from Asian and other minority backgrounds, and present following loss of home office accommodation provided as asylum support.

The population figures used for Stockport are taken from the ONS last official census in 2011, changes in population demographic up to now are likely but also expected to be relatively minor in their impact.

	Number of homeless presentations 2019/20	Percentage of Stockport population (2011 census)
White	1039 (78%)	260,819 (92%)
Black	30 (2%)	1958 (<1%)
Asian	112 (8%)	13762 (5%)
Mixed	34 (2%)	5104 (2%)
Arab	20 (1%)	727 (<1%)
Other	39 (3%)	905 (<1%)

Ensuring that homeless services are easily accessed by individuals from different backgrounds and ethnicities is an essential part of providing a homeless service that works for everyone. Stockport is committed to continuing to take the right steps towards this through interventions such as promoting a diverse and inclusive workforce of housing options staff, appointing specialist housing options workers for disproportionally affected groups such as refugees and also staying up to date with all relevant training on equality and diversity.

4.10   LGBT Homelessness

LGBT communities often face additional challenges in relation to homelessness. Individuals may face difficulties in being open about their sexuality and/or gender when dealing with the local authority, because they fear discrimination from officials. In addition, there are issues in relation to homeless accommodation and the gender which they identify with, which often makes provisions unsuitable for people. Furthermore, they often face discrimination and abuse from others in shared environments. All these issues are on top of the additional strains and stresses that homelessness brings.

The Albert Kennedy Trust (AKT) found that amongst young homeless communities, 24% identified as being LGBT [https://www.theproudtrust.org/wp-content/uploads/download-manager-files/AlbertKennedy_ResearchReport_Youth-Homelessness.pdf] and produced a report to outline some of the actions housing providers needed to take to be more inclusive of LGBT individuals including staff training, review of services and procedures and constant monitoring of data to ensure relevant stats are captured around LGBT homelessness. This includes simple measures such as providing applicants with the opportunity to express their sexuality and gender in housing options assessments and creating a safe space, so people are empowered. Without the creation of safe spaces and promotion of an inclusive service, LGBT communities will be underrepresented across the services.

SHG are an accredited Stonewall Diversity Champion, and work towards providing a service that is as inclusive for its customers as it is staff. This involves training for staff and a nominated diversity and inclusion lead within the Housing Options team.

Key points from analysis of homelessness

- **Almost half of homelessness caused by breakdown in lodging and end of private sector tenancies**
- **Mental health issues prevalent along with multiple needs**
- **High level of reliance on social housing to prevent and relieve homelessness**
- **Rough sleeping levels remain low, but not significantly diminishing**
- **Little information on long term outcome for non-priority applicants**

5. Consultation

5.1 Overview

In the course of this review several exercises have taken place to obtain the views of people with lived experience and other stakeholders on the efficacy of existing services, what could be improved and what ideas people had to take forward into the new strategy.

In the first instance, structured interviews were completed with 25 residents within SHGs temporary accommodation schemes, speaking to a range of people from former rough sleepers to families having lost private rented accommodation. This included people towards whom a duty to accommodate existed, and those accommodated under a discretion to do so.

A questionnaire was also sent to several statutory and third sector organisations seeking views on factors ranging from how equipped their staff felt to responding to homelessness situations, to what their ideal homelessness service would resemble. These have been analysed, but additionally were used to frame the content of a workshop with a focus on:

- Health and wellbeing
- Barriers to permanent and temporary accommodation
- Multiple/complex needs
- Prevention and people at risk of homelessness

5.2 Feedback from people with lived experience

The conversations initially focussed on the main challenges people had experienced when becoming homeless, and how those could be addressed, and as may be expected covered a range of issues including:

- Accessing affordable accommodation
- Managing difficulties with drugs and alcohol
- Registering with GPs, Schools and dentists
- Staying physically and mentally healthy in the face of stress
- Loneliness, fear and boredom
- Stigma and disconnection with existing support networks
- Managing to maintain the necessities in life of eating, staying warm and clothed
- Lack of money, debt and benefit issues

In terms of overcoming these factors, responses centred upon:

- The supply of affordable homes and help navigating rehousing processes
- Support – before, during and after homelessness
- Effective communication with services and a clear understanding of what is happening
- More of an understanding by services of the issues faced by homeless people
- Help with finances, benefits and access to funds when needed
- Regular contact with services and key workers
- Effective signposting and referrals to access appropriate services and overcome barriers

When discussing health related issues, concerns included:

- Having to repeat medical information to new GPs as records not available
- Difficulty in obtaining prescriptions
- Getting to appointments
- Struggling to access services without a settled address

There was a clear perspective that in many cases different agencies were not communicating well, or lacked the knowledge they needed, although equally some people felt that they had been provided a great deal of help, particularly from staff at the temporary accommodation schemes.

When asked in more depth about their experiences in obtaining accommodation, people raised:

- Rent arrears and past tenancy issues
- Not being given a second chance
- Lack of choice and availability of homes near existing support networks and schools
- Feeling unsafe in arrears where they had been offered a home
- Complicated and inaccessible systems with lack of easy to understand information

There were also several similar responses when asked about what would have helped prevent their homelessness, including:

- Help paying rent and landlords showing tolerance of short-term difficulties
- Managing to 'stay out of trouble'
- Help around budgeting, benefits and money
- Awareness of what help is available when difficulties arise
- Managing relationships with family
- Assistance with employment

While a relatively small sample, these responses demonstrate the huge upheaval faced by homeless households and the challenges they experience in coping with the situation they are in, along with the difficulties in navigating systems from accessing schools to rehousing processes.

Key points from feedback from people with lived experience:

- **Ongoing, continuing support from prevention through to resettlement is important**

- **Homeless households often need holistic support of a practical and emotional nature**
- **Clear, regular communication and a joined-up approach from agencies is appreciated**
- **Inflexibilities in accessing specific services cause significant difficulties**
- **Finding a home is not seen as a solution if in the wrong location**
- **Past mistakes in life are often seen as ruling out future rehousing opportunities**
- **Information is often not seen as clear and processes are unduly complicated**
- **Services are often seen as not understanding of the experiences of homeless people**
- **People often feel that their homelessness was not inevitable, and interventions or support at the right time could have made the difference**

5.3   Feedback from stakeholder questionnaires

Questionnaires were returned from 17 partner agencies, with the responses used to complete a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (Appendix 1)

This recognised several strengths within services and a positive intent to improve services further, alongside some areas for consideration.

