Preventing Homelessness in Warwickshire: a multi-agency approach

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Foreword

We are delighted to introduce the first ever Warwickshire-wide homelessness strategy, which has been produced by the county, district and borough councils of Warwickshire working in partnership together and liaising and engaging with the widest range of statutory and voluntary organisations operating across the county.

A place to live is a basic human need and the lack of a home blights the lives of too many individuals and families in our community. While housing itself will always be the cornerstone of any solution, homelessness is often a multi-dimensional issue that is impacted by, and impacts upon, many other social policy areas. That is why this strategy is so important: because it seeks to prevent and tackle homelessness by addressing the broader underlying issues and because it brings together the organisations working in those other policy areas to help to define and develop the way forward to reduce homelessness in Warwickshire.

Our vision for the next two years is of statutory, voluntary and community organisations working together for the benefit of our residents to promote and deliver the changes expected by the government in the Homelessness Reduction Act 2017 with particular reference to the prevention duty and the Duty to Refer, both of which are explained in depth in this document.

We have identified five equally important priorities for the strategy:

- **Health** – to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.
- **Financial inclusion** – to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.
- **Young people** – to enhance and improve services that prevent homelessness among young people.
- **Domestic abuse** – to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.
- **Offending** – to deliver better-focussed housing and related support services for those at risk of homelessness when leaving prison.

In this strategy you will see each of these priorities addressed in turn, with an analysis of what we know about the issue, a description of some of the excellent projects that are already underway and a set of recommendations for further work that will help to improve the situation.

Writing this foreword at a time when the country is still grappling with the Coronavirus pandemic, it seems clear to us that now, more than ever, a joint approach is essential to preventing homelessness in all its complexity and we are confident that this strategy will help to substantially deliver the changes needed over the coming years.

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Introduction

Warwickshire is a county covering approximately 760 square miles in the West Midlands region of England and is home to 570,000 people. It has a two-tier structure of local government, with Warwickshire County Council (WCC) delivering upper-tier services across the whole county and five district and borough councils (D&Bs) providing services over smaller geographic areas within the county: North Warwickshire Borough Council (NWBC); Nuneaton and Bedworth Borough Council (NBBC); Rugby Borough Council (RBC); Stratford-on-Avon District Council (SDC); and Warwick District Council (WDC).

Ever since the first national legislation on homelessness in 1977 the D&Bs, as local housing authorities, have had the primary responsibility for helping homeless people in their area. In April 2018 the Homelessness Reduction Act 2017 (HRA17) came into force bringing sweeping changes in how councils should respond to homelessness. Further details on the act are included elsewhere in this document, but one of the most significant changes was the introduction of a "Duty to Refer" which required other public bodies to become more involved in homelessness service provision.

This new obligation intensified conversations that were already ongoing between the D&Bs and WCC culminating in a conference on homelessness in the autumn of 2018 that involved a wide range of statutory and voluntary organisations with remits connected with homelessness. Following the conference all six councils agreed to develop a countywide strategy and this document is the result. The process has included full engagement with other relevant agencies, along with a period of open public engagement, inviting the widest possible cross-section of views. The key messages from this engagement are included as appendix one.

The document begins by giving more details on the background to the strategy, followed by key data on homelessness across Warwickshire. It then sets out specific information and recommendations in five key social policy areas where co-ordinated action can have the greatest impact in preventing and tackling homelessness:

- **Chapter three** - Health.
- **Chapter four** - Financial inclusion.
- **Chapter five** - Young people.
- **Chapter six** - Domestic abuse.
- **Chapter seven** - Offending.

There are many operational interventions that are already underway across the county to help prevent and tackle homelessness. Many of these are relevant to tackling the issues set out in each of the policy areas so, to avoid excessive repetition, they are detailed in section 1.3 and then a list of the most pertinent is included at the beginning of the second section of each policy chapter. The same applies to system-wide actions needed that cut across every area: these are explained in section 1.4 and referenced briefly at the start of the third section of each policy chapter.

This strategy is intentionally written so that it will continue to be relevant over a two-year period. The recommendations will be taken forward through partnership working between

the most relevant agencies in each case, with a lead identified for each work-stream. Detailed action plans will be drawn up for each chapter theme and service user involvement incorporated wherever appropriate. Progress will be monitored annually by the Health and Wellbeing Board, where the need for amendments and additions to the strategy will be considered. The Board will also receive updates on the key datasets, the baseline information for which is included in chapter two and appendix three of this strategy.

Chapter 1

The context for the strategy

1.1 Homelessness

The causes of homelessness can be complex and have links to several factors that can broadly be divided into “structural” and “individual”. However, it is acknowledged that structural factors create the conditions within which homelessness occurs, and people with individual complex problems are more vulnerable to social and economic factors than the general population (Alma Economics, 2019). The wide range of causes and their classification are shown in the following depiction.

It is important to note that not all causes of homelessness are complex and early intervention by relevant services can ensure homelessness is prevented so that consequent issues do not arise. While D&Bs are responsible for tackling homelessness, many of the public services that support people with these wider needs are provided by other organisations.

The Government’s ambition is to promote a holistic approach to addressing housing needs in order to reduce some of the consequent effects at the same time as resolving an individual’s homelessness. This approach was made all the more urgent by the specific set of challenges of the COVID-19 pandemic, which required partners to act in collaboration to prevent health risks due to homelessness. This has promoted strong working relationships to deliver agreed actions which will underpin future work as directed by

THE CAUSES OF HOMELESSNESS AND ROUGH SLEEPING

The causes of rough sleeping are typically described as either structural or individual factors. These can be interrelated and reinforced by one another.

STRUCTURAL FACTORS INCLUDE:	INDIVIDUAL FACTORS INCLUDE:
• poverty • inequality • housing supply and affordability • unemployment or insecure employment • access to social security	• poor physical health • mental health problems • experience of violence, abuse and neglect • drug and alcohol problems • relationship breakdown • experience of care or prison • bereavement • refugees

this strategy. Joint COVID-19 recovery planning includes anticipating further challenges from a period of recession in which households may find themselves in financial difficulty due to periods of unemployment.

1.2 The new legislative framework

For many years local housing authorities have had defined statutory responsibilities towards homeless people in their area, the principal legislation being the Housing Act 1996. To address an increase in homelessness nationally, and the prevalence of rough sleeping particularly, the Government enacted changes to the 1996 Act through the HRA17 (see appendix two) which came into force on 3 April 2018.

The broad aim of the HRA17 is to reduce homelessness by introducing systems to ensure early intervention and prevention and by changing an over-emphasis in the old system on technical decisions about priority need categories and intentional homelessness judgements. This is achieved by requiring that all households who seek assistance have a full needs assessment and a Personal Housing Plan.

The HRA17 also confers new duties on other statutory agencies through the Duty to Refer (introduced from October 2018) bringing a wide range of other statutory organisations into firm collaboration with local housing authorities to implement the legislation. This demands joint action; it recognises that early intervention and prevention cannot be achieved by the housing authority alone because other organisations are likely to see early indications or triggers which could lead to homelessness before a household makes contact with the housing authority.

The Personal Housing Plan and Duty to Refer together underpin a legislative requirement to provide a holistic assessment of the households needs which results in a joint, multi-agency approach to achieving a positive outcome.

Implementation of this new legislation brings a number of challenges:

- All councils must make a fundamental shift in the way that they deal with homelessness, from a safety net of last resort to proactive, joined up services which are able to deliver early intervention and prevent homelessness.
- Other statutory organisations need to collaborate and act to ensure early intervention and prevention in order to avoid crisis.
- Housing options services must be promoted in a positive manner to encourage households to seek assistance as early as possible. This requires a shift away from demand management (encouraged by the previous legislation) towards a more proactive, open door approach.
- In order to address the issues drawn out in needs assessments and actions agreed in Personal Housing Plans, positive collaborative systems of work must be developed between statutory agencies and support providers.
- Strategically, all housing authorities must act to increase the supply of affordable housing in their area.
- This new approach should ultimately prevent households falling into crisis and needing to rely on statutory and voluntary support services. However until that shift is achieved the reduction in available resources for both statutory and voluntary agencies is a challenge in meeting needs.

1.3 What are we doing in Warwickshire?

HRA17 has been implemented operationally by all of the D&Bs. To aid prevention: households at risk of homelessness are being assessed much earlier; all applicants have a needs assessment and are provided with a Personal Housing Plan; and the Duty to Refer is in operation. In addition there are a number of initiatives underpinning the shift to early intervention and a more holistic approach:

A wide range of interventions are available for all applicants to access in order to prevent homelessness, such as: grants to support people

to sustain their tenancies or find an alternative before homelessness occurs; mediation and early intervention with parents or friends no longer willing to accommodate; rent deposit and guarantee schemes.

Community and voluntary sector support. Whilst in Warwickshire there are many statutory and commissioned services to prevent and tackle homelessness, Warwickshire's homeless communities are fortunate to have excellent support from the third sector. There are a variety of hardworking and dedicated voluntary groups who provide integral support, particularly to those people who find themselves with no home, street homeless and need to rely on shelters or soup kitchens. The voluntary sector support for this population is a valued resource in Warwickshire. Going forward, we will work closely with the community and voluntary sector providers to establish a service user involvement feedback mechanism, to gain their unique and integral perspective into the delivery of the strategy recommendations.

p.h.i.l. (Preventing Homelessness Improving Lives) is a service that actively seeks early referrals about, and direct contact from, people who are concerned that they may become homeless. The service provides a holistic and tailored approach and focusses on prevention and well-being. It was funded by government trailblazer funding from 2017 to 2021 and operated across the county. From April 2021 p.h.i.l. will continue to operate in NWBC, RBC and SDC, with other preventative services operating in NBBC and WDC.

Mental health first aid training has been commissioned by Warwickshire Public Health, specifically focussed on housing officers and front line workers whose clients include people vulnerable to homelessness.

Housing-related support services commissioned by WCC. Providers work with clients with needs that place them on the edge of care, supporting them to maintain a tenancy and helping with issues that could lead to homelessness. Some of the services include short-term accommodation to support households who are homeless.

Research undertaken by Doorway considered working practices in statutory services for young people and care leavers and delivered clear recommendations for action to improve joint working.

A Domestic Abuse Strategy for the County is being developed to set out how agencies will work together to tackle domestic abuse and its consequences.

Rough sleeping initiatives are being developed in partnership across the county. These include the delivery of specific mental health services and action to provide more accommodation for this particular group.

Financial inclusion is being proactively promoted by D&Bs. This includes a focus on financial inclusion as a driver to provide sustainable housing, using Discretionary Housing Payments to prevent homelessness and addressing broader issues around budgeting skills, education, training and employment opportunities.

Support services for armed forces veterans have been developed and promoted across the County.

Supporting hospitals by working with Warwickshire's Hospital Liaison Officers across our main acute trusts, to support safe and positive discharge arrangements for patients where homelessness, housing need or property condition is an issue.

Improved access to affordable housing is being promoted by D&Bs using their Local Plans and Lettings Schemes as well as by intervening to shape the private sector market. This includes the need for specialised housing and extra-care housing schemes.

1.4 System wide actions to be taken to tackle and reduce homelessness

The legislation requires statutory agencies to act to promote positive outcomes for applicants. The inclusion of the Duty to Refer in the HRA17 indicates Government awareness

that better partnership working is needed to resolve homelessness when it occurs. In addition, a recent consultation paper, "Tackling Homelessness Together", set out Government concerns that partners are not engaging positively to resolve homelessness and are not co-operating. As a result, Government is now proposing statutory requirements to provide for specific structures which could include a duty to co-operate and the establishment of Homelessness Reduction Boards.

System changes are needed to prevent homelessness, with the councils that are party to this strategy acting together to prevent crisis by promoting the importance of the Duty to Refer in our partnership work. We need new and robust pathways enabling early notice of a threat of homelessness and the opportunity to intervene at an early stage.

In Warwickshire, a Strategic Homelessness Board has already been established. This supports the legislative changes, anticipates the Government's further proposals and provides a strategic framework to reduce the prevalence of homelessness in the county. Actions are concerned with how statutory agencies in Warwickshire will work together to promote and deliver the changes required by Government for the benefit of our residents. These actions are intended to define a strong culture of collaboration and joint working arrangements. In promoting collaborative working the board will also welcome challenge to existing systems of work in order to develop more effective interventions. To provide for an informed network of agencies that can assist front line services to prevent homelessness the board will encourage a culture of professional curiosity, ensure professionals know that acting to prevent homelessness, is everybody's business and create clear referral pathways. The effectiveness of the board's actions to strengthen joint working will be monitored formally at its meetings.

Chapter 2

Facts and figures about homelessness in Warwickshire

The purpose of this chapter is to draw a picture of homelessness in Warwickshire, comparing it to the national situation where relevant, and to provide baseline information for monitoring as this strategy is implemented.

As part of the new set of duties introduced by the HRA17, local housing authorities send case level data to the Ministry of Housing, Communities and Local Government (MHCLG) quarterly through the Homeless Case Level Information Collection system (H-CLIC). The data is collated and analysed by MHCLG and they publish a quarterly report.

"Homeless" covers a broad range of living circumstances but H-CLIC data covers statutory homelessness, i.e. the homelessness applications taken and decisions made by local authorities according to their legal duties. This means that not all homelessness is included in the data as it is concerned with reported homelessness only. Nonetheless, H-CLIC data is useful in helping to understand homelessness nationally and locally.

H-CLIC data includes information about the new duties owed for prevention and relief as well as the long standing main homelessness duty, the reasons for homelessness and the support needs of applicants. Critically it also includes information about the use of temporary accommodation which should reduce over time if the new prevention duty is effective. The new duty to refer, given to other statutory agencies, is also monitored as part of the H-CLIC return.

Appendix three sets out the detailed data for Warwickshire but a summary of the most important points is included below. Some detailed contextual information about the health of the population in Warwickshire is shown in an extract from the 2019 annual report of the Director of Public Health in appendix four.

In 2018/19, the first year of implementation of the HRA17, D&Bs received 2,476 approaches across Warwickshire. This increased to 2,853 in 2019/20, an increase of almost 15% compared to an increase of only 5% for England over the same period.

