

Tackling Homelessness Together

**A consultation on the structures that support
partnership working and accountability in
homelessness**

Midland Heart response

May 2019



Top line

Midland Heart is committed to working with partners across the Midlands to end homelessness. Homelessness is not just a housing issue and there is a need for much closer alignment of support services. We therefore welcome the Governments' proposals to introduce Homelessness Reduction Boards. These need to have robust powers to hold providers to account for outcomes.

Key points

- We are pleased to see an acknowledgement that tackling homelessness is about much more than providing access to accommodation. Securing a tenancy is not necessarily a successful outcome in itself, and in many cases, a tailored programme of support is required.
- We welcome the proposal to introduce Homeless Reduction Boards. These need to have universal coverage and be given statutory powers. The boards must be used to ensure a joined-up strategic approach to commissioning.
- Whilst a 'Duty to Cooperate' is a welcome step up from a 'Duty to Refer', we would favour a more proactive 'Duty to Prevent' whereby public services adopt specific policies and processes designed to recognise and avert homelessness.

Introduction

Midland Heart is a leading housing organisation, delivering homes and services across the Midlands that enable people to live independently. We own and manage 33,000 homes and are dedicated to providing decent, affordable homes combined with excellent services to over 70,000 customers. Founded in 1925, we are a trusted not for profit organisation whose social purpose drives us to reinvest all our surplus back in to our customers, staff and homes.

We provide homelessness services in several local authority areas in the Midlands, including provision of supported accommodation, rough sleeper outreach and processing homeless applications on behalf of two unitary authorities.

We operate an extensive network of supported living schemes to assist people out of homelessness. These include flagship schemes in several major urban hubs. In Northampton, Oasis House provides a unique service combining night shelter facilities with move-on accommodation. Birmingham's Snowhill is a place of change where residents may self-refer to secure temporary accommodation with assistance to access education, training and employment. We also manage similar facilities in Dudley, Stoke and Coventry.

Detailed responses

Effectiveness of existing accountability arrangements:

Question 1: What non-statutory structures are you aware of in your area that cover homelessness as part of their agenda? For each of these please indicate which of the following could be considered one of their objectives:

We work in many local authority areas across the Midlands, which all host non-statutory bodies overseeing homelessness services. In some areas, several panels or groups operate with varying degrees of coordination. It would therefore be difficult to compare every entity in terms of each of the objectives set out.

In Northampton, services commissioned by the county council are discussed at borough level in a regular panel meeting. This is attended by the borough council and local housing and support providers. The meetings are used to consider progress against agreed outcomes and to discuss specific cases where a referral may have been declined for reasons of policy or perceived risk. They also provide limited opportunities for partners to challenge recent decisions.

In Birmingham, conversely, several forums exist for partners to meet: these include the Birmingham Homeless Partnership Board, Homelessness Forum, BVSC Core Group Network, No Wrong Door network and WMCA Mayor's Taskforce. In practice, overlaps of focus and varied levels of communication can lead to duplication of work and to gaps between services. For example, the Mayoral Taskforce distributing funding for the Housing First Pilot has little direct contact with the local authority taskforce commissioning and monitoring support and outreach services.

Question 2: How effective are the non-statutory structures in your area in meeting their stated objectives?

Whilst the majority of non-statutory structures are impactful, in practice it can take only one 'weak link' in a network of services to impact significantly upon local efforts to reduce homelessness. Clear and straightforward referral routes are key, but these do not always operate smoothly in practice.

In our experience, the main issues hindering effective partnership working are long delays in actioning referrals and a lack of communication from individual providers. Whilst this may simply reflect limitations in a provider's capacity, a hiatus in the client journey, particularly when unexplained, can pose a serious setback and hinder services' combined efforts.

For example, substance misuse services in Birmingham are provided by a single organisation and referrals commonly take six to eight weeks to lead to any further contact. Support workers attempting to chase up referrals find it difficult to elicit any explanation for delays. During this wait, the client may begin using again out of frustration and a lack of conviction that they will receive effective help.

Question 3: More generally, what are your views on whether these sorts of non-statutory structures can drive system change, support the reduction of homelessness in the local area and hold all local partners to account for delivering their commitments?