Key points included:

- **Strong multi-agency partnerships exist, but there is scope to expand these further across all sectors within the Borough, ideally with more formal strategic oversight**
- **There is significantly greater scope to develop services towards people who are homeless with dual diagnosis, mental health and substance misuse issues – with the VIP project a good example of successful working**
- **General poor health remains a central core issue amongst people who are homeless**
- **A shortage of affordable and supported accommodation is experienced across the Borough**
- **There has been a strong local response to the Covid pandemic, with opportunities to build upon successes, but real risks from its long-term economic consequences**
- **Scope to engage more effectively with the third sector and maximise the impact of co-ordinated services**
- **Sharing knowledge and training would enable customer facing staff to offer better services, including trauma informed approaches**
- **GM based initiatives such as Housing First have been very successful, and further collaborative sub-regional work offers several opportunities**

5.4   Feedback from stakeholder workshop

The workshop outcomes are included at appendix x, looking at barriers and potential actions.

Key points included:

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Health and wellbeing

- **Increased outreach support and flexibility of offer, less focus on thresholds and missed appointments**
- **Improve practicalities to access services (individual vs group appointments, travel, flexible appointments, someone to come with the person, someone to prompt the person)**
- **Health passport to increase coordination of care and to prevent people falling through the net or missing appointments following hospital discharge**
- **VIP service: team around the person, working together to address multiple needs, no wrong door**
- **Awareness of trauma and impact on treatment**
- **Taking time to build relationship**
- **Easier access to services instead of GP referral needed, alternatives to A&E**

Barriers to permanent and temporary accommodation

- **Need to improve transition between TA and permanent housing**
- **Link people into their support networks**
- **Promote choice**
- **Improve liaison with private rented sector**

Multiple/complex needs

- **Staff training**
- **Ensuring legal assessments completed**
- **Flexible services in relation to thresholds**
- **Dual Diagnosis Service**
- **Common approach across agencies**
- **Need for trusting relationships**

Prevention

- **Investment into early intervention**
- **Easier access to mental health support**
- **Support at crisis points**
- **Long term commissioning of services**
- **More intensive support for young people and initiatives to address loneliness**

6. Strategic Context

6.1 National Context

6.1.1 Covid Pandemic

At the time of the development of the 2021-2024 strategy the Covid pandemic has dominated the national agenda with a huge impact upon daily life, homelessness and unpredictable consequences for the future.

At the start of the pandemic in March 2020 a call to accommodate all rough sleepers was made by the Government, leading to a GM wide initiative to lease hotels and ensure enough capacity existed to offer a placement to everyone. With support in place to make effective interventions rather than just provide short-term accommodation, several hundred people were placed across the sub-region including 12 from Stockport.

These were gradually moved back into the Borough before the end of the hotel provision in June 2020, but for many local authorities several hundred remained and significant short-term revenue funding was made available by the Government to ensure people did not just return to the streets. While Stockport did access this programme, an accompanying round of funding is likely to be rolled out over the course of the new strategy, with a capital and revenue element that may offer opportunities to develop or acquire additional move-one accommodation.

A halt on possession action and evictions for the private rented sector and owner occupiers was also initiated at the start of the pandemic and is unlikely to be lifted in a meaningful form until at least April 2021. However, there is a major concern that the backlog of possession actions will lead to a significant increase in homelessness as that begins to unwind, particularly when linked to a projected rise in unemployment and financial hardship.

The wider economic impact of the pandemic, with its implications for public borrowing are also of concern, with the potential for reductions in public spending on areas such as homelessness. With several projects such as the RSI and Housing First funded on either an annual basis or due to end over the next two years, there is no guarantee that they will continue at least at current levels. General funding for local authority homelessness services may also face reductions; however existing grant funding has sought to ensure the existing structure is sustainable until at least April 2023.

Several third sector organisations have also seen reductions in income as fundraising activities have been cancelled, along with volunteers often being unable to fulfil their usual roles due to 'shielding' or having to social distance. In many cases this has reduced their ability to deliver services, although has not caused an existential threat to any of the Stockport based homelessness charities.

Key points:

- **Opportunity may exist to develop or acquire additional properties, based on expected funding streams**
- **Repossession levels are expected to rise at the start of the new strategy period, particularly in the private rented sector**
- **A potential risk to funding for existing projects may exist as the Government respond to a challenging financial climate**
- **Unemployment and resultant financial hardship may have an impact upon future levels of homelessness**
- **Third sector organisations ability to deliver usual service levels have reduced**

6.1.2 *National Rough Sleeping Strategy*

The government's Rough Sleeping Strategy, published in August 2018, outlined the response to a national rise in rough sleeping. £100 million worth of funding was

announced for the first two years of the strategy alongside clear timescales set to initially half rough sleeping by 2022 and end it altogether by 2027.

Additional pledges from the NHS included further funding for the health needs of those rough sleeping. £45 million was provided to local authorities through the rough sleeping initiative fund and allocated proportionally to those councils with higher numbers of rough sleepers. The Rough Sleeping strategy fits into the wider government homelessness programme and creates and important distinction within homelessness and rough sleeping.

In addition, the strategy also called on local authorities to acknowledge and include rough sleeping in future homelessness strategies. In Stockport, the Council are committed to ending rough sleeping within the borough and aim to effectively achieve this by 2022.

Key points:

- **Rough sleeping remains a high-profile issue at a national, sub-regional and local level, with local authorities expected to deliver results**

6.1.3 *Austerity*

Since 2010 the governments pledged to substantially reduce the budget deficit. This led to a substantial reduction in public spending which has in turn increased pressure within services to deliver under tighter budgets. A 2018 national audit office report found that continuing overspends on services considering dwindling reserves would not be sustainable over the medium term, with the financial future of many local authorities being less certain than in 2014. In addition, non-social-care budget cuts have left authorities with less room to manoeuvre in finding savings and extra pressures have been created whilst statutory duties remain the same. The report found that in 2010-11 to 2016-17 there was a 32.6% reduction in local authority spending on non-social care services.[1] This situation is likely to be exacerbated by the additional demands placed on local authorities by the pandemic and reductions in income caused by various degrees of restrictions on business activity.

While yet homelessness funding has largely been unaffected, and has increased from 2018 to 2020, the ability of key partner agencies to deliver services at the same levels as before has reduced. In many cases this has led to longer waiting times for services or tightened eligibility criteria, and has limited the amount of 'outreach' work than can offered. With mental health and substance misuse issues this has led to a greater difficulty for people with complex needs accessing services, although partners are increasingly looking at how they work to meet this cohort within more limited budgets.