In 2019/20 the duty owed to applicants was split fairly evenly between prevention (46%) and relief (48%) with around 5% owed no duty. Table one (appendix one) shows how these applications were split across the five D&Bs according to duty owed.

For those owed the prevention duty in Warwickshire (appendix one: table two):

- The two main reasons were "End of an assured shorthold tenancy" and "Family or friends no longer being willing or able to accommodate" (together accounting for more than 50% of applicants). This was the same for the West Midlands and England.
- The profile of reasons for the applicant losing their home, or being threatened with losing it, was broadly similar to the regional and national picture with two notable differences: a much higher proportion of applications were caused by the end of a social rented tenancy or by a non-violent relationship breakdown.

For those owed the relief duty there is a different profile (appendix one: table three):

- There is a much smaller proportion than is true for prevention cases, of applications due to "End of an assured shorthold tenancy" (11% at all three geographic levels).
- The main reason for application is "Family or friends being no longer willing or able to accommodate" at roughly 30% across all three areas.

- Warwickshire has a significantly higher proportion of applications due to “Non-violent relationship breakdown” and this is offset by fewer “Other” reasons.

When looking at the support needs of households (appendix one: table four):

- The profile is broadly similar to the West Midlands region as a whole with the three most common reasons in both cases being: “A history of mental health problems”; “Physical ill health and disability”; and “At risk of / has experienced domestic abuse”. These three reasons accounted for roughly half of all cases (53% in Warwickshire and 49% in the West Midlands).
- In Warwickshire no other support need accounted for more than 5% of needs whereas in the West Midlands there were two such needs: “Young person aged 18-25 requiring support to manage independently” at 8% and “Access to education, employment or training” at 6%.

As regards the Duty to Refer (appendix one: table five):

- This was widely used in 2018/19, the first year of operation, with 617 cases referred in this way. However, there was a huge drop to only 95 cases the following year and every organisation subject to the duty made fewer referrals in 2019/20 than they did in 2018/19.
- The profile of referrals also changed between the two years: in 2018/19 the biggest referrer was Jobcentre Plus at 41% but this fell to 17% in 2019/20 while Children’s Social Services increased from 12% to 24% and Adult Social Services increased from 3% to 15%. As indicated above, this was not due to an increase in the number of referrals from those agencies.

Tables six and seven (appendix one) show the number of households in temporary accommodation by type of accommodation and by type of household, for each D&B as at 31st March 2020. There is no clear pattern as regards the nature of accommodation being used. Single adults are by far the most common household type in temporary accommodation, as was the case at the end of each quarter in 2019/20. However, the total number as at 31st March 2020 will have been inflated by the “Everyone In” initiative in response to the Coronavirus pandemic.

Rough sleeping numbers countywide (appendix one: table eight) have gone from 39 in 2016 to 49 in 2017 and 78 in 2018 before falling back to 47 in 2019.

Warwickshire had a proportion of “White” applicants at 85% that was significantly higher than either the West Midlands (65%) or England (70%). This was offset by lower proportions in Warwickshire of “Black/African/Caribbean/Black British” and “Asian/Asian British” applicants (appendix one: table nine).

The age profile of applicants in Warwickshire was broadly similar to both the West Midlands and England with relatively small differences between the three regional distributions (appendix one: table ten).

In Warwickshire and England 14% of applicants contained more than one adult (in the West Midlands the figure was a little higher at 17%) so that the gender of the main applicant was not specified. Gender analysis is therefore only provided for the remaining 86% of applicants, of which 60% were single adults and 26% were single parents.

The gender profile of single parents (appendix one: table 11) is broadly similar across all three geographic profiles with the split being 89% “Female” and 11% “Male” in Warwickshire. The West Midlands is slightly different as it has a much higher proportion (6%) of “Other/gender not known” cases.

For single people (appendix one: table 12) there is a higher proportion of “Male” (62%) than “Female” (37%) in Warwickshire, very similar to England and the West Midlands, though the latter again has a slightly higher proportion of “Other/gender not known”.

Chapter 3

Homelessness and health

Our objective is to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.

3.1 What do we know?

There is a wealth of research into the health and well-being of the homeless population, in particular around health inequalities, mental health, and use of drugs and alcohol. It is important to note that someone can be officially homeless while living in temporary accommodation with a roof over their heads. This will have a different impact on their health, compared to someone who is street homeless and sleeping rough, but much of the published research does not differentiate between being homeless in temporary accommodation and rough sleeping.

Data from 27 Health Needs Audits across England in 2019 showed that an estimated 44% of homeless people had a diagnosed mental health condition; 86% had reported a mental health difficulty (the most common issue being depression); 27% had an alcohol problem; 78% smoked; and 41% used drugs or were in recovery.[1]

The physical and emotional health of homeless people is generally worse when compared to that of the wider population, including the most deprived in the wider population.[2] Poor health is exacerbated by poor access to health services and lack of adherence to prescribed medication.[2]

There are two particularly significant consequences of this poor health that have implications for health and social care services:

- Homeless people aged 50 have the same age-related health conditions as people in the general population at 70, such as falls, cognitive impairments and incontinence. Consequently, researchers have recommended that homeless people should be eligible for older adult services at 50.[2]
- Homeless people die younger compared to the general population. People who experience rough sleeping over a long period have an average age of death of 45 years for men and 43 years for women, compared to 76 and 81 years respectively within the general population.[3] Causes of this include infections, such as tuberculosis and HIV, heart disease and a host of external factors such as unintentional injuries, suicide and poisoning. In recent decades however, the causes of this early mortality have shifted from infections to drug overdoses, substance misuse disorders and mental health problems.[2]

While estimates of alcohol and drug use rates among homeless people vary, there is an acknowledgement that rates of substance misuse are much higher than they are within the general population. In 2008, a systematic review was undertaken to examine the prevalence of mental disorders among homeless people in western countries[4] and there were two main conclusions:

- The most common mental disorders were alcohol and drug dependence with an estimated prevalence of 37.9% and 24.4% respectively.
- The prevalence estimates for psychosis were at least as high as those for depression, which is in marked contrast to the general population estimates of these conditions.

Conversely, among those with drug and alcohol issues, the number of people without adequate and secure housing is also high. The links between drug and alcohol use and homelessness are widely acknowledged, and in the majority of research, this association is recognised as an established fact. It is, however, important to note that not everyone who has an issue with drugs or alcohol becomes homeless and not everyone who is homeless has a drug or alcohol issue.

Autism and learning disability are another important consideration in health and homelessness. Autism is a lifelong condition that affects how people perceive the world and interact with others. Autistic people can experience challenges in communicating and interacting with others which can lead to relationship breakdown and social isolation, creating difficulties in accessing support and/or maintaining education and employment. For autistic adults in employment, more than one third consider workplace adjustments for their condition to be poor or very poor.[5]

One study found that 12% of a group of people experiencing homelessness showed strong signs of autism.[6] It is likely that autistic people are not only more at risk of becoming homeless, but also more vulnerable once they are on the streets and they may find it more difficult to move into new accommodation.

A 2018 systematic review of cognitive impairment and homelessness (including learning disability and autism) found that cognitive impairment was over-represented in the homeless population, with some groups of individuals with specific conditions having higher rates of experiences of homelessness than in the general population.[7]

The review noted differences in the needs and experiences of homeless individuals with cognitive impairment compared to the needs of homeless individuals without a learning disability. The needs of people with cognitive impairment tend to be enduring as opposed to temporary. In addition, services do not tend to be adapted or adjusted to meet the needs of people with cognitive impairment and so struggle to meet such needs. Issues include a lack of awareness of learning disability and autism amongst practitioners, lack of accessible programmes and inappropriate and low-quality housing which is unsustainable in the long term.

Difficulties in accessing support were also experienced by individuals with mild autism or learning disability, or "high-functioning" autism who are either undiagnosed, experiencing long delays during the diagnostic process, or do not meet the threshold for social care or mental health services.

An Autism and Homelessness Toolkit has been created by a multi-agency group including Resources for Autism, Westminster City Council, St Mungo's, National Autistic Society and Homeless Link, to help staff in homelessness services understand:

- What autism is and how it can present.
- How autism might change the way that people engage with services and support.
- How they can tailor their responses to better meet the needs of autistic people.

Workforce upskilling in understanding autism and how it may impact on a person's behaviour is crucial to the provision of support which is responsive to their needs.

Among **young people,** the causes of homelessness include family conflict, victimisation, non-heterosexual sexual identity and having been in the child welfare system.[2] Shelter, in collaboration with policy experts, undertook a comprehensive evidence review of the impact bad housing has on children's life chances and found that:

- Experience of multiple housing problems increases children's risk of ill-health and disability by up to 25 per cent during childhood and early adulthood.
- Children who are homeless are three to four times more likely to have mental health problems than other children. Mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing.

- Children who are homeless are two to three times more likely to be absent from school than other children due to the disruption caused by moving into and between temporary accommodation.
- Children who are homeless are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity: factors that compromise academic achievement and relationships with peers and teachers.
- Children who are homeless have lower levels of academic achievement that cannot be explained by differences in their levels of ability.[8]

Adults who are homeless are high users of acute health services, according to the evidence, including emergency visits to Accident & Emergency (A&E) and in-patient admissions. This is often compounded by the high risk factors of substance misuse and mental health disorders which increase their use of these services.[2] The cost of hospital use by homeless people is estimated to be four times higher than for the general population and eight times higher for in-patient services.[9]

There is also evidence that a high proportion of homeless people are discharged from health services onto the street without their underlying health problems being addressed. Appropriate and timely discharge planning is crucial in terms of supporting homeless patients: a randomised control trial tested the success of intervention with people at risk of homelessness from a psychiatric unit. It found that those who were offered immediate assistance with housing still had that accommodation, both three and six months later. However for those without such an intervention, all but one participant remained homeless after three and six months.

The COVID-19 pandemic may be expected to have longer term impacts on the health of Warwickshire's homeless population, but whilst it is too early to tell what this might be there have been some anecdotal benefits. In particular the government's "Everyone In" directive brought a focussed effort to offer temporary accommodation to anyone sleeping rough. Not only did this give some people who were sleeping rough the opportunity to take up the offer of accommodation, it also gave some people in unsuitable accommodation the same opportunity, e.g. people who had been sofa surfing were now able to reside in temporary accommodation.

As a result some individuals became known to services for perhaps the first time. This presented an opportunity to work with these individuals and link them into health-related services such as: registering with a GP; reviewing prescriptions; general health checks; being linked into drug and alcohol services; and mental health outreach services.

3.2 What are we currently doing to tackle homelessness and health issues?

There are a number of initiatives set out in chapter one that are being undertaken towards preventing and tackling homelessness generally across Warwickshire. The following are of particular relevance to health (and are explained in more detail in section 1.3 above):

- P.h.i.l./prevention work.
- Mental health first aid training.
- Housing-related support services.
- A Domestic Abuse Strategy.
- Rough sleeping initiatives.
- Financial inclusion.
- Support services for armed forces veterans.
- Hospital discharge pilot.
- Improving access to affordable housing, including specialist and extra-care schemes.

There are also specific initiatives underway that tackle homelessness and health issues and these are explained in the following paragraphs.

Change Grow Live, Drugs and Alcohol Services offer free and confidential support to adults, young people, carers and families across Warwickshire. A range of treatments and

interventions are provided that are designed to support people to take control of their recovery journey and achieve their goals. Services include: harm reduction; prescribing; detoxification; training; housing and employment advice.

Mental Health Enhanced Care Pathway - WCC have worked in partnership with Coventry and Warwickshire Partnership Trust (CWPT) to second two Advanced Nurse Practitioners into the P3 Street Outreach Service (part of Warwickshire's floating support service, within the housing-related support portfolio). The Mental Health Enhanced Care Pathway in Warwickshire works proactively to engage people who sleep rough and people who reside in local hostels, to encourage them to seek support with their mental health. The aim is to support more people who sleep rough with their mental health challenges and reduce the risk of exacerbation of their mental health, which can often result in A&E attendance.

A Physical Health Outreach Service is being piloted by WCC with funding from MHCLG's 2019 Cold Weather Fund, in collaboration with the Out of Hospital Team. The Physical Health Outreach Pilot conducts outreach and visits people who are sleeping rough, either on the streets or in a location convenient to them e.g. a local hostel, drop-in centre or café. The aims of this pilot are to:

- Increase access to health services for people who sleep rough in Warwickshire.
- Work with people sleeping rough, who may have physical health problems, in a preventative way to help them to manage their health and avoid inappropriate use of A&E and emergency admissions.
- Facilitate and foster a positive relationship between people sleeping rough and health services; support them to have confidence in becoming responsible for their own health; and increase their confidence in accessing primary care.

Pathway needs assessments are being conducted by Public Health Warwickshire working with Pathway in Warwickshire's acute trusts. In order to determine the most appropriate Pathway model for an acute trust, it is important to understand current practice and assess local levels of need and demand on current services. A Pathway hospital team puts the patient at the centre of his or her own care and works to transform health outcomes for one of the most vulnerable and deprived groups in our society. The model of healthcare, developed for and with homeless people, can also benefit other multiply excluded groups.

Warwickshire's physical health outreach service for people sleeping rough was launched in January 2020, just before lockdown measures were introduced as a result of the Coronavirus pandemic. The "Everyone In" directive presented an opportunity for the nurses to carry out patient assessments of individuals not previously known to the health service that were placed into temporary accommodation. Patient data was captured on the NHS secure system and will be anonymously collated for evaluation purposes, thereby offering an opportunity to examine the prospective health of this cohort of individuals "post-COVID", as they move on through temporary accommodation, into more sustainable accommodation.

Veterans Mental Health Transition, Intervention and Liaison Service (Midlands and East) is a partnership between CWPT, Lincolnshire Partnership NHS Foundation Trust, North Essex Partnership University NHS Foundation Trust, Walking with the Veterans' Wounded and Mental Health Matters, established to achieve joined up care pathways for veterans across the Midlands and East regions. Staff include veterans and civilians with a range of highly relevant and professional experience. The service will provide a responsive, innovative and high quality service user mental health service operating as one team, delivering local care through three geographically well-placed hubs. Each hub is attached to its nearest Ministry of Defence Department of Community Mental Health for a direct in-reach link for those veterans in transition, to ensure they receive the best transition possible into civilian life. The team is based in Rugby, Warwickshire.