Local networks of non-statutory services hold an enormous combined wealth of experience and expertise, and can certainly collaborate effectively to develop and streamline client journeys tailored to local need. At present, however, these organisations lack the power and the opportunity to hold one-another to account where outcomes are not successfully achieved. In practice, services would look to the commissioning local authority to review quality against contractual commitments, and to identify factors contributing to weak points in partnership working.

Services may be restricted by local government's contractual terms, or by changes in demand over time. Tolerances for access to referral pathways would benefit from being more flexible, with additional discretion granted to non-statutory providers. Where a support service is accessible only at crisis point, opportunities to take preventative action are missed, leading to additional costs to the public purse. Similarly, a rise in local need may result in demand outstripping service capacity.

Question 4: Which statutory structures and individuals with statutory roles in your local area currently have strategic and operational conversations about how individual services and interventions can help reduce homelessness?

In the areas where we operate, the primary contributors to strategic decisions are the local authorities themselves, as service commissioners and bearers of statutory duty.

Police forces can be invaluable allies in operational terms, though in our experience their involvement was greater prior to the staffing cuts of recent years. When we have worked closely with local police forces, officers commonly alerted outreach teams to the presence of rough sleepers so they could engage and address their needs. Sharing information with the police also highlight service users who were presenting as homeless but had already been offered or allocated suitable accommodation, identifying cases at risk of repeat homelessness.

Question 5: Which statutory structures and individuals with statutory roles in your local area do you think should be having strategic and operational conversations about how to reduce homelessness?

We would like to work more closely with a wide range of statutory partners – in particular health and social care services, from whom there is very little engagement. Eligibility thresholds for these services' involvement are now so high that they would typically step in only beyond a crisis point. Adult services, the probation service and teams working with care leavers have a key function in homelessness prevention but have proven similarly difficult to engage in discussion of partnership working.

In our experience, healthcare is also a significant 'missing link'. Whilst organisations such as Birmingham's Health Exchange form an essential part of local healthcare provision for the homeless population, we would like to see a greater role played by healthcare services, above and beyond the new Duty to Refer. Addressing physical and mental health complaints forms a vital part of escaping entrenched or repeat homelessness.

At present it can take 12 months for homeless customers to access specialist mental health services from the point of referral. This has a drag effect on individuals' progress toward other milestones, prolonging and exacerbating other issues that they may be facing. In dual diagnosis cases where mental illness and substance misuse form a vicious circle, services focused on either problem may expect the other to be managed before they will accept a referral.

It is essential that mental health services recognise the acute need experienced by homeless people of all ages, including those sofa-surfing or staying in temporary accommodation. Whilst homelessness may itself carry a negative impact for mental health, conversely treatment of mental health issues can be essential to support vulnerable people to eventually sustain a tenancy independently.

Question 6: Please describe how you think the statutory structures and individuals with statutory roles in your area should be discussing and contributing to plans and actions to reduce homelessness i.e. what should they be doing?

Homelessness does not exist in a vacuum; it is neither entered nor escaped without the influence of peripheral factors such as health (both physical and mental), family relationships and financial resilience, among others. All essential public services should consider how homelessness and potential homelessness might affect service users, and also how service users' other presenting problems could precipitate or exacerbate homelessness. Policies should be developed in discussion with homeless services and inform practices aimed at avoiding or mitigating homelessness. (We would term this a 'Duty to Prevent', which we discuss later in this response.)

Question 7: For homelessness services alone, what are your views on how effective two-tier working is in your area, the specific challenges in two-tier working and/or the opportunities for strengthening joint working in two-tier areas?

We work in over 50 different local authority areas, including single-tier and two-tier local authorities.

In terms of service commissioning, two-tier working disconnects homelessness provision from health and social care strategy; authorities commissioning health and care services bear no parallel statutory responsibility to prevent homelessness. In our experience, the two-tier system can also lead to a lack of communication and cooperation between neighbouring districts and boroughs. This risks a corresponding

lack of support for residents within less proactive local authorities, who may be denied access to services available elsewhere in the county.