Key points:

- **The legacy of reductions in public spending mean that services need to rethink how services are delivered if the needs of people with complex needs are to be met, which may be further exacerbated by the pandemic**

6.1.4 Welfare Reform

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[1] [https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainabilty-of-local-authorites-2018-Summary.pdf]

Welfare reforms were first announced by the government back in 2010 and in 2012 The Welfare Reform Act brought forward sweeping changes. For the duration of this reform to welfare there have been continuing challenges faced by homeless services following some of the issues experienced by Universal credit claimants and changes to local housing rates.

The main features of the 2012 act included:

- *Local Housing Allowance*: LHA rates for borough market rent assessments are reduced and based on 30th percentile of local market rents
- *Local Housing Rates*: Different LHA rates in accordance to size of dwelling. Since 2016 there was been no increase in LHA rates until April 2020 in response to the pandemic
- *Bedroom Tax* - Changes to housing benefit entitlement if tenants are in properties deemed to have one or more spare rooms. Changes to sharing expectations amongst Children.
- *Universal credit (UC)* - A range of working age benefits combined into a single payment
- *Personal Independence payments* - Replaces Disability living allowance
- *Employment and support allowance* - replaced existing range of incapacity benefits
- *Work Capability assessment* - anyone in receipt of employment and support allowance will have a work capability assessment to assess capability for work
- *Benefit Caps* -Caps to total benefits received

While many of these changes are now well embedded and their immediate impact upon homelessness has passed, a number still pose challenges. One example is the impact of the benefit cap on affordability for larger families, the ability of people to find properties at LHA rates and the transition to UC. Mitigating steps such as increasing money advice through SHG to people at risk of homelessness, moving under-occupying households and expanding employment services have however minimised the impact in many respects.

Additional planned changes, such as expanding the LHA rate to the social sector, making properties unaffordable for many existing tenant aged under 35 were also not implemented.

Key points:

- **The impact of welfare reform is still felt, with many people still needing support, which may increase if unemployment spikes as a result of the pandemic.**

6.1.5 Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 came into effect in April 2018 and was the most significant change in national policy in recent times. It introduced new statutory duties to respond to homelessness and provided a new code of guidance and monitoring system (H-CLIC).

Key changes from the Act included:

- Councils must produce and agree on personalised housing plans for applicants found to be at risk of homelessness in 56 days. The plan must be inclusive of the

circumstances that caused the applicant to be homeless, as well as identifying the housing needs of the applicant and outlining what support is necessary for the applicant access and retain suitable accommodation.

- An improved advice and information service about homelessness and homeless prevention.
- More powers to allow public bodies to refer cases of homelessness to the council under the duty to refer protocol.
- Two new duties under which councils must prevent or relieve homelessness.

The Act's focus is primarily on giving councils a duty to respond to homelessness where it would otherwise become unpreventable. Under new recording figures, upstream preventions are no longer recorded as indicators of homeless preventions and instead the focus shifts to measuring outcomes 56 days prior to homelessness occurring.

Personal housing plans have allowed for more bespoke person-centred approaches. The use of on-going support planning creates more meaningful responses from councils that are more bespoke to individuals and specific causes of homelessness and responses to prevent this from occurring and/or relieving it.

It is an approach that had already been adopted to a large extent within Stockport, but has led to an increase in demands and resources due to its more intensive case work requirements. Ensuring that personal plans and outcomes are useful and achieve the desired outcomes are also an ongoing element of work by SHG.

Key points:

The HRA has been a welcome introduction, but work is ongoing to ensure it has the desired impact for people accessing homelessness services

6.1.6 Domestic Abuse Bill

The Domestic Abuse Bill seeks to make a step change in the way domestic abuse is dealt with, expanding its definition to explicitly include coercive behaviours and place a duty upon local authorities to ensure adequate, support and accommodation is in place for those affected. It is likely to extend the homelessness 'priority need' category to anyone who has lost accommodation due to domestic abuse and is expected to come into effect in 2021.

Key points:

The Domestic Abuse Bill, when enacted will require stakeholders to review domestic abuse practices, and would be an opportunity to seek to re-think and improve services

6.2 Sub regional

Homelessness has become a very high-profile issue across GM, with Andy Burnham, the GM Mayor, making it a central plank of his policy platform. While local authorities retain individual responsibility for homelessness, there is an increasing trend for initiatives to be delivered on a sub-regional basis, recognising the benefits that collaborative work can bring across the ten local authorities.

A GM homelessness strategy is currently being produced and likely to come into effect in April 2021, and there will be liaison with the GM Combined Authority to ensure that there is alignment with the Stockport 2021-2024 strategy.

Key existing strategies and areas of work include:

GM Housing Strategy - key priority to reduce homelessness and end rough sleeping through the development of strong partnerships and boosting the supply of good quality affordable homes across the social and private rented sectors.

The GM Homelessness Prevention Strategy – all council leaders across Greater Manchester have made a commitment to have a Homelessness Prevention Strategy in place by March 2021.   A framework document outlining some of the key objectives behind the strategy has been circulated amongst the relevant stakeholders and services, within Stockport partners involved in GM wide discussions with the Innovation Unit where principles underlying the Prevention Strategy were agreed.

The Prevention Strategy will outline the importance of tackling prevention at both a primary and a secondary level with the former being mainly directed towards "newer" cases with little or no previous experience of homelessness.   Stockport Council has already made a commitment to the principles of prevention and this strategy will provide more potential for exploring at a local neighbourhood level options to develop joint initiatives that can help people become more resilient and able to remain in their own homes.

The approach taken to prevent homelessness in the strategy can be aligned with Stockport's Council Plan 2020/21 that aims to help people to live independently with the support they require and to create communities that are resilient and more able to benefit from the growth of the local economy.

The Youth Homelessness Prevention Project has been initially established as a Pathfinder project running for 12 months from October 2020.   If this proves to be successful it will be rolled out as a longer 3-4 year programme developed to deliver better outcomes for young people (under 35's) at risk of becoming homeless across Greater Manchester.

  A social enterprise, GM Better Outcomes Partnership has been established to manage the programme in partnership with GMCA.   Although Stockport won't initially benefit from the Pathfinder over the first 12 months, achieving good outcomes will increase the likelihood that the programme can be rolled out across Greater Manchester by the end of 2021.