CWPT is also offering a new NHS High Intensity Veterans mental health service to complement existing mainstream NHS services, ensuring a military sensitivity and understanding is there for veterans and families at points of mental health crisis. It is one of a number of pathfinders, essentially different pilots across England, that run until March 2022 in order to inform NHS England on what works best, in time for the re-procurement of all NHS specialist veterans mental health services thereafter.

3.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those with health issues that are at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. **Supporting the development and mobilisation of the Mental Health Enhanced Care Pathway in Warwickshire.**
   This targeted mental health and wellbeing service for people who are street homeless/ sleeping rough is explained in section 3.2 above. There are opportunities to develop this further and to work with the system to realise the benefits and sustain this service into the future.
2. **Holding collaborative discussions with CWPT around options for prioritisation of mental health support for people who are homeless/rough sleeping.**
   Currently there are no specialised mental health services for people who are homeless or sleeping rough in Warwickshire. This population often have multiple, complex needs and do not access services in the same way that the general population do, often presenting when situations or symptoms have reached a point where they need emergency care and support. Further discussions are needed as to whether prioritising this vulnerable population's access to such services is achievable.
3. **Supporting the development and embedding of the Dual Diagnosis protocol and pathways into mental health/drugs and alcohol services.**
   Dual Diagnosis covers a broad spectrum of substance misuse and mental health challenges that individuals may face at the same time. The protocol describes a joint approach that will be taken by organisations involved to support these individuals. Understanding how this protocol can be used to support people who are homeless is crucial.
4. **Considering system-wide options to address the physical health needs of people who are homeless/sleeping rough.**
   Due to this population having multiple, complex needs, physical health is often not prioritised or accessible in the same way, compared to the general population. System-wide discussions and actions are required in order to determine how to best meet the physical health needs of this vulnerable population.
5. **Ensuring access to pharmacies.**
   It is necessary to explore the use of behaviour policies with local pharmacies and the Local Pharmaceutical Council, to ensure that access to pharmacies does not become a barrier to engaging with treatment services for people who are homeless.
6. **Maintaining good dental health.**
   People who are homeless and/or rough sleeping may struggle to access dental treatment so it is important to ensure that there is availability of such treatment and clear pathways for people to follow in order to access it.
7. **Facilitating entry into residential rehabilitation and inpatient detoxification services.**
   Organisations need to work together to explore opportunities for people who are homeless or sleeping rough to access both commissioned and privately funded detox

and rehabilitation services, ensuring a quality assured approach to both.

8. **Improving the accessibility of services available for homeless individuals who may have a learning disability or autism.** This can be achieved by: increasing awareness of autism and learning disability issues amongst practitioners; providing accessible and easy-read documentation; ensuring reasonable adjustments to services are made by improving links with relevant health and social care practitioners; and increasing access to advocacy services to ensure individuals are not inappropriately excluded from accessing suitable housing. In addition, specific considerations about the suitability of accommodation for people who are homeless with learning disability and/or autism is required due to social, information processing or sensory needs which may make it difficult for these individuals to live in certain environments.

Chapter 4

Homelessness and financial inclusion

Our objective is to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.

4.1 What do we know?

Stable finance underpins a stable home: without being financially secure, one cannot have access to sustainable housing. There are many people who have at best limited access to somewhere warm, safe and secure to live. They have often been in and out of various types of accommodation due to short term arrangements because financial exclusion has undermined sustainability. The quality of accommodation is invariably at the lower end of the market. This insecurity of tenure and access to inferior housing means that basic safety and physiological needs are not met. This then feeds into poor wellbeing.

The cost of obtaining and maintaining accommodation requires constant financial discipline, especially for those on low incomes. Household costs such as rent, Council Tax, gas, electricity, water, telephone, mobile phone and broadband are all subject to regular increases. Mortgage costs, fluctuate with interest rates, which have been at historic low levels since the "credit crunch" in 2008/09 but there is no guarantee that this will continue and if rates were to begin rising then so too would mortgage repayments.

People on low incomes are particularly vulnerable to these cost increases which can easily push people who were "just about managing" into difficulties. Once financial security is lost it is a spiral that is difficult to escape, leading to debt which can mean that housing costs go unpaid and ultimately the home is at risk. This can be a gradual process but sometimes homelessness can be triggered by a financial crisis such as losing a job, or having problems with claiming or receiving benefit.

Financial exclusion is closely linked with both fuel poverty and food poverty. Broadly speaking fuel poverty has three influencing factors: household income; energy prices; and home energy efficiency. Those on low incomes are often unable to access the best energy tariffs as they have pay as you use meter arrangements applied to them by utility companies, the unit costs of which are among the highest on the market. This is then compounded by the household living in the least energy efficient accommodation resulting in a higher proportion of limited funds being spent on high-cost energy. If money is being exhausted by energy costs this leads to impossible choices between spending on rent, utilities or food which leads to reliance on foodbanks.

Lack of financial security may also increase the risk of other issues such as mental health, worklessness and social isolation. A 2010 study found that half of UK adults in problem debt were also living with mental health issues.[10]

As with many of the other priorities in this strategy the shortage of affordable housing is both a contributor to the issues arising and a constraint upon finding solutions. This applies as much to those looking to buy a home as it does to those seeking to rent. Financial issues therefore present challenges both to preventing and to tackling homelessness.

People may lack budgeting skills leading to debt.

Those on limited incomes but with access to mainstream credit are more likely to turn towards short-term/high interest credit and do not take advantage of options to reduce utility costs etc. A 2014 report found that where clients struggled to repay their debt, 84% reported that they were not warned of the risks of extending their loan further.[11]

People on lower incomes and people who are street homeless in particular, can find it difficult to open a basic bank account. Those that do may only be able to obtain accounts with high charges and high interest rates on overdraft facilities. Around 1.2 million people in the UK did not have access to a bank account in 2017.[12] Some people may prefer to use cash to keep control of their limited finances but many transactions can be more expensive or impossible without a bank account as many organisations (including local authorities) move to cashless transactions. Dealing in cash will also prevent a credit rating being established.

For those on fixed or limited incomes pressure is increased by welfare reform changes, the most significant being: removing the spare room subsidy; freezing Local Housing Allowance (LHA) rates until 2020; and reducing LHA rates from 50th percentile to 30th percentile (effectively reducing affordable rented accommodation in the private sector from five in 10 to three in 10 properties). One analysis found that 65% of non-working households have a shortfall between their rent and the housing support levels, with over 170,000 households having a shortfall of more than £100 per month.[13]

Wage growth has generally been below inflation for a number of years and when added to the freeze on welfare benefits this has resulted in a real terms reduction in income. An analysis of the cheapest 25% of private rents compared to the lowest paid 25% of employees found that rent is more than a third of full-time pay in over half of English local authorities.[14]

Once people are homeless financial problems, for example housing-related debts or county court judgements, can be a major barrier to regaining a stable home. There are often restrictions in social housing allocations policies of both council and housing association landlords about offering a home to, or even admitting onto the housing register, someone with these kinds of debt.

When it comes to gaining access to private rented housing many people do not have funds to make upfront payments of deposits and rent in advance, borrowing in order to do so and therefore starting their tenancy in high levels of debt.[15] Many local authorities offer support with these payments but this is not always sufficient for a landlord, with a common question being "what will happen at the end of the payment". Landlords may also look to the local authority to be a guarantor for the life of the tenancy.

The underlying problem is a scarcity of affordable/sustainable accommodation. There are more people chasing fewer affordable properties. In a survey of 2,500 residential landlords, 25% were looking to reduce their housing portfolio.[16] In the social housing sector the Right To Buy continues to outstrip the building rate so that overall numbers continue to decline. This enables landlords to be selective in accepting more financially secure tenants to reduce their exposure to risk. When allocating tenancies, social housing providers are increasingly risk averse to prospective tenants with financial problems.[17]

The national response to COVID-19 is likely to have a significant impact on financial well-being. While many of the factors contributing to financial exclusion remain constant, the scale of the issue will be increased due to fallout from the economic shock caused by lockdown measures. Within the first six weeks of lockdown there were an additional 1.8 million claims for Universal Credit. By the end of May 2020 over 8 million UK employees were being paid via the government's furlough scheme. A survey conducted by Make UK, a manufacturing industry lobby group, revealed that 25% of companies questioned were drawing up plans for redundancies. A decline in job vacancies across key sectors such as hospitality will disproportionately affect lower-income workers.

Economically challenging times mean that many

households fall back on the support of voluntary providers to augment statutory provision. However, charitable giving usually decreases during times of economic hardship.

There may also be new endeavours and initiatives which agencies and partners must understand quickly in order to harness benefits to their customers in a timely manner.

4.2 What are we currently doing to tackle issues of homelessness and financial inclusion?

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to financial inclusion (and are explained in more detail in section 1.3 above):

- Through the HRA17, making referrals for financial and budgeting advice to ensure that income is maximised and expenditure is proportionate and utilising Flexible Homelessness Support Grant where appropriate.
- Housing-related support services include helping customers with financial issues.
- p.h.i.l. and other preventative services. These provide a holistic and proactive approach to homelessness prevention enabling people to stay in their own home or be assisted in moving to a new home, including looking at the financial security of the individual.
- Financial interventions such as grants to sustain tenancies and rent deposit and guarantee schemes.
- Financial inclusion initiatives using Discretionary Housing Payments.
- Improving access to affordable housing to ensure a good supply of suitably priced, high quality accommodation.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and financial inclusion, some of which are listed below.

Citizens Advice has a network of bureaux offering financial advice and debt management across Warwickshire. In addition it has a national contract to support clients applying for Universal Credit. This support is available from the point of application up to receipt of the first payment and includes help with requesting advance payments or alternative payment arrangements.

The Warwickshire County Financial Inclusion Partnership brings together activities regarding financial inclusion across the county including both local authorities and partner agencies. It is currently adopting two overarching priorities:

ADDRESSING POVERTY NOW	BREAKING THE CYCLE OF POVERTY
• Debt advice • Income maximisation • Affordable credit • Fuel poverty • Food poverty	• Educational attendance and attainment • Pathways to employment • Health • Money management/financial resilience

A new Family Poverty Strategy is being created by WCC to support the partnership.

Charities specifically for Armed Forces veterans (like the Royal British Legion and the Soldiers, Sailors, Airmen and Families Association) have been set up to help with financial difficulties, securing a home, discharging bills or even furnishing a home with basic necessities such as white goods.

4.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those who are at risk of homelessness due to financial exclusion. These will be taken forward as recommendations from this strategy.

1. **Making a collective effort to lobby government over required national policy changes.**
   There are some changes that would help to tackle financial inclusion that can only be achieved by action at national level: reintroducing LHA at the 50th percentile to increase the amount of affordable accommodation; allowing Universal Credit claimants the choice to have the housing element paid direct to the landlord; increasing the provision of new-build affordable housing; and providing sustainable funding for all activity around homelessness. In the latter case, funding at present is sporadic and short term. A consolidated grant guaranteed in the medium term would allow service planning to be sustainable and more coherent.

2. **Ensuring homelessness is seen as a more broadly-based problem than simply a "housing issue"**.
   This involves developing agreements and protocols around joint working across the various services such as health, social care, criminal justice and housing in order to enable support to be provided on a coordinated basis and in a concerted fashion. This is important because placing homeless people into accommodation without appropriate, coordinated support is setting them up to fail.

3. **Learning from the Community Financial Inclusion Officer scheme.**
   WCC provided financial support to councils for the provision of Community Financial Inclusion Support Officers in 2019/20. These officers worked with clients to ensure that they received help and support around debt management and budgeting advice. Although this project has now ended learning from the activity needs to be embedded across D&Bs to ensure close working relationships with external partners such as Citizens Advice.

4. **Undertaking a financial support gap analysis across the county, identifying target audiences, geographical areas covered and areas of potential duplication.**
   This analysis can be used for service planning to ensure financial support is available across the whole of the county and that the quality of the service provided is assured. It is also essential that financial support is delivered in locations where it can be utilised by clients (e.g. the provision of additional support and advice at foodbank locations to try and reduce the need for future food vouchers by resolving underlying issues) and in appropriate digital formats (to access bank accounts and Universal Credit).

5. **Making the most of available funds by reviewing activities within local authorities to ensure best use of resources.**
   This should include:
   - Making best use of prevention funding and discretionary housing payments.
   - Creating a package of incentives for landlords to rent accommodation to those who would otherwise find these solutions unaffordable.
   - Reviewing relationships with external agencies such as foodbanks, community advice and other support agencies to ensure close working relationships, avoid duplication of service delivery, and aim for the best placed service to deliver support in every case.

6. **Encouraging engagement with financial inclusion services as a condition within support provided under the HRA17.**
   A key part of this legislation is that local

authorities are able to set out actions that homeless applicants must take as part of the process to resolve homelessness or the threat of homelessness. There could be a condition that anyone at risk of financial exclusion must engage with financial advice. If courses around life skills, financial skills and housing skills were available (the provision of which would involve some joined-up working between partners) there could be conditionality around this also i.e. to realise a housing solution they must first commit to attending the course.

7. Promoting the use of schemes such as Housing First and the Rugby Housing Pathway to enable engagement with financial inclusion services.

These specialist schemes can allow the accommodation provider to insist on engagement with financial support as a condition of accessing their services.

Chapter 5

Homelessness and young people

Our objective is to enhance and improve services that prevent homelessness among young people.

5.1 What do we know?

For the purposes of this strategy Young People covers single people aged 16 and 17, young people in care, and care leavers. This chapter will also include young parents, up to and including 25 years of age.

The importance of collaboration to prevent homelessness for 16 and 17 year olds is underpinned by the specific statutory guidance which was published by MHCLG and the Department for Education in April 2018.

Self-evidently the supply and availability of suitable accommodation will be a key determinant of the level of homelessness among young people. For the most part young people with no children only need shared or bedsit/ one-bedroom self-contained accommodation and unfortunately there is a significant shortage of this in both the public and private sectors in Warwickshire.