We offer temporary accommodation, provided with support, for homeless adults in Northampton. Here, the borough council works closely with a network of providers focused on specific groups such as war veterans, offenders, people with learning difficulties and those with no recourse to public funds.

Although our facilities in the town are intended for homeless singles and couples from across the county, in practice neighbouring local authorities do not attend panel meetings. This could reflect a perception that homelessness and rough sleeping are issues concentrated in Northampton town, but raises concerns that vulnerable people in more rural areas may be overlooked.

Question 8: If you work in an area with two-tier local government, which individuals in a higher or lower tier of local government do you believe should have a responsibility for reducing homelessness and do you think they are already involved in strategic and operational conversations? Please explain your answer.

Referrals for accommodation and support in the Northampton area are largely overseen by the local borough council, though this will change when the county becomes two new unitary authorities. A weekly panel meeting is attended by non-statutory services and representative service users. This is effectively viewed in terms of a homelessness prevention board by local providers and services.

At present certain local charities are more vocal than others in challenging the borough council and querying current referral procedures, access criteria and outcomes. In this regard, services' senior staff are directly involved in shaping the client journey and experience. In contrast, Northampton Borough Council may query decisions by service providers and request possible reconsideration, but does not seek to override providers' policy.

This district-level involvement is not, in our experience, reflected among county councils. In Staffordshire, the County Council has in fact withdrawn from all housing-related commissioning, leaving boroughs and districts to bridge the resulting gaps. Absent upper-tier authorities lead to accommodation responses that address the symptoms of homelessness without simultaneously tackling its underlying causes.

We believe that upper-tier and unitary local authorities are well placed to identify and address strategic commissioning needs. This level of local government enjoys the scale, resources and expertise to assemble a reliable network of services and facilities across district borders. Commissioning at upper tier level would help to ensure the most efficient use of resources available, and a more consistent approach across larger areas.

Homelessness Reduction Boards:

Question 9: What are your views on whether the aims for Homelessness Reduction Boards could be met by amending the remit and function of existing local non-statutory and/or statutory structures?

Individual local areas may feature a diverse range of different structures (for example, Birmingham), or lack them altogether. The effectiveness of forums greatly depends on different partners' voluntary participation, and there is often a disconnect between providers, overlap of work and accountability.

We therefore feel that a new standardised structure, with a duty to prevent, is needed to improve partnership working and accountability. A new Board system would offer consistency across all areas in terms of function, membership and powers.

In order to be of value, Homelessness Reduction Boards must offer genuine opportunities for service providers to hold one-another to account on achievement of agreed aims. They should have a statutory responsibility to develop cross-function homeless reduction strategies and be obliged to account for this in individual commissioning plans. Ideally, commissioning budgets should be top sliced to create a dedicated homelessness prevention commissioning budget.

Question 10: What are your views on the merits and drawbacks of establishing Homelessness Reduction Boards, and whether we should establish them?

The concept of Homelessness Reduction Boards has great merit. This model would facilitate a joined up strategic approach to homelessness prevention, escape and recovery.

Homelessness Reduction Boards would offer greater opportunity to link up referral pathways, share ideas and build upon working relationships. They could also take charge of the strategic commissioning of genuinely joined-up services, to build a robust support network tailored to local need. Such an approach could engender joined-up referral pathways and client journeys, with particular attention to the avoidance of homelessness at 'trigger points' such as leaving institutional care. In this way, the causes of homelessness could be tackled effectively as well as its symptoms.

Charging Boards with monitoring and reviewing agreed outcomes would enable identification and rectification of weak points in provision, and improvement or replacement of failing services. The ability to hold providers accountable for outcomes would be a central benefit of a new Board.

A potential drawback of Homelessness Reduction Boards may be their own size and complexity. In larger, more deprived and more diverse areas, a complex network of different service providers may be involved in efforts to combat homelessness and related issues. Protocols would be necessary to ensure that all organisations represented at Board level have ample opportunity to make themselves heard.

If we were to establish Homelessness Reduction Boards:

Question 11: What do you think their purpose and objectives should be?