Health Inclusion – In 2018 Public health leads across Greater Manchester signed up to a devolution agreement aiming to create a single unified leadership across the city region.   At the meeting of the Joint Commissioning Board in October 2019 it was confirmed that the direction of travel for all health services in Greater Manchester was to embrace the concept of health inclusion.   Central to the health inclusion agenda is an acknowledgement that there are a number of groups in our society who have significantly poorer access, experiences and outcomes in their dealings with health services.

 Homeless people will be one of the key beneficiaries from this approach with a greater emphasis on building services around an individual's needs and removing barriers that prevent people from getting the help they require.   In Stockport we will need to be as pro-active as possible in ensuring that we work together to achieve this transformation in how homeless people experience their health care.   Central to this is ensuring that people with lived experience have opportunities to have their voices heard in what needs to improve at a local level.

The GM Drug and Alcohol Strategy approved by GMCA in March 2019 was one of the earliest strategies to emerge from the new partnership approach taken on the health agenda. A core principle underlying this strategy is to recognises people's strengths and assets and the need to develop services that can support people with a multiplicity of needs.

The **GM Health and Justice Strategy** was introduced in early 2020 with the aim of addressing the fundamental inequalities in health and social wellbeing amongst people seen in the criminal justice system.   One of the key groups seen as being beneficiaries of this strategy are rough sleepers especially those trapped in a lifestyle of recurring offending and repeated short-term custodial sentences.

GM Accommodation Initiatives

There are a number of GM wide funding streams aiming to increase the supply of affordable accommodation that people in Stockport will be able to benefit from in the lifetime of this strategy.   These include the following:

Greater Manchester Housing First programme has been operational since April 2019 and in Stockport over 10 of our most entrenched rough sleepers have managed to secure long term accommodation.

Rough Sleepers Accommodation Programme – in the light of the Covid-19 pandemic the government announced in May 2020 that they were making available a total of £433m across the country for local authorities to deliver a total of 3,300 move on units across the life of the current parliament.   Greater Manchester authorities have submitted a joint bid with a mixture of proposals to improve the supply of accommodation units that include acquisition of new properties, re-purposing existing properties, large scale leasing from the private rented sector and the development of a Housing First congregate model.

The Ethical Lettings Agency was launched in 2019 with the support of a financial contribution from the Homelessness Trailblazer Fund.   The agency is aiming to make sectors of the private rented market more accessible to homeless households and has a target of taking on the lease for 200 properties in its first 12 months of operation.

The Help to Rent Scheme is an insurance product that can be offered to private landlords as an alternative to either a cash bond or a rent guarantee provided by deposit schemes.   Access to the scheme is being administered by Salford Council on behalf of GM authorities and Stockport has a target of housing 20 households through this route in the first 12 months of its operation.

Greater Manchester Housing Providers – Strategic and operational collaborations between all GM housing providers looking at how key issues such as homelessness can be addressed

Key issues from GM context:
- **Homelessness a high sub-regional priority with added value through collaboration across GM**
- **Opportunities to bid for funding and apply to deliver services**
- **GM increasingly seen as delivery agent for major initiatives**

6.3   Local Context

6.3.1 Housing Market and Demographics

The availability and affordability of housing within an area has a significant impact on homelessness. Providing context on the current housing market within Stockport is an essential step in the homelessness review.

Since the last homelessness review and strategy there has been significant changes at a GM level with the creation of the Greater Manchester Combined Authority who are involved in planning and development for housing across all of Greater Manchester, having set out key objectives in future housing strategy and delivery in their Greater Manchester Housing Strategy (2019-2024).

6.3.2 Overview of housing market in Stockport

Stockport has a total 128,910 units of housing and a total 125,268 households. A 2019 Housing Needs Assessment carried out by the council showed:

- 13.4% of properties were social rented housing across the borough, lower than the national average of 16.9%.
- 12.3% were private rented accommodation, lower than the English average of 20.3%
- A higher average of owner-occupied properties (73.3%) than the national average (64.4%)
- Average prices have shown an increase from £180,000 in 2015 to £232,000 in 2020, a rise of 29%.
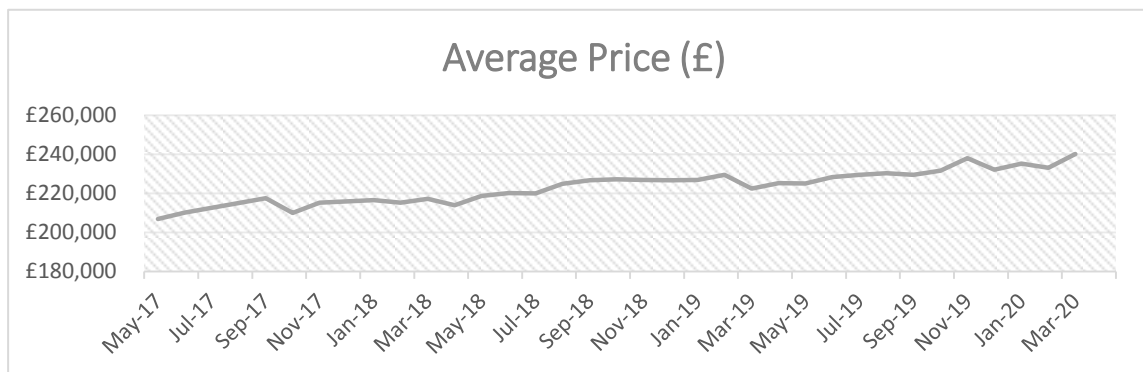

The majority of affordable housing within Stockport is delivered and managed through registered providers that are members of the Stockport Housing Partnership, with each of the 6 providers responsible for approximately 1000 properties each, and Stockport Homes managing over 11,500 homes of council stock.

The Stockport Housing Partnership are a key delivery partner in Stockport's homelessness responses. Control over a significant stock of council homes gives much more control over the local housing market which can more effectively impact the efforts to prevent and relieve homelessness in the borough. The impact of the right to buy provisions continue to reduce the council owned stock however and have accelerated following the significant escalation in the level of discount introduced in April 2012. Since that time, 523 properties have been sold through right to buy, with 1,119 new housing units built.