Over the twenty year period from 2011 to 2031, across the housing market area as a whole, the largest requirement for affordable housing to deal with both the backlog of need and newly arising need has been found to be for one bedroom dwellings. This was also true of five of the six councils covered by the assessment (the D&Bs and Coventry). The sole exception was Stratford-on-Avon where the one bedroom need was second to two bedroom need.[18]

Social and affordable housing is in high demand from all types of household and single people place the greatest demand on all the D&B housing registers in terms of housing need.

It is important to stress that even when such accommodation does become available young people are in competition with other households with a one bedroom need thus exacerbating the problem.

Given the shortage of, and high demand for, social and affordable housing, young people will often need to look to the private rented sector but this also presents challenges.

Often landlords require references, deposits and rent in advance, all of which may be difficult for some young people to provide. Some landlords are reluctant to take on young tenants, who have no experience of managing their own home and paying bills and who may need welfare benefits to assist them to pay their rent. The Residential Landlords Association found that "The majority of landlords are willing to let to tenants who are under 35 (87%). Of those who are not, the largest group of under 35's who landlords are not willing to let to are single people who claim housing benefit/universal credit (79% of landlords)."[19]

As well as housing supply and demand, there are non-housing factors in early life that can contribute to homelessness among this age group. There are several issues identified by partners that work with young people to prevent homelessness and enable planned and sustainable accommodation options. Young people in general may lack the financial resources, the awareness and knowledge of the reality of "having your own place" and all the obligations and expectations that this entails. National Research by Homeless Link states that:

"Explanations of the causes of homelessness

tend to focus on either structural or personal factors. Structural factors include social and economic issues such as poverty, the welfare safety net, unemployment, housing supply and housing cost issues. Personal factors cover issues such as mental health, substance dependency, lack of social support, or family breakdown." [20]

Graph 11 in the report[20] showed that, of the young people accessing services in August 2017, the top 10 reasons for needing accommodation (with multiple responses permitted) were:

- Parents/carers no longer willing to accommodate (49%).
- Drug or alcohol problems (31%).
- Mental or physical health problems (26%).
- Leaving care (17%).
- Anti-social behaviour or crime (17%).
- Overcrowded housing (12%).
- Other debt-related issues (12%).
- Unemployment (11%).
- Domestic abuse (11%).
- Financial problems caused by benefit reduction (9%).

This suggests that homelessness is more likely among young people affected by such circumstances than among young people who do not face similar challenges in life.

Where any of these vulnerabilities exist they add to the difficulty of sourcing appropriate accommodation and support created by the supply problems referred to above. Other challenges include:

- The shortage of specialised accommodation with support for people with particular vulnerabilities (for example mental health, learning difficulties, autism, complex needs, young parents and care leavers).
- Mental health services are not easily accessible or responsive in a timely manner and therefore mental health support isn't readily available when, or how, it is needed.

Again, the Homeless Link report states: "83% of providers said the number of young people presenting with multiple and complex needs had increased in the last year due to limited capacity and resources in the homelessness sector, a lack of specialist mental health services and inadequate early intervention initiatives."[20]

As regards young people leaving the care of the social services authority, WCC data shows that across the county over 100 children aged 16 to 18 leave care every year. Over 80% are looked after until their 18th birthday.

Across Warwickshire, according to D&B statistics, there were 86 homelessness applications from young people in 2018/19 and 129 in 2019/20. Of these, just over half (55% in 2018/19 and 51% in 2019/20) were from people leaving care.

5.2 What are we currently doing to tackle young people's homelessness issues?

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to young people (and are explained in more detail in section 1.3 above):

- p.h.i.l. and other preventative services.
- Support services providing accommodation-based and floating support for 16 -25 year olds.
- Research undertaken by Doorway on working practices in statutory services for young people and care leavers.
- Rough sleeping initiatives.
- Financial inclusion being proactively promoted by D&Bs.
- Improving access to affordable housing.

There are several other initiatives aimed at young people to mitigate or tackle the challenges and risks mentioned above, and in turn reduce the impact of homelessness, some of which are listed below.

Two dedicated Leaving Care Accommodation Personal Advisers have been appointed. One of these officers works with 18 year old care leavers who are homeless or at risk of homelessness. The second officer works with 17 year olds in care who are considering their housing options when they reach 18. These two posts were initiated with government funding up to March 2021. However, they have now been made permanent.

A pilot House Project for care leavers has been run by NBBC, who committed to providing a quota of three one bedroom flats to be let as Equitable Tenancies (ET) to young people in care aged 17. An ET runs for 12 months, with WCC acting as a guarantor for the tenant. If the tenancy is conducted satisfactorily, the care leaver becomes an introductory tenant in their own right at the end of the ET, with the prospect of becoming a full secure tenant after a further 12 months. Once a care leaver becomes an introductory tenant, NBBC will release a further 1 bed flat for another care leaver so that there are always 3 units being used by The House Project.

The Warwickshire Young Persons Protocol, originally developed over 10 years ago and reviewed in 2017, sets out the way WCC and the D&Bs will respond if and when approached by a young person under 18 that is homeless or potentially homeless.

An Independence Training project to provide care leavers with the skills needed for independent living was commissioned by WCC and run by Doorway. This ran from 1st August 2018, initially for one year but with options to extend, which were taken up, for two further years. An internal WCC service is being set up to run from when the Doorway project concludes in July 2021.

WCC reorganisation of its team structure for children in care led to the development of a team specifically for those aged 14-18 years. This new team is able to begin working with young people at an earlier age and can prioritise preparing them to become more independent and to plan for the longer term. The team was established following feedback from young people that the previous situation where they transferred at 16 years of age to the Leaving Care Team was not appropriate as this was a key stage in their life; sitting exams and leaving school so that a change of worker at that stage was unhelpful.

WCC engaged with the MHCLG Homelessness Advice and Support Team (HAST) in 2019 regarding preventing and reducing youth homelessness in the county, with HAST putting forward a number of recommendations. In response, WCC has undertaken a review of the arrangements for supporting 16 and 17 year olds who are homeless or threatened with homelessness in Warwickshire.

5.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for young people at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. **Expanding pre-tenancy training.**
   With the success of the Doorway Independence Training project referred to above, WCC and D&Bs will consider whether this could be offered more widely, to all young people at risk of homelessness.

   It could also be considered for young people more widely by seeking to establish working arrangements alongside schools and colleges around life skills, financial skills and housing skills. While many young people pick up the basic skills from their parents and others, those from more dysfunctional backgrounds do not and the school setting is an opportunity for some targeted work around these essential skills.

2. **Maximising opportunities for joint working for officers and roles between partner agencies.**
   The opportunities that present themselves to

those statutory and third sector organisations involved with young people are varied. WCC and the D&Bs, though working in isolation in some respects, are now more than ever working collaboratively and closely to support young people experiencing homelessness. Many of these young people have vulnerabilities and these issues cannot be resolved by one single agency. The links established through some of the initiatives mentioned in this chapter mean that professionals can explore options and support individual young people to make informed choices about their lives in a holistic way. This can involve third sector organisations too, especially if the individual has a better rapport with, and more trust in, such an organisation.

3. Considering expanding the House project across the county.

The House project has been explained in 5.2 above. This was a pilot scheme and so, as the findings and learning from it become clearer, D&Bs will consider with WCC whether it is appropriate to initiate the service in other parts of the county.

4. Embedding Duty to Refer processes at a county level.

Opportunities exist through the statutory Duty to Refer, which may generate greater knowledge of housing obligations and limitations among other agencies. It is envisaged that this will enhance the focus on earlier interventions, for example more robust pathway planning earlier in the pre-leaving care stage.

5. Reviewing the long standing Young Persons Protocol in Warwickshire.

The last refresh of the protocol preceded the HRA17 so it requires a further review, in part to take account of the new legislation, but also in light of recommendations by Doorway who conducted an operational review of how the protocol is actually working on the ground. In October 2020 the government published good practice advice on joint housing protocols for care leavers that will also be used to inform the review. A revised protocol will give a renewed commitment to stop the passing of 16/17 year olds between housing and social care services.

6. Moving forward with the WCC review of support arrangements for young people.

This review was explained in section 5.2 above. The recommended approach arising from the review is to develop a hybrid model, introducing housing expertise into the Initial Response Service and working across family information services, early help, front line social care teams and leaving care. This would build upon and strengthen existing service delivery models, whilst responding to all the recommendations made in the 2019 report from HAST.

Chapter 6

Homelessness and domestic abuse

Our objective is to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.

6.1 What do we know?

The Government definition of domestic violence and abuse is "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional." Further information about this definition can be found on the government's website.[21]

National research shows that domestic abuse accounts for 16% of all violent crime and one in four women will experience domestic abuse in their lifetime. Domestic abuse also has more repeat victims than any other crime and, on average two women in England and Wales are killed every week by a current or former male partner. However, the prevalence of domestic abuse has reduced from 7% in 2011/12 to 6% in 2017/18 indicating a gradual, longer term downward trend.[22]

Around one in every 20 women has experienced extensive physical and sexual violence and abuse. Of these women: more than half have a common mental health condition; over a third have made a suicide attempt; a fifth have self-harmed; one in five has experienced homelessness; half have a disability that means they need help with everyday activities; and one in three has an alcohol problem.[23]

Women in poverty are particularly likely to experience the most extensive violence and abuse in their lives: 14% of women in poverty have faced extensive violence and abuse, compared to 6% of women not in poverty.[24]

There is a significant toll on the health of those experiencing domestic abuse: 36% of women in the "Extensive physical and sexual violence" group of the Adult Psychiatric Morbidity Survey had attempted suicide. In the same group, women were more than twice as likely to have an alcohol problem and eight times more likely to be drug dependent than women with little experience of violence and abuse.[2]

Financial abuse often sits beside physical and emotional abuse and is demonstrated to lead to increased debt problems, a lessening of financial capability, and rent and utilities arrears which may become a barrier to future rehousing. Thus, financial abuse can contribute to a cycle of poverty and dependence that can result in repeat and chronic homelessness.[25]

International research found that children who live with, and are aware of, violence in the home face many challenges and risks that can last throughout their lives, including:

- An increased risk of children becoming victims of abuse themselves.
- Significant risk of ever-increasing harm to the child's physical, emotional and social development.
- A strong likelihood that this will become a continuing cycle of violence for the next generation.[26]

Many children do cope with and survive abuse, displaying extraordinary resilience. However, the physical, psychological and emotional effects of domestic violence on children can also be severe and long-lasting. Some children may become withdrawn and find it difficult to communicate; others may blame themselves for the abuse. All children living with abuse are under stress that may lead to a wide range of problems.[27]

Under-reporting is a major challenge in the identification and prevention of domestic abuse. Research identified six main reasons as to why people chose not to contact the police (the first three being the most significant):

- Concerns related to the perpetrator.
- Concerns related to the Police and Criminal Justice System.
- Concerns about children and the involvement of social services.
- Practical barriers such as housing and/or financial concerns.
- The abuse being normalised.
- Cultural or community barriers.

The fear of not being believed or taken seriously was also a major contributing factor.[28]

Across Warwickshire the most recent police data reveals that there were 1,895 domestic abuse offences and crime incidents recorded in March 2019 and that the percentage of "violence with an injury" incidents that have a domestic abuse marker has risen from 27.9% in April 2014 to 35.5% in March 2019.[22]

National statistics demonstrate a near doubling in the number of domestic abuse related crimes for Warwickshire recorded by the police in the past four years from 3,498 in 2015/16 to 6,825 in 2018/19. As a percentage of all crimes the figure for Warwickshire, at 16%, is now higher than both regional and national prevalence rates (which are 15% and 14% respectively).[29]

There are clear links between domestic abuse and homelessness, with domestic abuse being both a cause and consequence of homelessness. A charity found that a third of their female clients said that domestic violence had contributed to their homelessness, as did 8% of male clients.[30]

Domestic abuse, as a cause of homelessness, is different from the other primary causes of homelessness. The levels of harm the survivor and their children are exposed to are potentially and directly life threatening. It is often the case that the survivor will have a range of additional needs including substance misuse or mental health related challenges, resultant in part from many years of abuse. Further compounding the difficulties experienced is the often unplanned nature of the event triggering crisis homelessness, necessitating emergency responses that are not always well matched to the household's needs and preferences.

Secure, affordable, decent housing, both temporary and permanent, is a key determinant of the ability of a survivor and their family to escape abuse and avoid future risk. The supply of such accommodation is limited, which can lead to delays in moving, both into and on from, temporary or refuge accommodation. Delays can also be caused by local authority housing allocation scheme constraints which can hold up, or even prevent, allocation of social housing to those without local connections, with a history of anti-social behaviour, with rent arrears or with any housing related debt that may have been incurred as a result of abusive behaviour. The end result can be survivors either staying in the abusive home or staying at unsuitable, unsafe accommodation. The pressures of such unsuitable accommodation can also push the survivors into returning to the abuser, which is rarely a safe option.

H-CLIC data shows that between April 2018 and March 2019 around one in ten of all presentations to local authorities in Warwickshire for assistance with emergency accommodation under homelessness legislation were a result of domestic abuse, some 219 households. This is roughly 90 per 100,000 households in Warwickshire, higher than for the West Midlands region (80 per 100,000) but lower than for England (96 per 100,000).

Countywide there are four refuges for survivors of domestic abuse provided by Refuge Domestic Violence Service Warwickshire (RDVSW). In the 2018/19 financial year it received 342 referrals.

The need for services for women and girls is well established, however it is important to note that within Warwickshire there is no specific male-only accommodation for domestic abuse survivors. Whilst women are around twice as likely to have experienced domestic abuse as men (7.9% compared with 4.2%), the figure for men still represents a large number of crimes.[31] Furthermore, it is understood there is no provision regionally and there are only 20 beds of this nature in the whole of England.

6.2 What are we currently doing to tackle homelessness and domestic abuse?

The prevention of homelessness resulting from domestic abuse may be achieved in two ways: by (preferably) preventing the domestic abuse from occurring at all, or by preventing the crisis homelessness that arises as a consequence.