Their central purpose should be to draw together statutory and provider partners to deliver meaningful and effective strategies to prevent the underlying causes of homelessness. Objectives should be to develop the strategy, put in place co-ordinated interventions, monitor and manage effectiveness and to be able to hold to account statutory partners that are failing in their duties. Ideally they would have a commissioning role and pooled budget to deliver the strategy.

An essential role would be to hold providers to account and to identify 'pinch points' where the client journey is interrupted. Boards could have powers over providers' retention of contracts where agreed objectives are not being met. They could also play a role in scrutinising factors that prevent a service achieving its aims or reviewing service areas that have experienced changes in types and levels of demand.

For example, in Birmingham we have experienced instances of homelessness services trying to operate beyond their own capacity when demand is high. In some cases this has involved placing an expectation on partner organisations to take on additional responsibilities on an informal basis in order to make up the shortfall – for example, asking outreach teams to offer full housing options advice, or advice services to remain open well beyond their contracted hours. Frontline staff may find it difficult to manage the additional workload; and without recourse to meaningful mutual oversight, it has been difficult to find a resolution that meets service users' needs fully. Board attendance would present an opportunity to bridge gaps in provision as they arise.

If we were to establish Homelessness Reduction Boards:

Question 12: In which authorities should Homelessness Reduction Boards be established (e.g. in all local authorities, areas of high homelessness, top-tier authorities only)?

Due to the strategic aims and joined-up service commissioning for which Boards would be responsible, we feel that it would be appropriate for them to be established within all authorities. In two-tier areas, it should be led by the top tier in order to link public health outcomes with accommodation provision; this should avoid homelessness prevention focusing solely on housing rather than causative factors.

A focus on areas of high homelessness only could risk overlooking the issue of 'hidden homelessness' or changes in the scale of a local homelessness problem over time. Arguably, every local authority area in the country experiences some degree of homelessness, given the varied nature of the problem. A consistent approach to tackling homelessness across the country would raise its profile and grant greater authority to those charged with reducing it.

If we were to establish Homelessness Reduction Boards:

Question 13: Who should be members of Homelessness Reduction Boards?

Our proposed key members would include police commissioning, adult social care, the care leaving team, the probation service, public health, housing and homeless leads, and representatives of relevant non-statutory service providers.

Attendance at Homeless Reduction Board meetings should be mandatory. Periodically, attendance should also be required for frontline staff representatives, to feedback on recent trends and experiences; and for service users, to give their perspective. In areas where the number of individuals on the Board may be high and could slow decision-making processes, a solution may be to include a core group of mandatory attendees representing essential partners. Attendance for other partners could be on a rotating or optional basis.

Local authority commissioners should take a lead role on each Board; however, local government representation should be weighted toward senior salaried staff to prevent Board activities becoming politically sensitive. Should councillors be involved, this should be limited to those with a direct interest such as the Cabinet Member for Housing.

It would also be beneficial for Boards to build closer links with the business community, who may be able to offer pathways to employment opportunities for excluded groups.

Question 14: What is needed to make Homelessness Reduction Boards effective (e.g. guidance, legislation, incentives etc)?

Boards should hold a statutory duty to prevent homelessness, and in turn place a duty upon statutory partners to cooperate in order to develop and deliver a joined-up local strategy.

They could be obliged to publish impact statements, and wield intervention powers where cooperation does not occur. For example, where there is a demonstrable failure to engage or to act, the standard penalty could be that funding is removed from statutory partners and placed with Board.

Other ways of supporting effective partnership working:

Question 15: Other than through the creation of structures and roles, how else do you encourage effective partnership working in your area?

Regular face-to-face meetings for multiple agencies have long proven invaluable across our different service areas. These allow us to build working relationships and present the opportunity to develop solutions to specific service users' issues.

In order to facilitate an uninterrupted client journey, several of our services have adopted standardised data recording methods and evidence of client consent to

share information between agencies. Standardising data reporting could enable Boards to demonstrate progress and identify potential failures transparently.

We recommend the Board ensures all partners are aware of the value of rigorous outcome monitoring over the longer term, and confident in their ability to share case histories and trends with one another for the benefit of shared goals, staff members and individual service users.