6.3.3 Private Rented Sector

The private rented sector has doubled nationally in the last 17 years with 1 in 5 homes now rented privately, proportionally higher than those in social housing. In Stockport, the sector has grown substantially and rent levels also to risen with the cost for a 2-bed property having increased by 19% since April 2016. Average rents across all private rented property types are now more than twice that of the equivalent social rented property.
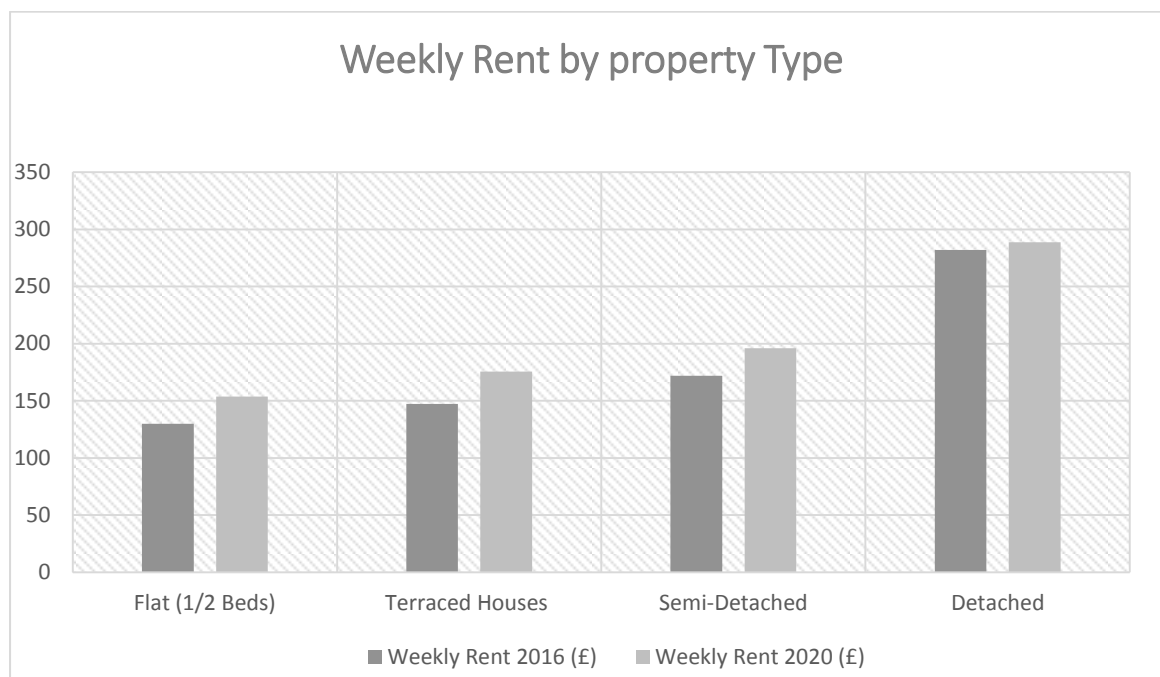
	Registered Providers	Stockport Homes (ALMO)	Private Sector
Flat ½ Beds	£81.70	£69.12	£153.74
Terraced Houses	£93.60	£83.09	£175.70
Semi-Detached	£111.60	£95.65	£195.98
Detached	n/a	n/a	£288.68

Stockport average weekly rent levels - April 2020

The government acted to minimise the effect of the Covid pandemic by enacting emergency legislation to protect tenants from eviction by way of a five-month moratorium on repossession applications by landlords. In addition, the LHA rates were also increased significantly. Taking into account this increase, the Local Housing Allowance (LHA) is still not proportional to letting costs in the private sector and this has meant landlord confidence to rent to tenants on low income and receiving Housing Benefit is low. This increases pressures on the Council's Housing Register which currently has over 6,500 households. The effect of rising property prices and rents is that there are now very few affordable housing properties available to people on the lowest quartile income bracket.

Understanding the impact the pandemic will have when these emergency measures are lifted is a concern. Increased rent arrears and actions for possession are likely to follow, which will create pressure on those households at risk of homelessness and in turn on homeless services.

	Local Housing allowance weekly rates 2018	Local Housing allowance weekly rates 2020
Shared	£61.37	£82.21
1 bed	£102.25	£120.82
2 bed	£128.19	£149.59
3 bed	£151.78	£172.60
4 bed	£200.09	£253.15

6.3.4 Demographics

Population and the growth of households are key indicators of housing demand and determine the number of new homes required to match increases in population. This also affects levels of homelessness with respect to access to housing that is affordable and addresses the needs of households. The population of Stockport is projected to increase in size with the average age over the next fifteen years also predicted to increase. Estimations show an expected population increase of 9% by 3035, with the proportion over 65 set to increase by 32.8% from 2014 figures.

Age Group	2014	2021	2035	% Change (2014-35): Stockport	% Change (2014-35): UK
0-14	51,200	54,300	55,600	8.6	3.8
15-29	82,400	82,300	84,100	2.1	4.7
40-64	97,100	97,400	98,200	1.1	2.3
65+	56,700	61,800	75,300	32.8	36.4
Total	287,400	295,800	313,200		

Projected population change, 2014-2035

In terms of homelessness, although the largest increase is in the over 65 age group, in most cases these households will be adequately housed and will simply be growing older. The impact will likely be seen, amongst those looking for accommodation, which in most cases is younger 'emerging households' who may struggle in a housing market that is increasingly harder to access or is struggling to keep up to the demand of increases in population.

6.3.5 Affordability

Increases in average income especially amongst the lowest earners have been lagging behind house price increases. The Housing Needs Assessment in 2015, highlighted that emerging total household income was approximately £30,000, which with low single figure annual wage increases (e.g. 2.0% per annum) is now likely to be in the region of £33,000-34,000. (~10% increase). This compares to an average house price increase of 27%, and private rent increases of 19% during the same period.

Comparing house prices against incomes can provide an affordability ratio. The table below uses the average value of property across the median and lower quartile house prices and divides by average income. The resulting table shows that Stockport has a much higher median affordability ratio than the average for the North West but is slightly below that of the rest of England.