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to domestic abuse (and are explained in more detail in section 1.3 above):

- p.h.i.l. and other preventative services which actively seek early contact with people who may become homeless.
- Housing-related support services which include: training and awareness raising of front line professional/voluntary sector staff to recognise those at risk of or experiencing domestic abuse; and signposting and support to access specialist services.
- Refuge provision for survivors.
- Developing a Domestic Abuse Strategy.
- Improving access to affordable housing.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and domestic abuse, some of which are listed below.

An Independent Strategic Review of Domestic Abuse Services and Support Across Warwickshire[22] was recently completed by WCC. This detailed examination of the existing provision and approach provides examples of some of the good work underway aimed at preventing domestic abuse.

Five Domestic Homicide Reviews have taken place from which agencies have been implementing the learning. Amongst other things this included the roll-out of additional training for the housing sector and support for a successful multi-agency bid for increased Independent Domestic Violence Adviser (IDVA) capacity around housing, health and rural outreach, with the Housing IDVA hosted by RDVSW and co-located with p.h.i.l.

As regards preventing crisis homelessness, there is a variety of services specifically targeted towards the reduction of harm to survivors of domestic abuse that can also be seen, to some extent, as tools in homelessness prevention. These include: the Sanctuary Scheme; the IDVA work; the support of Civil Protection Orders; the Refuge Rural Outreach Workers; the police focus on enforcement and prevention; and close working with the Crown Prosecution Service to improve the judiciary system.

WCC commissions four refuges across Warwickshire that are part of a wider national network of supported schemes. This ensures that those who have lived through domestic abuse are enabled to rebuild their lives in a setting where they are protected and have specialist support on hand. Whilst these schemes operate within Warwickshire it is critical that they are considered as an element of a national resource/network of facilities because those experiencing domestic abuse will often need to distance themselves from the abuse to ensure their family's safety.

Within one borough the existing refuge building is limited in terms of its facilities and layout and this has prevented the current service from providing a more client focussed premises

equivalent to other purpose-built refuges in the county. To date, partners have been unable to identify new affordable premises that would be suitable for a domestic abuse refuge so work is continuing with local planning departments and local Registered Providers to investigate other potential alternatives.

6.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those who are suffering domestic abuse and are at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. Taking forward the Independent Strategic Review of Domestic Abuse Services and Support Across Warwickshire.

This detailed review[22] provides examples of some of the excellent work undertaken that is aimed at preventing domestic abuse. The Violence Against Women and Girls Board will consider it as part of their future strategic planning and commissioning and will:

- Explore whether domestic abuse can be considered by social landlords as a breach of tenancy conditions so that perpetrators can be held accountable and potentially evicted as part of a multi-agency response.
- Consider whether a mechanism can be introduced to facilitate the early identification of properties where property damage and repairs indicate that abuse is present.
- Work with agencies such as the police to ensure the safety of survivors so that staying at home is a safe and realistic option for more survivors.

2. Catering for multiple disadvantage.

Commissioners of new domestic abuse services can ensure that services are able to cater for multiple disadvantage and address issues around poor mental health and substance misuse alongside the core service provision.

Within Warwickshire, a Dual Diagnosis policy operates between the providers of substance misuse and adult mental health services to ensure that appropriate, collaborative interventions are provided to those who have a dual diagnosis. There is an opportunity to expand this to incorporate those who are also experiencing or perpetrating domestic abuse.

3. Treating all survivors of domestic abuse as having a priority need for accommodation.

The HRA17 requires that local housing authorities provide meaningful support to everyone who approaches them as homeless or at risk of homelessness within 56 days. However, the government's Domestic Abuse Bill proposes to change this so that people fleeing domestic abuse will be automatically considered in priority need and therefore benefit from the statutory homelessness process and receive an offer of settled housing. If the bill fails to go forward and become law a countywide agreement to treat all survivors of domestic abuse as having a priority need for accommodation under the legislation (and therefore avoid risk of return to the abuser) should be evaluated and implemented if appropriate.

4. Creating women-only spaces in temporary accommodation.

It is reported that mixed shared accommodation can be detrimental to recovery for some at risk of domestic abuse. Therefore D&Bs and other commissioners of supported and similar accommodation should improve the existing provision of temporary and supported accommodation by providing some women-only spaces in temporary accommodation where these do not currently exist.

5. Increasing outreach work.

Reducing crisis homelessness resulting from domestic abuse is contingent on

the early identification and reduction of domestic abuse. A key measure in the early identification of domestic abuse is the existence of a network able to identify domestic abuse and intervene to reduce the impact. Outreach work across the landscape is an important element of this work but Warwickshire has recently lost two outreach workers funded by MHCLG, leaving noticeable gaps in this service, including in the rural south of Warwickshire. This should therefore be considered as a priority alongside more significant interventions taking place for higher risk households.

6. Promoting and encouraging early contact with D&Bs and domestic abuse support services.

Early intervention is crucial to preventing crisis homelessness. The Duty to Refer is a simple mechanism for public sector organisations to refer those at risk of homelessness to local authorities so promotion of this should be undertaken within the wider public sector: health, social care, police and probation services.

In addition to the Duty to Refer, and for cases where homelessness may be more than 56 days away, p.h.i.l. and other preventative services can be contacted for support, advice and signposting. Promotion of the Duty to Refer should be accompanied by details of those services.

There are also other specialist domestic abuse support services available across Warwickshire. To increase the quantity of early referrals to p.h.i.l. and the domestic abuse support services, a series of promotional events for public sector professionals should be delivered highlighting: the benefits of early intervention; the Duty to Refer; p.h.i.l.; other prevention services; and specialist domestic abuse support services.

7. Specialist training to ensure early identification.

Specialist training has been demonstrated to be effective in equipping other front line workers (e.g. housing, benefits, rents, property maintenance and repairs) with the skills to identify and report the signs of abuse with a particular focus on: the identification and impact of coercive control; identifying young people (aged 16 to 24) at risk through domestic abuse; and having a psychologically informed approach. The training would ensure routine professional curiosity when supporting residents, tenants and homeless applicants so as to identify early domestic abuse support needs and implement safety planning.

The recent independent strategic review[22] found that health services provide a significant opportunity, including extra capacity within the Hospital IDVA role, for routinely screening for domestic abuse at mental health services access-points. Therefore, to achieve increased prevention of crisis homelessness we should seek to maintain the Hospital IDVA presence and expand this where evidence suggests that the greatest levels of early identification can be achieved.

In addition screening for domestic abuse should be mandatory where vulnerable households are accessing support services commissioned by the public sector. This would include all support and outreach services funded through schemes such as the Rough Sleeper Initiative, Cold Weather Fund and Housing-Related Support, or services with charitable and other public funding. Contracts should be amended and developed to require providers, where appropriate, to screen clients for vulnerability to, or current experience of, domestic abuse. Training plans, policies and procedures should also be required to provide staff with appropriate skills to safeguard those at risk of, or experiencing, domestic abuse.

8. Addressing "Move On" challenges.

Housing allocation schemes in all five D&Bs should be reviewed to ensure that arrears, debts, anti-social behaviour and other factors that may limit rehousing options always require an evaluation of whether these may have arisen from, or be a consequence of, domestic abuse. Where this is the case these factors should not be regarded as behaviour of choice but as a consequence of the domestic abuse.

Chapter 7

Homelessness and offending

Our objective is to deliver better focussed housing and other support services for those at risk of homelessness when leaving prison.

7.1 What do we know?

Several research studies have found that having a stable home following release from prison reduces the risk of re-offending.[32] However a high proportion of prisoners require help with housing upon their release. According to the government's Rough Sleeping Strategy[33] "In 2016-17 30% of adult prisoners under supervision from Community Rehabilitation Companies (CRC) (excluding London) were discharged to unsettled or unknown accommodation on their first night of release."

Local data on offenders is collected and managed through the Integrated Offender Management system (IOM), which covers those deemed to pose the greatest threat, risk and harm to communities. This shows that, as at October 2020, there were 180 IOM offenders across Warwickshire, of which 91 were in custody and 89 were in the community. Of those in the community, 10 were street homeless, nine were either in bed and breakfast accommodation or living with friends/sofa surfing and 18 were living in approved premises. That equates to 42% of IOM offenders in the community who were not in permanent and settled accommodation.

The National Probation Service (NPS) had 379 cases "in the community" as at October 2020, of which fewer than five were recorded as No Fixed Abode (NFA). However, there were 59 cases (15.5%) that were not in permanent, settled and suitable accommodation and had accommodation needs.

For children that are leaving custody the best way to help them to make a positive shift is to change their view of themselves and their identity. Research on adverse childhood experiences recognises stable accommodation as a key factor in helping offenders to abstain from committing further crimes and children that have no stable accommodation identified as part of their resettlement planning are at higher risk of re-offending upon release.[34] Government guidelines set out clear responsibilities for statutory strategic partners around the resettlement of children in the youth justice system.[35]

While housing is extremely important, support services can also be crucial for ex-offenders with specific needs. Suitable accommodation and support can provide the foundations for an offender to leave behind a chaotic lifestyle, offering a platform for change, opening up opportunities to employment and training, whilst also enabling access to health and social care. Unfortunately however, both suitable housing and support services are in high demand and access is constrained by supply and eligibility rules that it may be difficult for offenders to satisfy. This provides the strategic context for preventing and tackling homelessness among offenders.

The vast majority of offenders at risk of immediate homelessness are single people (because those with families can move back in with their family) therefore one bedroom accommodation is the main housing need of this group. As has already been explained in chapter five above, this is the type of accommodation for which there is the greatest need. As regards supply of mainstream housing therefore many of

the comments set out in chapter five about the shortage of one bedroom accommodation apply equally to offenders. However there are several additional factors that can affect an offender's ability to access such housing as is available, including the appropriate support.

For an offender that will be homeless upon release, planning is required well in advance of the discharge date. However, there may be communication issues between prison/probation authorities and D&Bs and lack of understanding and clarity as to the relative responsibilities of, and restrictions upon, each organisation that hamper such planning. For example, being an offender, of itself, may not be a sufficient vulnerability for them to be considered a priority under homelessness legislation even if a referral is made under the Duty to Refer.

The licence conditions that an offender may have to comply with following release can constrain the ability to meet housing needs. If for example an offender is required to remain in, or indeed be prohibited from entering, a prescribed area then this will further reduce the amount of accommodation that D&Bs can look to provide.

Standard landlord requirements may be difficult for offenders to meet, such as the need for references, deposits, rent-in-advance and a full housing history. In addition, some landlords may be cautious about accepting someone with a criminal record as a tenant.

Offenders are less likely than the general population to have employment upon leaving prison.[36] As a result they are more likely to encounter problems of affordability with housing, needing to resort to welfare benefits to help pay their rent. Recent research found that 87% of private sector tenants were only entitled to a level of Local Housing Allowance that was lower than their actual rent.[37]

Some offenders will have other specific needs that a landlord may not be able or willing to provide support for, such as a need for drug and alcohol support services. Research by the Revolving Doors Agency stated that:

"Evidence illustrates that as a group, those who have or are at risk of offending frequently suffer from multiple and complex health issues, including mental and physical health problems, learning difficulties, substance misuse and increased risk of premature mortality. These underlying health issues are often exacerbated by difficulties in accessing the full range of health and social care services available in the local community."[38]

As indicated earlier these needs can be met either by purpose-built supported housing schemes or by support services provided to occupiers of mainstream housing.

Obviously the latter option is inhibited by the supply issues with mainstream housing but also by the availability of support services. Purpose-built schemes are also very limited in number.

There are other challenges in ensuring the right support: offenders often lead a chaotic lifestyle, which adds a layer of complexity, which is important to consider in terms of their ability to successfully negotiate hurdles. The services that the offender wants may be different from the services that are, or can be made, available. Data protection regulations may make information exchange more complicated and, as with many public sector bodies, organisational capacity may be under pressure. As every case is different it is important to understand the specific needs in relation to each individual, to determine and manage the risks and to seek to address all of this holistically when housing individual offenders.

Taken together the issues surrounding the housing of offenders create a range of direct and indirect impacts upon the wellbeing of the individuals concerned, including impacts upon: physical health; mental health; the ability to rehabilitate from a life of crime; the ability to gain employment; the ability to gain support from recognised professionals; and the ability to form meaningful and valuable personal relationships.

7.2 What are we currently doing to tackle homelessness and offending?

There are a number of initiatives that are being undertaken towards preventing and tackling

homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to offending (and are explained in more detail in section 1.3 above):

- Implementing the Duty to Refer following the HRA17. This applies to prisons, youth offender institutions, youth offending teams and probation services (including CRCs).
- p.h.i.l. and other preventative services.
- Rent and deposit guarantees.
- Rough sleeping initiatives.
- Housing-related support.
- Improving access to affordable housing.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and offending, some of which are listed below.

There is a clear strategic local understanding of the problem in terms of demand and risk. This is discussed at Reducing Reoffending Board meetings and the importance of this area has resulted in the formation of a Housing Task and Finish Group.

Police and Probation staff involved with IOM and multi-agency public protection arrangements (MAPPA) regularly report on activity and performance in managing IOM offenders. This includes the risk that offenders are likely to cause criminal behaviour. As such, data is available to understand housing needs and the challenges that exist regarding the IOM/MAPPA cohort and offenders in general. This position is regularly reviewed at local and force level meetings and the challenges that exist have been escalated to the Office of the Police and Crime Commissioner and the Safer Warwickshire Partnership Board, but progress is slow. The challenges are replicated across the whole country: this is a national rather than a local problem.

The restorative approach to children leaving custody as set out in 7.1 above, facilitating an identity shift whereby children are motivated and ready to change for themselves, is widely endorsed in Warwickshire as an effective approach to working with children and families. It is therefore crucial that resettlement services involve children as the primary agents in their own resettlement, rather than defining problems or solutions on their behalf.

The Bail Remand, Intensive Care & Support service is run by Barnardo's. It is a fostering service working in partnership with Warwickshire Youth Justice Service (WYJS) to provide children supervised by WYJS with an alternative to custody placements for remand, sentence, and rehabilitation into the community from custody.