Question 16: Where there is effective partnership working in your area, what are the characteristics of this and what makes the partnership effective?

Partners and service users alike rely on clear referral pathways to tailored support services, with realistic managed expectations and timely contact following referrals. This smooth client journey requires close communication between services and swift resolution of queries.

From a service user's perspective, client-centred services are key. For example, we have found that the most effective are often those allowing close contact with friends, to avert feelings of isolation as a client's circumstances change whilst they work toward independence. Lived experiences should be used to inform service design as a matter of course.

Question 17: What data exists locally to help delivery partners design services and interventions to reduce homelessness and monitor implementation, and how effectively do you think the data that is available is used?

Many providers hold a great deal of data that is not currently considered in the development of strategies. In particular, strategy development could make more reference to this information resource, especially with regard to the causes of homelessness and sustainability of current interventions.

Use of data is optimised where partner organisations are able to share information on specific customers. In the Birmingham area we are able to track numbers of service users and outcomes achieved, with different service providers. Sharing individual case notes and support plans for partner organisations enables smoother uptake of referrals.

Question 18: Are there good examples of how data is being used effectively in your area and what do you think prevents the effective use of data?

Conflicting concerns about confidentiality can pose a barrier to providers sharing important information and making effective referrals as well as leading to service users having to explain their circumstances repeatedly, which can be frustrating and demoralising. In some cases, reluctance to compromise confidentiality by sharing service users' history can put staff at risk, for example lone workers within a facility where incoming residents have a track record of violence. This can often be overcome by agreeing a standardised form of client consent.

Transparency between service providers regarding potential risks is especially important given that service users themselves may not be forthcoming when assessed. Birmingham City Council are now looking at introducing iCAT, an IT system which would mean customer information, support offered, risks and needs could be kept in one place and accessible by key partners on a 'need to know' basis.

Collation of customers' own experiences is helpful too, for example, many pursue the aim of working toward their own flat, but ultimately find living alone isolating. (This could hinder Housing First for some.) Offering shared accommodation could be a viable alternative.

Question 19: What do you think we should consider and include in the design of the data pilots?

As mentioned above, the impact of services should be monitored and recorded over the longer term. This would capture outcomes beyond the start of a permanent tenancy, measuring ongoing need and the effectiveness of floating support. Monitoring outcomes rather than volumes of service users will yield a far clearer picture of a service's effectiveness in supporting people out of homelessness for good. Monitoring should include both short and longer-term outcomes and continue even after a tenancy has failed.

Question 20: Do you think a Duty to Co-operate should be introduced and, if so, how do you think a Duty to Co-operate could be designed to work in practice, and what steps can we take to ensure that a duty is practical and effective?

Whilst we welcome measures to build further upon the existing 'Duty to Refer', we believe that the proactive 'Duty to Prevent' discussed earlier would prove still more effective than a 'Duty to Cooperate'. This would require public services and providers to place homelessness prevention at the heart of their activities. For example, following unavoidable eviction or departure from an institution, housing associations and public services should have in place partnership agreements to arrange a move into alternative accommodation.

A partnership between WMHAP members and Dudley Council has already seen coordinated support offered under the 'leaving well' programme, building upon customers' existing strengths to achieve agreed aims. Our Saltbrook Place scheme in Dudley houses a diverse range of single adults and couples for up to two years, offering support to address mental illness, offending behaviour and drug and alcohol use.

Question 21: What else could the Government be doing to support partnership working across local delivery partners in an area to systemically reduce homelessness?

We agree with the Government's proposal to introduce Homelessness Reduction Boards, but to be successful these will need to have robust enforcement powers and operate consistently across different areas. Only then will we be able to achieve the strategic approach commission to commissioning homelessness services that is required to improve homelessness provision.

Equalities:

There is a lack of shared equality data across providers to identify trends of who is excluded and evicted from services from across the city. This could be a key function of any Homelessness Reduction Board to analyse and share key data from providers and identify key actions or further scrutiny.

Contact

For further information about Midland Heart or our response to this consultation, please contact Vicky Mason, Policy Specialist (vicky.mason@midlandheart.org.uk).