	Median weekly earnings	Lower Quartile weekly earnings	Median affordability ratio	Lower Quartile affordability ratio
Stockport	32,092	22,453	7	7.35
North West	28,487	20,700	5.79	5.56
England	30,504	22,014	7.7	7.06
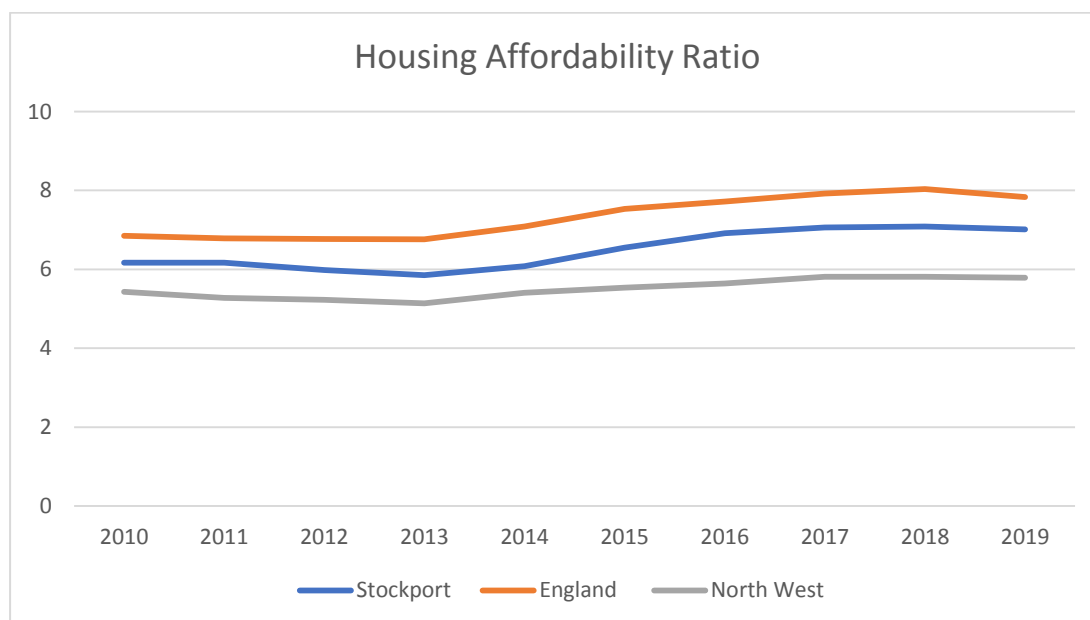
Key points:

- **Stockport's private rented sector is growing; however average wage and LHA rate increases are not proportionate to the increase in rent in the sector**
- **Stockport's homeless service is largely reliant on the social rented sector in order to prevent and relieve homelessness**
- **Stockport's population is increasing as well as the average age of its residents. Younger age groups and those accessing the housing market for the first time will struggle to access accommodation if the housing supply cannot continue to increase in line with demand.**

Stockport Council has a long-standing commitment to addressing homelessness alongside its key stakeholders. The homelessness strategy also has a number of synergies with other local strategies and areas of work including:

- *The Stockport Council Plan 2020-21 – Outlining the ambitions for the Council and a relevant focus on early intervention by adult and children's services to prevent crisis developing*
- *The Housing Strategy 2016-2021 – Key document outlining the Council's approach towards development and influencing the housing market*
- *The Health and Wellbeing Strategy – Focussing on how services collectively support people to maximise their wellbeing*

- *The Domestic Abuse Strategy 2017-2020 – Outlining a multi-agency approach to prevention of abuse in all its forms, ensuring the skills exist to respond when it occurs and holding offenders to account.*
- *The Safer Stockport Strategy 2018-2021 – Covering all aspects of community safety, but with a strong focus on safeguarding the most vulnerable, addressing domestic abuse and substance abuse related issues.*
- *Corporate Parenting Strategy 2020-2023 – Outlining the approach to ensure that children looked after by the local authority and leaving care get the best outcomes in life, often with accommodation as a core factor.*
- *New ASC Operating Model – Changing the way services are delivered with a preventative focus and promoting independence*

Key points:

- **Almost all the strategies have a focus upon joint working, where housing related services have a role and scope for collaboration exists**
- **A common theme exists around working with people to achieve their goals rather than just being the recipients of a blanket service**
- **Addressing multiple and complex needs are a recurrent theme**
- **Rethinking service provision and openness to new ways of working offers a number of opportunities**

7. Summary

The 2016-2021 homelessness strategy achieved a number of positive outcomes and formed part of the ongoing continuous improvement of homelessness services within the Borough. The 2021-2024 strategy begins from a challenging starting point when the Covid pandemic is very much still present, but there is a clear commitment from the Council and partner agencies to work together to tackle homelessness.

Based upon review and consultation, there are five key themes that emerge:

- *Accessing affordable accommodation – Underpinning homelessness in various guises is the lack of suitable accommodation that people can afford to access and live in*
- *Preventing homelessness – with affordable accommodation hard to acquire, and the process of becoming homeless a stressful and disruptive process, avoiding it in the first place is a key objective*
- *Improving the health of people who are homeless – there is an extremely strong correlation between homelessness and poor health, with its knock on effects for individuals and health services*
- *Addressing multiple and complex needs – often linked to or exacerbated by homelessness, this emerged as a key consideration from a health, community safety, social care and housing perspective*
- *Tackling rough sleeping – while a thread running through the other key themes, and constituting a relatively small number of people, ending the most visible and harmful manifestation of homelessness is a strategic and humanitarian priority*

In terms of addressing these themes, some common approaches and values also become apparent through the review:

- *Joint working between agencies – the complexity of the challenges these themes pose means that their resolution depends heavily upon collaborative approaches*

- *New ways of working– relying on expecting people to fit neatly into services or joint working to succeed without challenging existing norms is unlikely to work*
- *Person centred approaches – success depends upon engagement with people and recognising their individuality, not just delivering a service 'to them'*
- *Prevention and early intervention are key – not just in terms of homelessness, but avoiding health issues, family dynamics and relationships deteriorating*
- *Staff training – few stakeholders feel their staff have all the skills and knowledge needed to achieve the best outcomes*
- *Homelessness is not just about finding someone a property – while a central element, a holistic approach is needed*
- *Homelessness is often not a one off event – people often need ongoing support well into having found accommodation*
- *Communication and clarity are essential attributes – both in terms of working with people who are homeless and with partner agencies, lack of clarity in roles and expectations causes significant difficulties*
- *Engaging effectively at a GM level – maximising opportunities for the Borough*

In relation to specific issues for each theme the strategy will address, the following provide a framework:

Accessing affordable accommodation

Challenges include:

- *The expansion of access to the private rented sector through making the most effective use of tools such as 'Help to Rent', the development of the GM ethical lettings agency 'Let US', and SHG's 360Living service*
- *Maximising the delivery of affordable housing development through the Council, Viaduct and the Stockport Housing Partnership*
- *Making effective use of funding opportunities for homelessness move on accommodation through the Government's Next Steps Accommodation Programme*