WYJS works closely with colleagues in WCC Children Services so that stable accommodation can be identified at the beginning of a child's custodial sentence. Where there are placement difficulties there is a clear escalation process in place to address this.

7.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for offenders at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. Achieving greater housing opportunities for offenders.

The underlying problem is understood as a lack of housing options for offenders and the requirements for this can be quantified. The solution is to better understand the need and to identify and facilitate access to adequate housing stock across all tenures that is suitable for offenders who are homeless. Affordable housing will not be available in every case so while D&Bs should gather and assess the available data to determine the overall shortfall in housing provision in their areas and seek to deliver more affordable accommodation, the criminal justice agencies should consider adopting policies that help offenders to meet their housing needs in the private rented sector especially when the offender is not owed a duty by the D&Bs.

2. Planning support services for offenders that need them.

There are increasing numbers of people being released from prison with housing and support needs. Support services from a range of commissioners and providers can help to support offenders on release and address some of the chaotic behaviours that can be a barrier to obtaining more settled housing. Such services are also valuable in helping offenders to stay long term in accommodation once they have found somewhere to live.

A review of the nature and extent of support services required to meet future need would help to inform planning by organisations involved in the provision of such services.

3. Enhancing strategic leadership

There are specific strategic challenges explained in this chapter. Partners should seek to agree strategic leadership around housing and offending across Warwickshire to ensure that challenges and issues can be escalated and resolved.

One option is for the Community Safety Partnership Boards and the Office of the Police and Crime Commissioner to lead in co-ordinating interaction to raise the national profile of the issues involved and to seek to secure additional resources for Warwickshire for the housing and support services identified as being required under recommendations one and two above.

4. Preparing offenders for release.

Support organisations should work together to seek to understand what opportunities exist, prior to release, to prepare people leaving prison with new and different life skills, including education, that will help them to re-acclimatise and integrate into society and to find employment.

5. Working better together.

Police and probation staff can provide details of IOM offenders who are homeless and require suitable housing. Well-established police and partnership processes and procedures are in place to refer offenders. However, system-wide actions should be reviewed and considered post-referral by relevant local authorities and agencies.

There is a clear need for better understanding among the agencies involved with offenders as they leave prison, of the relevant responsibilities but also the constraints upon each other. The Duty to Refer is now a legal duty but could be improved in terms of information exchange, timing, and better understanding of roles and responsibilities. Consideration should therefore be given to:

- A training programme for staff in all of the relevant agencies to cover the Duty to Refer and also the wider roles and responsibilities of all of the various agencies.
- Relaunching the Housing Task and Finish Group, led by the NPS.

6. Considering reciprocal rehousing arrangements between D&Bs.

There are occasions when it can be inappropriate for offenders to live in the area with which they have a local connection so that there is a need for rehousing in the area of a different local housing authority. However local allocation policies often require a local connection for an applicant to be admitted to the local housing register, or higher priority may be given to those with a local connection. D&Bs should explore whether there is the potential for some form of reciprocal arrangement for assistance with regard to the rehousing of offenders across the county.

Appendices

Appendix one – Key messages from public engagement

The Draft Countywide Homeless Strategy survey received 45 responses. Of these, 28 were from members of the general public and the remainder from other groups (business, statutory partner, local Councillor/elected member, voluntary community sector).

In total, 91.1% (n=41) of all respondents stated that they agreed (either agree or strongly agree) with the vision set out for this strategy. Just 6.8% (n=3) disagreed (either disagree or strongly disagree) with the vision.

Respondents generally agreed with each of the strategic priorities.

- Priority 3 (domestic abuse) had the greatest agreement – 93.3% (n=42) of all respondents stated they agreed or strongly agreed with this priority.
- A small percentage, 8.9% (n=4), of all respondents disagreed (disagree or strongly disagree) with Priority 1 (health).

Respondents were asked whether there were any other priorities, issues, drivers, policies or strategies that they felt should be considered and addressed. In total, almost half of all respondents (48.9%, n=22) stated that there were other priorities to consider. A wide variety of themes and issues were mentioned, with concerns regarding health (including mental health) and the need to consider specific groups (e.g. asylum seekers, those with a disability or long-term health condition, single parents with children) featuring in multiple comments.

Overall, respondents either agreed or agreed to some extent that the recommendations proposed for each strategic priority are the correct ones to focus on for 2021/22:

- **Priority 1** – Health: 62% agreed, 31% agreed to some extent
- **Priority 2** – Young People: 60% agreed, 24% agreed to some extent
- **Priority 3** – Domestic Abuse: 73% agreed, 15.6% agreed to some extent
- **Priority 4** – Offending: 57.8% agreed, 24.4% agreed to some extent
- **Priority 5** - Financial inclusion: 64.4% agreed, 22.2% agreed to some extent

For each priority a small number of respondents (n=1-3) said the recommendations were not the correct recommendations to focus on. Proposed recommendations under the financial inclusion priority had the most negative responses with 6.7% (n=3) of all respondents stating that the recommendations were not the right recommendations to focus on.

Appendix two - Summary of the Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 (HRA17) reforms homelessness legislation so that support is offered to all eligible people who are threatened with homelessness or who are homeless, providing support to a broader range of people than ever before. It does this through five key measures.

1 **New prevention duty**
HRA17 shifts the focus of services from crisis intervention to prevention, meaning that services will intervene earlier and help more people to avert crisis.

Local housing authorities must take reasonable steps to prevent homelessness for any eligible applicant at risk of homelessness within 56 days, regardless of priority need. This can involve assisting them to stay in their current accommodation, or helping them to find a new place to live.

2 New relief duty

Local authorities must take reasonable steps to help an applicant to secure suitable accommodation. Help could be, for example, providing a bond guarantee, funding a rent deposit or working with a private landlord to make properties available.

3 Personal Housing Plans

Local authorities must carry out a holistic assessment of the applicant's housing needs, support needs and the circumstances that led to them becoming homeless. This assessment will result in developing a Personal Housing Plan with the applicant that sets out the reasonable steps that the housing authority, the applicant and, if applicable, other professionals will take in order to prevent or relieve their homelessness.

4 Information

HRA17 strengthens the duty on local housing authorities to provide free advice and information designed to meet the needs of certain vulnerable groups, including those who are not eligible for further assistance. This means that people at risk of homelessness will receive more meaningful information earlier, to help prevent their homelessness.

The Act requires local authorities to give free information and advice on:

- Preventing homelessness and securing accommodation when homeless.
- The rights of people who are homeless or threatened with homelessness.
- How to get help.
- Information on tenants' rights; rights to benefits; advice on debt; rent and mortgage arrears; help for people at risk of violence and abuse; and advice on how to obtain accommodation in the social sector and private rented sector.

5 Duty to Refer

By placing duties on public bodies other than housing authorities HRA17 aims to reduce homelessness by joining up services to provide better support for people, especially those leaving prison/hospital and other groups at increased risk of homelessness, such as people fleeing domestic abuse and care leavers.

Certain named public authorities must refer users of their service, who they have reason to believe are homeless or threatened with homelessness, to a local housing authority of the service user's choice.

Appendix three – Data about homelessness in Warwickshire

All data in this appendix is taken from MHCLG, which compiles information from H-CLIC returns from all local housing authorities. The full dataset, including a wide range of other information, can be found on the gov.uk website.[39]

In 2018/19, the first year of implementation of the HRA17, D&Bs received 2,476 approaches across Warwickshire. This increased to 2,853 in 2019/20, an increase of almost 15% compared to an increase of only 5% for England over the same period.

In 2019/20 the duty owed to applicants was split fairly evenly between prevention (46%) and relief (48%) with around 5% owed no duty.

Tables one to eight show the following key information for 2019/20:

- Homelessness assessments in Warwickshire by local authority and duty owed.
- The reason for the loss, or threat of loss, of the last settled home of households owed the prevention duty.
- The reason for the loss, or threat of loss, of the last settled home of households owed the relief duty.
- The support needs of households owed a homelessness duty.

- Referrals made under the Duty to Refer by the various referring bodies.
- The number of households in temporary accommodation as at 31st March 2020 by the type of accommodation occupied.
- The number of households in temporary accommodation as at 31st March 2020 by household composition.
- Official numbers of people sleeping rough by local authority for 2016 to 2019.

TABLE 1
Homelessness assessments in Warwickshire in 2019-20 by local authority and duty owed.

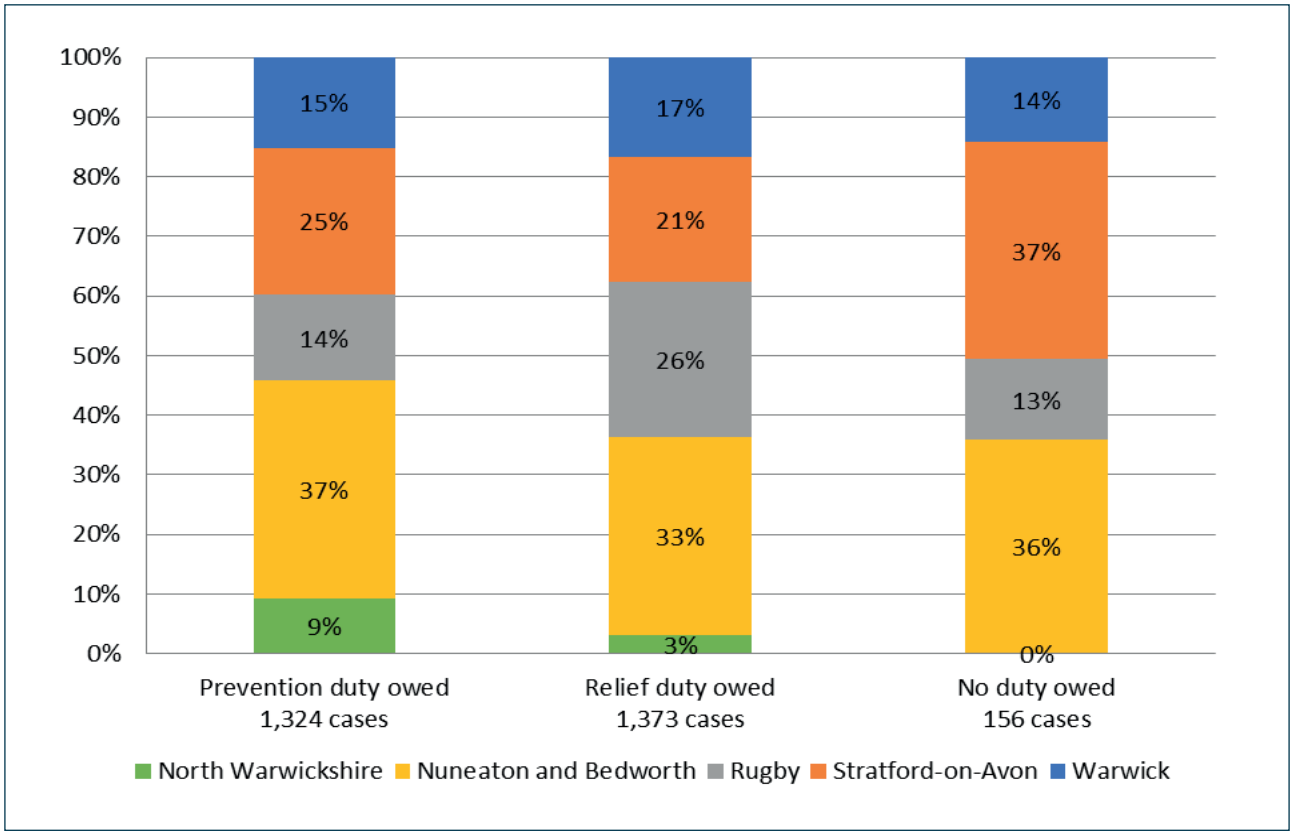


TABLE 2
Households owed a prevention duty by reason for loss, or threat of loss, of last settled home 2019-20

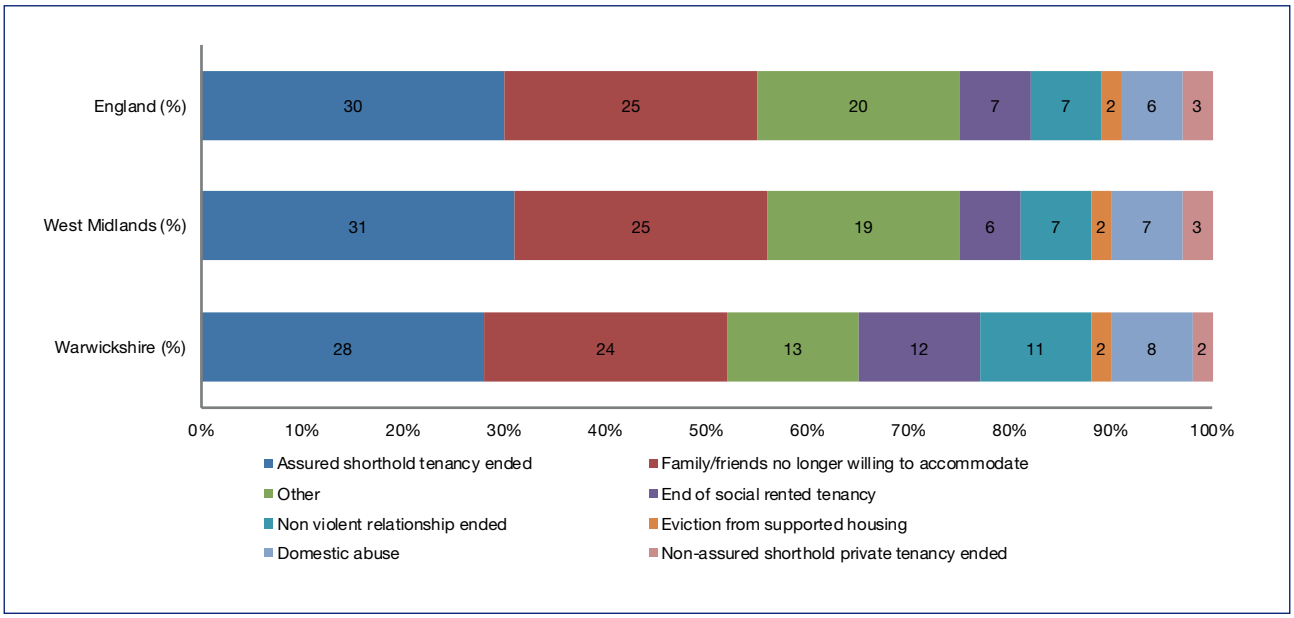


TABLE 3
Households owed a relief duty by reason for loss, or threat of loss, of last settled home 2019-20

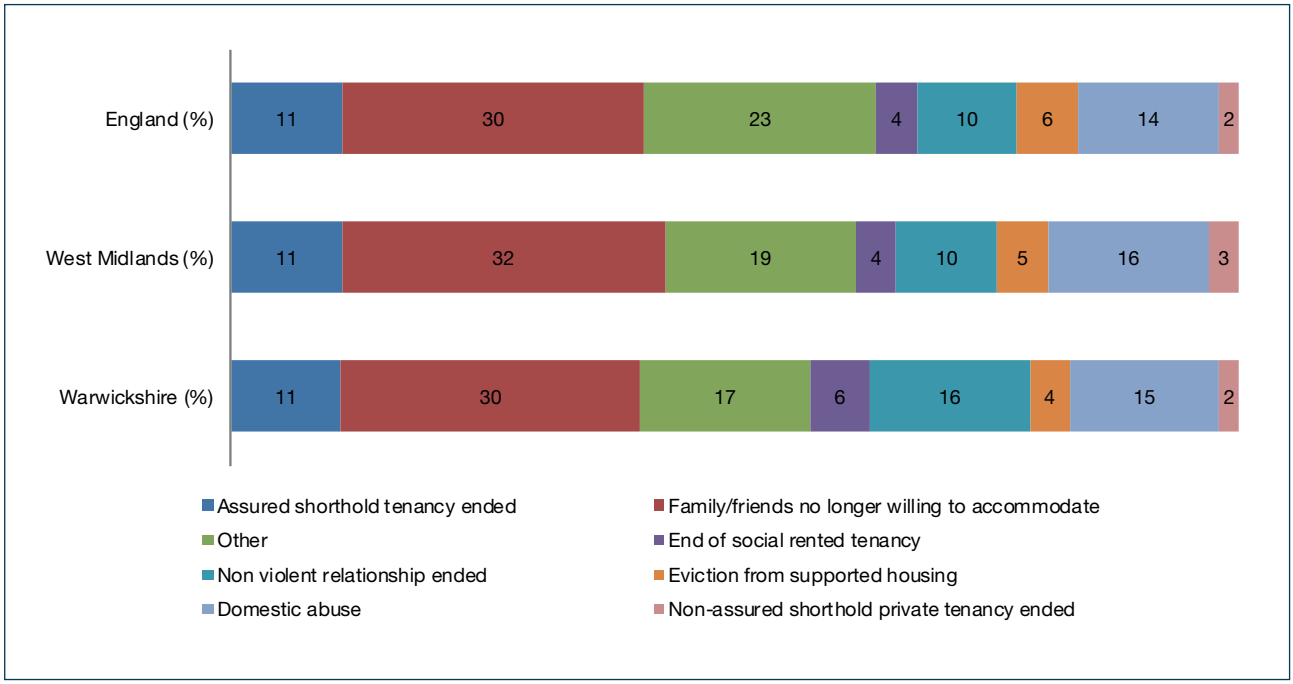


TABLE 4
Support needs of households owed a homelessness duty 2019-20
(Where one household has multiple needs all needs are counted.)

SUPPORT NEEDS OF HOUSEHOLD	WARWICKSHIRE		WEST MIDLANDS
	COUNT	PERCENT	PERCENT
History of mental health problems	714	27	23
Physical ill health and disability	423	16	14
At risk of / has experienced domestic abuse	277	10	12
Drug dependency needs	127	5	5
Young person aged 18-25 requiring support to manage independently	141	5	8
Offending history	139	5	5
History of repeat homelessness	125	5	4
Learning disability	98	4	4
Alcohol dependency needs	110	4	4
History of rough sleeping	89	3	3
At risk of / has experienced sexual abuse / exploitation	40	2	1
At risk of / has experienced abuse (non-domestic abuse)	64	2	2
Care leaver aged 18-20 years	41	2	2
Old age	41	2	1
Access to education, employment or training	62	2	6
Young person aged 16-17 years	49	2	2
Young parent requiring support to manage independently	38	1	2
Care leaver aged 21+ years	26	1	1
Served in HM Forces	31	1	0.6
Former asylum seeker	5	0.2	1
TOTAL*	**2,640**	**99.2**	**100.6**

*** Percentages do not add up to 100 due to rounding.**

TABLE 5
Referrals made under the Duty to Refer by referring body 2018-19 & 2019-20

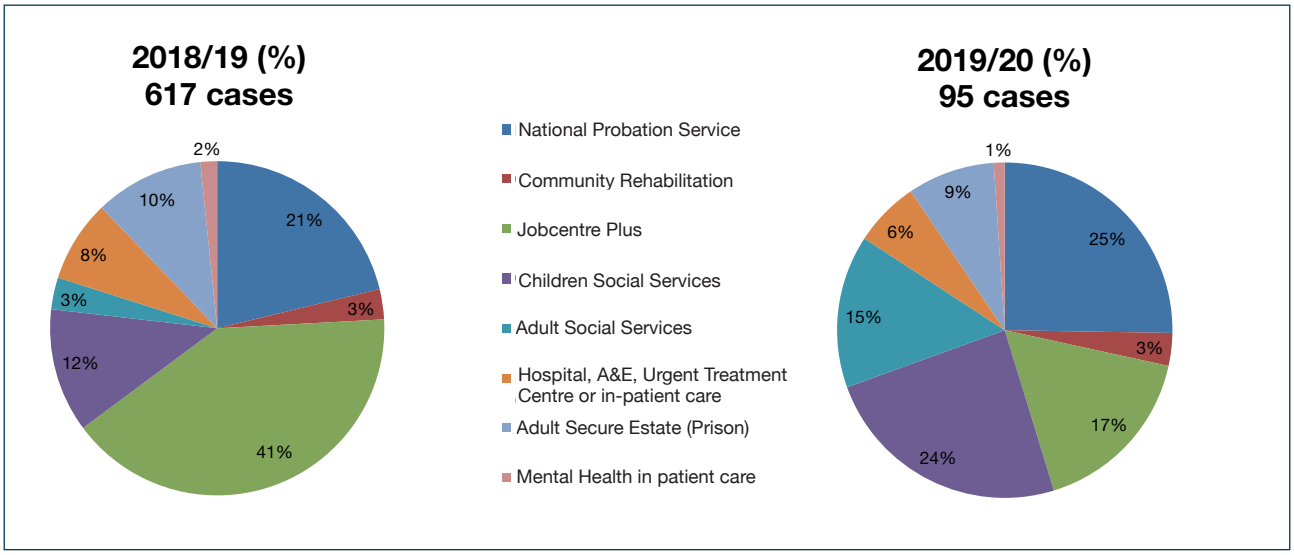


TABLE 6
Number of households in temporary accommodation as at 31st March 2020 by type of accommodation

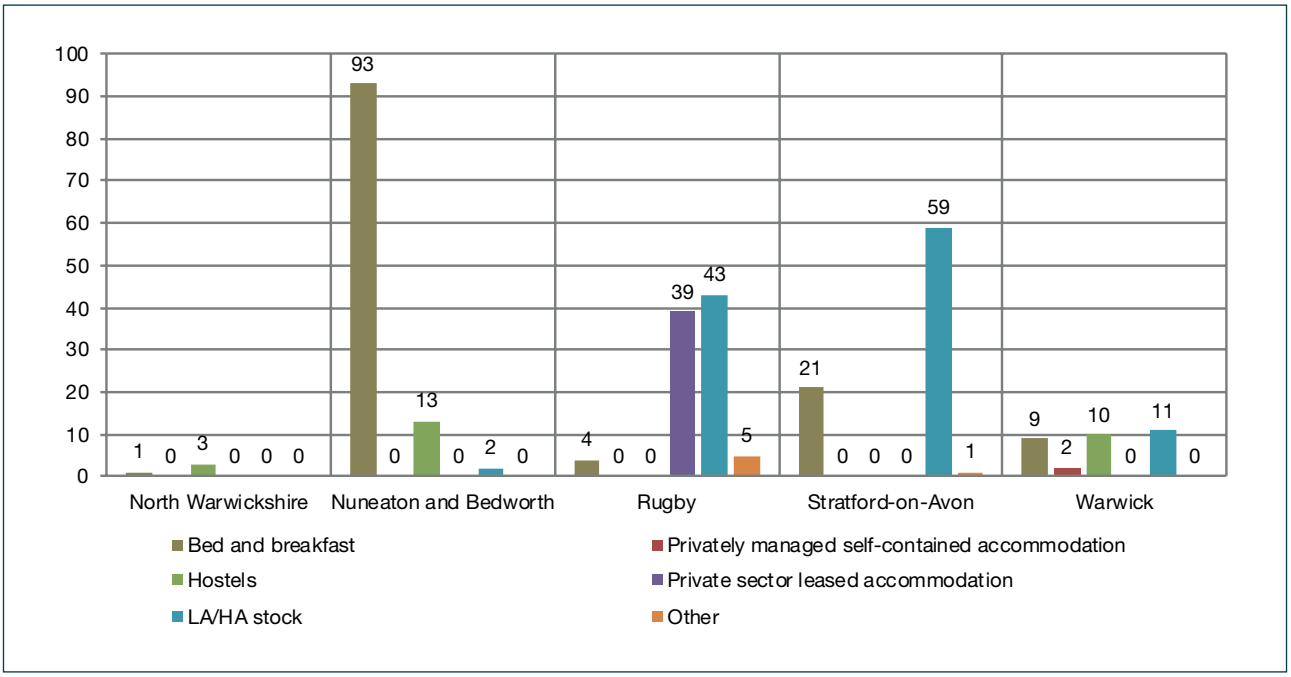


TABLE 7
Number of households in temporary accommodation as at 31st March 2020 by household composition

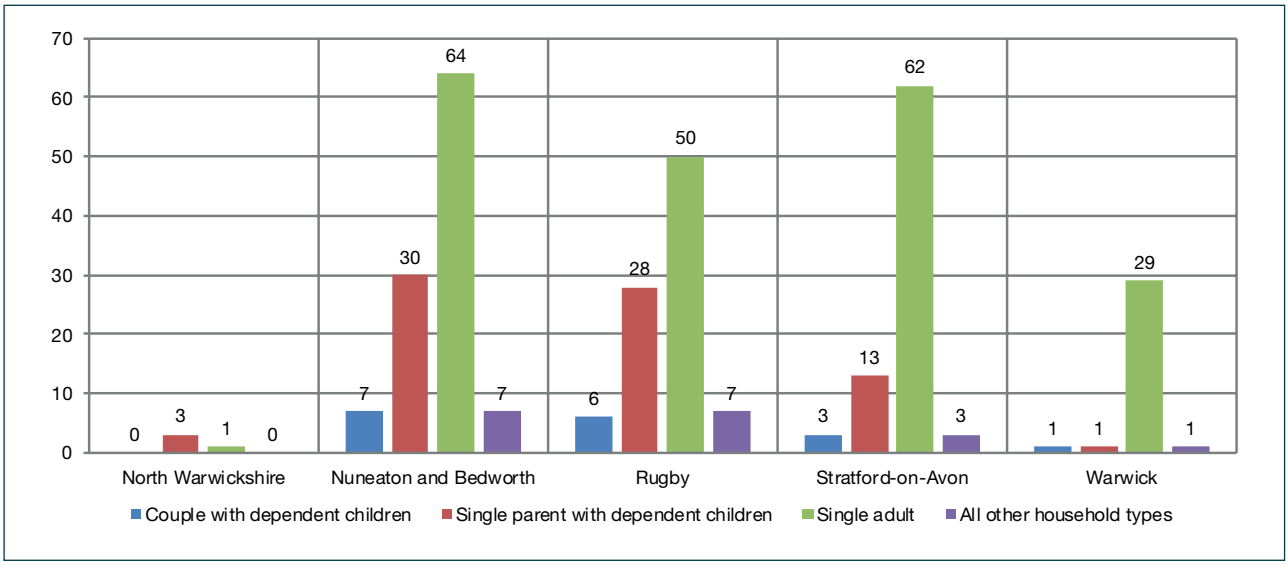
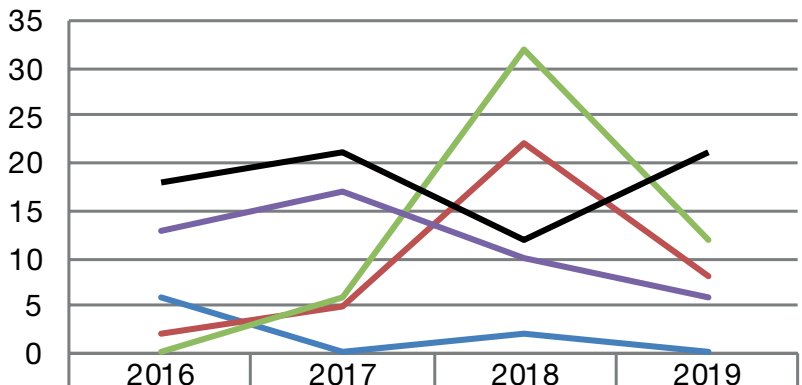


TABLE 8
Rough sleeping counts 2016-2019 by local authority



	2016	2017	2018	2019
North Warwickshire	6	0	2	0
Nuneaton & Bedworth	2	5	22	8
Rugby	0	6	32	12
Stratford-on-Avon	13	17	10	6
Warwick	18	21	12	21

EQUALITIES INFORMATION

For applicants seeking assistance under homelessness legislation the following tables show information on various characteristics that are protected under the Equalities Act 2010. This information is drawn from the MHCLG database referred to earlier. It should be noted that the information is only collected for those owed a prevention or relief duty under the legislation so the tables do not include those where it was found that no duty was owed.