Preventing and Relieving Homelessness

- *Effectively implementing the Domestic Abuse Act/Bill and use as opportunity to review and improve related services.*
- *Encouraging housing providers to show greater scope for flexibility with past rent arrears or tenancy issues*
- *Ensuring people at risk of homelessness have effective, easy to understand personal housing plans that they engage with and receive regular communication*
- *Refocus preventative activity on the retention of existing accommodation through reviewing approach towards mediation and landlord engagement*
- *Developing skills and knowledge amongst partner agencies so they can provide appropriate advice and at least signpost to the correct services*
- *Evaluating the outcomes for non-priority applicants and engaging with them to identify 'what works'*
- *Make effective use of GM Youth Homelessness and Housing First programmes*
- *Look holistically at tenancy sustainment, including addressing loneliness and less tangible elements of independent living*
- *Retain and expand focus on money and benefits advice in responding to welfare reform and the expected increase in Covid related homelessness*

- *Increase availability of clear and targeted advice to people financially affected by the Covid pandemic who may be facing unemployment or homelessness for the first time*

Improving the health of people who are homeless

- *Enable more effective transfer of GP registrations and notes*
- *Further embed health as a primary consideration in temporary accommodation support plans and activity*
- *Health services to take into account homelessness when addressing missed appointments or apparent non-engagement*
- *Explore alternative routes in mental health and other services without GP or A&E admittances for people who are homeless*
- *Improve training for staff to raise and respond to health issues across agencies*

Addressing multiple and complex needs

- *Extend VIP, assertive outreach approach to include more of a mental health focus*
- *Ensure relevant mental health and care assessments are completed, particularly where people appear unwilling to engage*
- *Co-ordinate mental health, substance misuse, ASC and housing interventions at strategic and operational levels*
- *Further develop team around the adult and multi-agency safeguarding approaches*
- *Seek to develop combined treatment, care act and housing plans where appropriate*
- *Review the extent of supported accommodation against demand and explore options for delivery*
- *Extend trauma informed training to all customer facing staff working with people with complex and multiple needs*
- *Explore the adoption of extension of the Make Every Adult Matter (MEAM) approach in full within the Borough on a multi-agency basis*

Tackling rough sleeping

- *Use the introduction of the 'homelessness navigator role' to work with former rough sleepers to identify barriers to accessing accommodation and services*
- *Improve collaboration with third sector providers around outreach and peer mentoring*
- *Increase multi-agency involvement and awareness of housing first approaches and inclusion in support planning*
- *Develop 'fast track' access to services for identified rough sleepers, with flexibility to shape interventions to meet their personal circumstances*
- *Enable more effective use of personalised budgets by outreach staff*

The task of the strategy and its stakeholders is to bring these findings together into a strategic plan with challenging, but deliverable actions covering the 2021-2024 period.

Appendix 1 – SWOT Analysis from customer questionnaires

Strengths	Weaknesses
• Strong multi-agency partnerships working across key issues • Statutory housing duties exceeded	• Lack of specialist support for people with dual diagnosis • Not enough support for homeless people

• No use of bed and breakfast and good temporary accommodation offer • Effective core services • VIP substance misuse outreach service is an effective model that demonstrates value of joint working • Committed staff across range of organisations • Holistic, asset based support services available • Extended outreach services for homeless services • Additional funding bids successfully made for new homelessness related services • Co-operative work at GM level • Strong response to Covid • Housing First approach has had positive outcomes	diagnosed with mental health conditions. • Health record of homeless people is poor compared to general population • Lack of supported accommodation options for specific cohorts of people; e.g. young people, people with mental health needs. • Disjointed interventions where people have multiple and complex needs • Limited affordable accommodation • Services not always responsive to aspirations of people experiencing homelessness • Staff across different agencies not always aware of what advice to give or have a good understanding of processes
Opportunities	**Threats**
• To create a high-level strategic partnership to oversee homelessness related service development • To develop a more resilient and skilled work force through joint training - including the rolling out of training in trauma informed approaches. • To develop a health passport system to ensure people can receive continuity of care • Build on existing positive relationships to deliver more focussed and inclusive services • View realignment of mental health and adult social care services as an opportunity to develop innovative working • Further encourage third sector and role of peer mentors • Develop safeguarding practices to more effectively manage risk of people with most complex needs • Opportunities at a GM level for collaborative working and additional funding	• The longer-term economic impact of the Covid pandemic could see an increase in homelessness and reductions in public spending • Short-term funding cycles for specialist projects working with complex needs hampers ability to make sustainable plans. • 'Silo' working practices can hamper effective joint working • Reductions in social housing void levels could reduce move-on from temporary accommodation

Appendix 2 – Feedback from Workshops

Homelessness and Health

Key aspects:

Increase outreach support

Increase flexibility of offer, less focus on thresholds and missed appointments

Improve practicalities to access services (individual vs group appointments, travel, flexible appointments, someone to come with the person, someone to prompt the person)

Health passport to increase coordination of care and to prevent people falling through the net or missing appointments following hospital discharge

VIP service: team around the person, working together to address multiple needs, no wrong door

Awareness of trauma and impact on treatment

Take time to build relationship

Easier access to services instead of GP referral needed, alternatives to A&E

Access to health and wellbeing services

Current barriers	Actions possible
Support model Lack of outreach model Building a relationship before able to support with treatment Delivery of responsibilities under Care Act are sometimes missed Alcohol misuse approach might not be appropriate Physiology support Access to GPs Need to encourage people to attend adult mental health appointments If people have multiple dependencies – if they seek support for one issue, they will get redirected multiple times to address a number of problems Staff sometimes being judgemental People often need GP referral before being able to access services Cohort aspects Expectation of people keeping appointments People falling between gaps, not meeting criteria People presenting with different needs and bounce between services – how can be deal better with people presenting with multiple needs Fear and anxiety to seek help Big groups are often daunting for people Need to encourage rather than pushing people away as result of processes / thresholds / having a high need before being able to access People are accessing care through A&E	Improvements Go to where clients are instead of expecting them to come to the service Implementing Health passport Better comms between GPs within Stockport – tenancy for people who do need to transfer Good practice New Open Door service VIP service – VIP extended for people who need additional support once registered with the other services VIP complex outreach No wrong door approach for lifestyle services Person centred approach - link with more specialised services e.g. alcohol issues Getting to appointments - reminding of apps, going with them More appointments and single universal appointment instead of multiple appointments for multiple needs Unpick complex dependency We also have VIP service working intensively to engage people with drug and alcohol problems - maybe more of this model? The VIP service works great so I think that model could work, specifically towards health Develop relationship and trust - supporting someone to physically attend and go to an appointment with them Temporary accommodation: ensure that