As regards information about households that include someone with a support need due to a disability, the data is included in table four above. If any other protected characteristic is not covered below it is because the information is not collected through the H-CLIC data returns.

TABLE 9
Ethnicity distribution of main applicant 2019/20

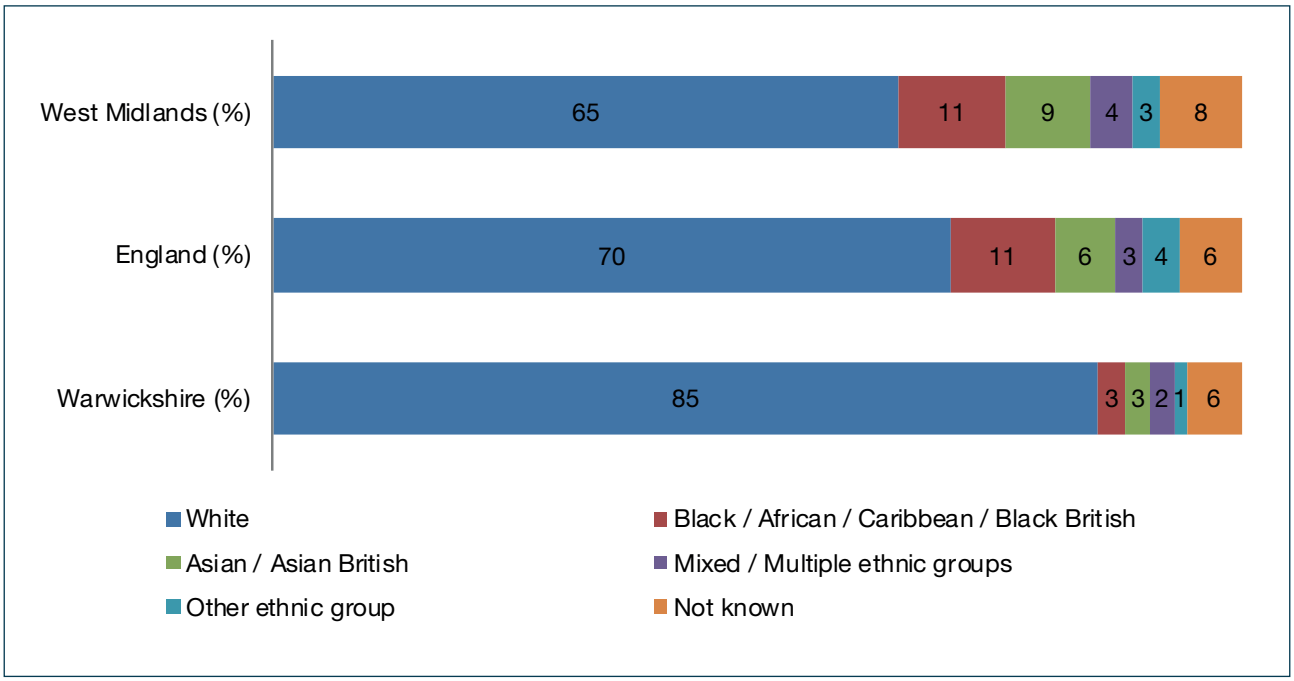


TABLE 10
Age distribution of main applicant 2019/20

TABLE 11
Gender of single parent applicant with dependent children 2019/20

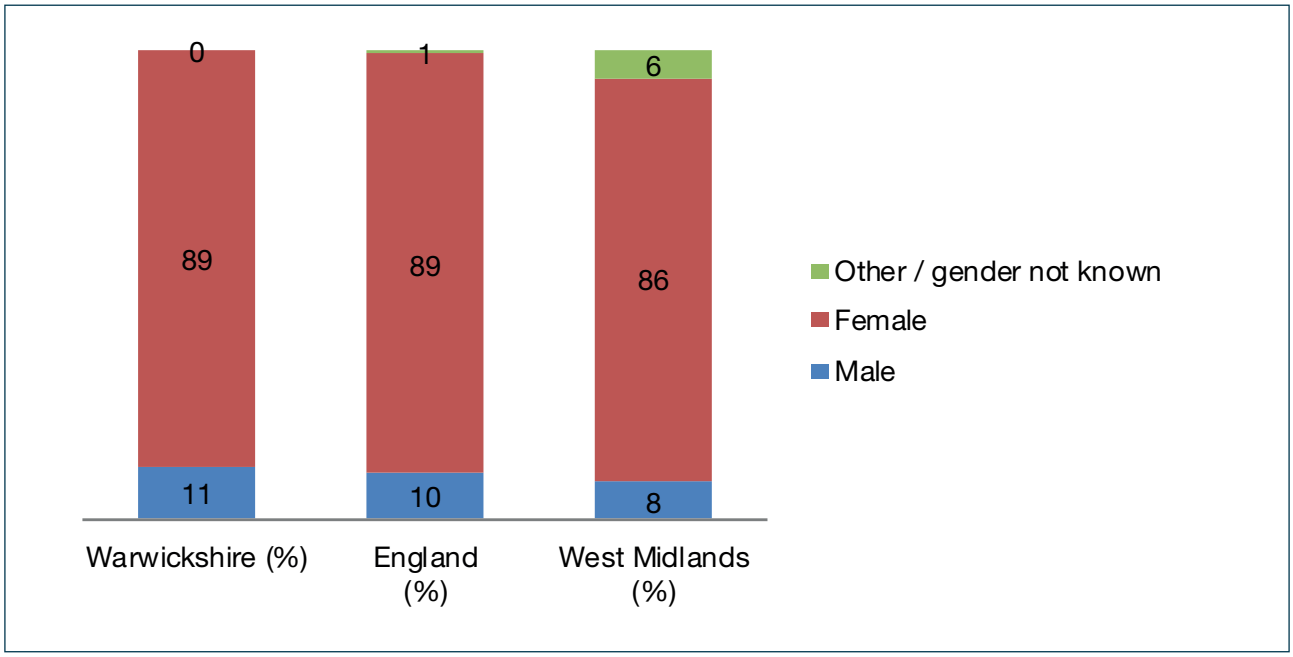
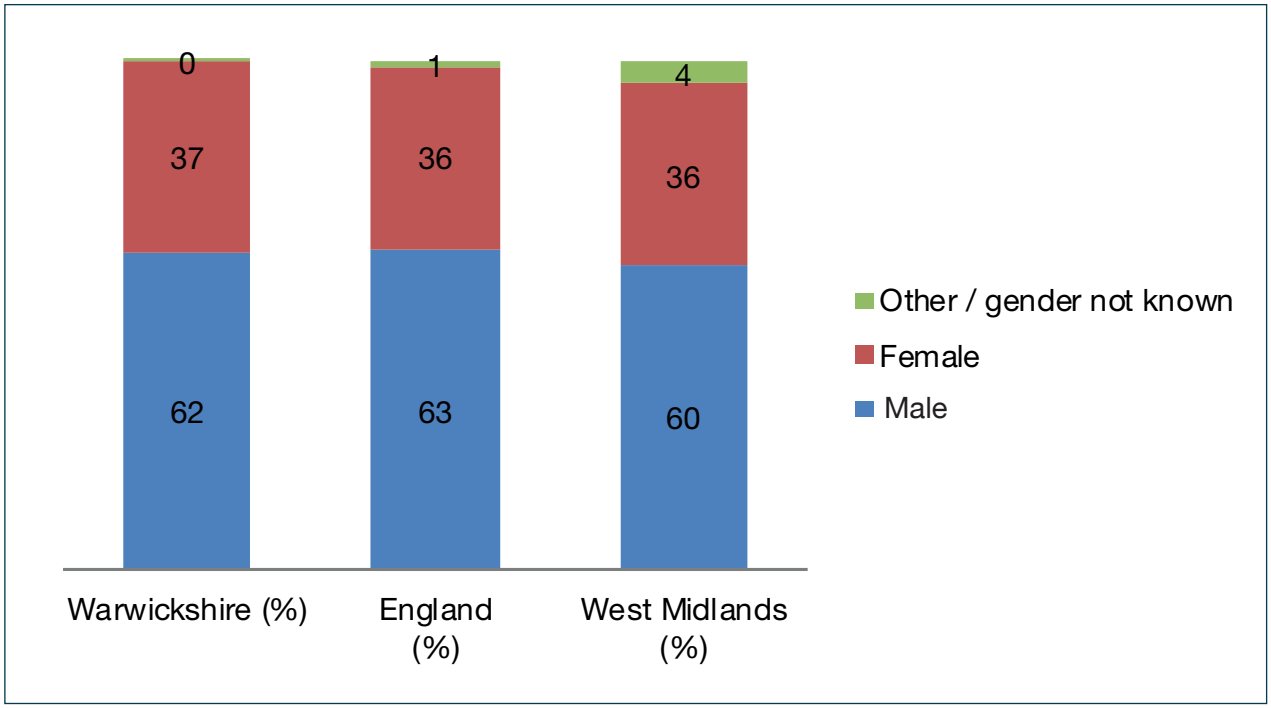


TABLE 12
Gender of single person applicant 2019/20



Appendix four - Extract from the Annual Report 2019 of the Director of Public Health for Warwickshire.

Warwickshire Health Profile 2019

Better Similar Worse

SHORT NAME	UNIT	ENGLAND	WARWICKSHIRE	NORTH WARWICKSHIRE	NUNEATON & BEDWORTH	RUGBY	STRATFORD-ON-AVON	WARWICK	PERIOD
Under 18 conceptions	per 1,000	17.8	17.5	18.6	22.0	21.8	11.1	14.2	2017
Low birth weight of term babies	%	2.8	2.4	2.4	2.6	3.4	1.7	1.9	2017
Breastfeeding initiation	%	74.5	Not pulished quality issues	61.2	61.1	82.6	81.2	80.2	2016/17
Smoking prevalence in adults	%	14.4	14.1	14.4	16.6	23.1	9.4	9.9	2018
New sexually transmitted infections	per 100,000	784	548	537	675	554	466	505	2018
5 year olds free from dental decay	%	76.7	78.4	79.3	71.8	78.1	82.6	80.9	2016/17
Overweight & obese (reception)	%	22.4	22.3	27.2	23.5	22.9	22.7	17.7	2017/18
Overweight & obese (Year 6)	%	34.3	31.7	31.9	37.6	33.6	28.4	26.0	2017/18
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	96.4	118.3	91.9	111.7	153.0	110.5	113.5	2017/18
Overweight and obese (adults)	%	62	62.4	70.6	71.9	65.8	56.4	52.8	2017/18
Incidence of TB	per 100,000	9.2	5.5	3.6	7.8	5.6	2.9	6.4	2016-18
Suicide rate (aged 10+)	per 100,000	9.6	11.3	12.4	14.2	9.8	10.7	10.1	2015-17

Better Similar Worse

SHORT NAME	UNIT	ENGLAND	WARWICKSHIRE	NORTH WARWICKSHIRE	NUNEATON & BEDWORTH	RUGBY	STRATFORD-ON-AVON	WARWICK	PERIOD
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.2	3.1	6.4	3.5	2.7	3.9	2015-17
Mortality rate from causes considered preventable (all ages)	per 100,000	181.5	171.8	179.3	213.1	178.6	147.2	153.2	2015-17
Under 75 mortality rate: cardiovascular	per 100,000	72.5	66.8	75.7	79.9	68.2	53.7	62.4	2015-17
Under 75 mortality rate: cancer	per 100,000	134.6	127.6	124.3	145.7	127.0	120.3	120.3	2015-17
Hip fractures in people aged 65 and over	DSR per 100,000	578	615	668	713	515	516	694	2017/18
Emergency hospital admissions for intentional self-harm (all ages)	per 100,000	185.5	157.7	107.6	154.9	187.0	174.3	155.0	2017/18
Killed or seriously injured on the roads*	per 100,000	40.8	62.6	105.5	31.6	75.0	75.1	50.9	2015-17
Hospital admissions for alcohal-related conditions (under 18 years)	per 100,000	32.9	49.6	48.7	67.9	49.8	40.1	39.5	2015/18
Sickness absence - the percentage of working days lost due to sickness absence	%	1.1	1.4	1.3	3.1	0.8	0.2	1.3	2015-17

The values are coloured Red, Amber and Green (RAG) to indicate statistical significance compared to England. RAG ratings are affected by small numbers for some indicators.

* This includes all people (residents and non-residents) killed or seriously injured on Warwickshire roads.

Appendix five - Glossary of abbreviations

A&E	Accident and Emergency
CRC	Community Rehabilitation Companies
CWPT	Coventry and Warwickshire Partnership Trust
D&Bs	The five District and Borough Councils of Warwickshire collectively
ET	Equitable Tenancy
H-CLIC	Homeless Case Level Information Collection system
HAST	Homelessness Advice and Support Team at MHCLG
HRA17	The Homelessness Reduction Act 2017
IDVA	Independent Domestic Violence Adviser
IOM	Integrated Offender Management system
LHA	Local Housing Allowance
MAPPA	Multi-agency public protection arrangements
MHCLG	The Ministry of Housing, Communities and local Government
NBBC	Nuneaton and Bedworth Borough Council
NFA	No Fixed Abode
NHS	National Health Service
NPS	National Probation Service
NWBC	North Warwickshire Borough Council
p.h.i.l.	Preventing Homelessness Improving Lives
RBC	Rugby Borough Council
RDVSW	Refuge Domestic Violence Service Warwickshire
SDC	Stratford-on Avon District Council
WCC	Warwickshire County Council
WDC	Warwick District Council
WYJS	Warwickshire Youth Justice Service

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HM Prison & Probation Service

Nuneaton & Bedworth United to Achieve

Warwick District Council

Warwickshire Police

Philip Seccombe Police and Crime Commissioner for Warwickshire

Warwickshire & West Mercia Community Rehabilitation Company — Probation

North Warwickshire Borough Council

p.h.i.l. preventing homelessness improving lives

Warwickshire County Council

Borough Rugby Council

NHS South Warwickshire NHS Foundation Trust

Stratford-on-Avon District Council

Warwickshire cares