Barriers around transport, not being able to find the way to services

Practical
Literacy barrier
People not opening letters
Patients discharged with follow up appointments but no address to send appointment to / people might forget appointment
Lack of digital inclusion
Lack of access to phone appointments
Some funding only available when people have a diagnosis
People moving around and therefore 'kicked out' of GP practice

Offer is not quite right Individuals can be overwhelmed with the number of agencies involved – become disengaged
9-5 services are not accessible when needed
People not meeting certain thresholds
Barriers around transport to attend appointments
Not aware of dates/times
Accessing healthcare through A&E
Once people are in a service then other services withdraw
Some funding only available when someone has
a diagnosis
People being too high need
lack of understanding across the system to childhood trauma - lack of compassion
Lack of funding for community mental health
Waiting lists – need interventions quickly - 6 month waiting lists

services are easily accessible for users (close
by etc)
Single point of contact rather than lots of different contacts and appointments
More out of hours services
More flexible in accessing services not necessarily by address.
Team around the adult
Physical health outreach service - can't be too
strict due to missed apps
Relationships & info sharing - local level within a small project, engaging and replication into mainstream services with professionals
and common goals – works well at a local and
neighbourhood level - how
do we take this further?
What is the offer? (adult social care perspective) what is it that we're going to do to improve this person's life – this should be the focus
Info sharing services need to tailor
to individual needs (not everyone will want to be in a group discussion regarding their health and addictions)
Collaborate with Stockport Homes (adult social care) - do something creative

Address commissioning criteria for accessing Services – include a flexible approach and collaborative working in service specifications of mainstream services

Increase outreach approach of MH services - building a relationship & coordinated efforts

Be more flexible in expectation of people keeping appointments - e.g. alcohol drop ins - go to where the clientele is

If we understand trauma informed theory of practice we need to reflect on how service entry needs to adjust to this? i.e. more flexible access pathways?
Deliver responsibilities under Care Act

Fall between the gaps - not meet criteria
Presenting with different needs - bounced between different services - how can we deal with people presenting with multiple needs?

	Access to GP's Lack of access to phone appointments Lack of digital inclusion – can't access online resources Alcohol misuse approach - may not be appropriate Fear and anxiety: encouraging people to attend adult mental health appointments Multiple dependencies: - if they seek support for one issue they will get redirected multiple times to address a number of problems 'computer says no' push people away rather than pull them in Commissioning strategy - understanding what might be available in the community Free travel for homeless population to get to appointments Outreach – district nurse for example - build relationship – stay out of hospital Nursing service at Wellspring CMHT - don't always offer as good a service as non-statutory How do we ensure people stick to appointments? Groundswell can assist people to set up homeless GP and address any rights not offered to homeless people Keep cases open with monitoring and review - don't get lost in system and starting again from beginning Use services that are well established and trusted with more specialist input into them Be realistic about engagement Chronic/relapse main point of contact is Healthy Stockport website - this could be broadened – self help or professionals It would be good to have a Homeless GP who will stay with the person until they are in stable accommodation (like urban village). This can then also be a base for mental health professionals and substance misuse services to move together

Prevention Outcomes

Key aspects:

- Investment into early intervention
- Easier access to mental health support
- Support at crisis points
- Long term commissioning of services
- More intensive support for young people
- Specific initiatives to address loneliness

Prevention

Current barriers	Actions possible
Support Needs • Loneliness • Lack of support network • Family – new partner – breakdown of relationships • Job loss/unemployment – leads to loss of PRS Cohort aspects • MH issues • Past trauma • Past Offences – effects relationships Practical Relationship breakdown with landlord	Improvements • YP – allocated a Support Worker to see them through resettlement process • Corporate parent – staff need to feel confident, secure and with skills to do job well • Specialist accommodation • Work learning opportunities to combat loneliness • Mental health – early identification, pro-active approach, avoid waiting lists, • Crisis support – mediation, debt advice • Lobbying policy work for prevention (link to GM PS reform?) • Transition from prison to home Good practice • Investment into early intervention • Long term commissioning - reflect the need to establish trust • Housing led model – mirroring principles of HF • Money management and homelessness awareness for YP • Early intervention with DA perps

Complex Need Outcomes

Key aspects:

- Staffing training
- Flexible services in relation to thresholds
- Dual Diagnosis Service
- Common approach across agencies
- Need for trusting relationships

Complex Needs

Current barriers	Actions possible
Support Needs Staffing issues: • Freedom to be flexible when needed • Limited knowledge • Need for resilience • YP with complex needs – ASC not structured to help • Knowing what services are available Cohort aspects Motivating people to change lifestyle Issues in relation to trust Levels of capacity can fluctuate – relation to grief, dun Practical Too many staff changes Lack of ownership Services are too diagnosis led Assessment process into services – people slip through nets	Improvements • Training in trauma informed approaches • Development of a Dual Diagnosis service • Broaden the range of suitable accommodation available Good practice Common approach across all agencies in working with people with complex needs VIP model to be used at ASC front door to help with engagement process

Accommodation Pathway Outcomes

Key aspects:

- Need to improve transition between TA and permanent housing
- Link people into their support networks
- Promote choice

- Improve liaison with private rented sector

Accommodation Pathways

Current barriers	Actions possible
<u>Support Needs</u> • Not enough support • Communication & language barriers • Getting support early • Support around applications • Support that times with accessing accommodation – no waiting <u>Cohort aspects</u> Previous negative experiences History with SHL People they don't want to be around If in recovery – access to drugs too easy Previous and/or current offending behaviour Unable to access the support that is available Fleeing violence from other areas <u>Practical</u> Not enough temp accommodation Initial application at HO problematic Need digital support Not enough perm accommodation Too big a gap between homelessness and own flat	<u>Improvements</u> Different types of supported accommodation e.g. female specific, supported lodgings, Snugbug for YP More time between TA and perm housing Support going out to people Linking ppl in with their support networks Consistency re staff support Choice over area Increased liaison with PRS landlords <u>Good practice</u> Tenancy training Collaboration between services More flexible approach – allowing for missed appts One point of contact for tenants Mentoring

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