

# **Tackling rough sleeping strategy 2017-22: breaking the cycle of homelessness**

**Norwich City Council**

# Norwich City Council: Tackling rough sleeping strategy 2017-22: breaking the cycle of homelessness

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## Focus of this strategy

1. Priority one:

**“Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”**

2. Priority two:

**“Actively case manage rough sleepers who are reluctant to engage (with help available) by using an assertive outreach model.”**

3. Priority three:

**“Make the best use of our supported housing system to help people move away from homelessness for good.”**

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## Focus of this strategy

First and foremost the focus of this strategy will be on people **who are roofless and rough sleeping**. However, we know (from experience) that people are often on the periphery living in other forms of insecure accommodation and will sometimes have no option but to sleep rough. The various types of situations are below<sup>1</sup>:

1. Roofless - People sleeping rough.
2. Houseless – a. people in accommodation for homeless people (direct access hostels).  
b. people due to be released from institutions (prison and hospital)  
c. people receiving support (due to homelessness i.e. in supported accommodation).
3. Insecure – a. people living in insecure accommodation (squatting, sofa surfing).

## The voice of people with lived experience of homelessness

In order to implement change to improve services for people who are at risk, or are rough sleeping, we have made a commitment to listen to people who have lived experience of homelessness. Throughout the formation of this strategy we have attempted to make the voice of people heard through questionnaires and meeting with service users. We will continue to develop this relationship to involve people in the development of services and spread their voice further to forums where other agencies can also learn and develop their own services based on their experiences.

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<sup>1</sup> These categories are adapted from the European Typology of Homelessness and Housing Exclusion (ETHOS) developed by FEANTSA (European Federation of National Organisations working with the homeless). For further information see <http://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion> accessed on 14/09/17.

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## Foreword

Norwich city centre, like many urban centres, faces a number of complex issues, driven by austerity/welfare reform, cuts to public services often overlaid by issues of drug and alcohol dependency, mental illness and poor prison discharges. The damage that rough sleeping causes is well documented; leading to poor life outcomes and untimely deaths. We can evidence the health of people who are homeless and rough sleeping using studies like our greater Norwich homeless health needs audit<sup>2</sup> carried out with our partners at Public Health. Our job is to highlight these issues using a multi-agency approach to ensure that our partners in the voluntary and statutory sector understand how they can help some of the most marginalised in our society by showing what their needs are. This strategy highlights a tale of two city centres: lively vibrant retail and cultural offer - as opposed to - homelessness, begging, drug, alcohol and mental health issues.

The increasing number of people seen rough sleeping in Norwich is common in many urban cities – in Norwich we found 30 people sleeping rough at the last count; these are not always the same people suggesting that the approach of providing hostel accommodation, and for those ready to take on a tenancy, access to accommodation does work. There are some very positive steps in this strategy that will hopefully make real differences to the lives of people who sleep rough in our city. Evidence of this can be seen in the work to help people with multiple and complex needs.

Norwich City Council's role is to support the city in the best way we can with the resources we have available. Using an evidence based approach we know that certain people struggle to get help and services that are available throughout the city. We want to work in partnership with organisations to find innovative solutions to the growing problem of people with complex and multiple needs who are often homeless (sometimes rough sleeping) and can face social exclusion from mainstream society. The issues that

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<sup>2</sup> See Norwich City Council's website for further information: [https://www.norwich.gov.uk/downloads/file/3950/greater\\_norwich\\_homeless\\_health\\_needs\\_audit\\_2016](https://www.norwich.gov.uk/downloads/file/3950/greater_norwich_homeless_health_needs_audit_2016)

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lead to them being excluded are complex in their nature and are often inter-connected and cannot (and should not) be dealt with in isolation.

The issue of increasing numbers of people with complex and multiple needs is not just a local problem. In England, there is an estimated 58,000 people who are living with multiple needs.<sup>3</sup> Sometimes services can struggle to meet the needs of people whose situation does not fit into a neat solution or service offer response. We have recognised this in our work to combine what resources we have with other statutory sector providers to look at innovative ways to create better, more rounded services for people with complex and multiple needs and the growing number of people who are homeless and rough sleeping in the city.

Through the work of this strategy we will be looking to highlight the following approaches as a means of tackling rough sleeping:

- Making Every Adult Matter (MEAM) approach<sup>4</sup>
- Housing First<sup>5</sup>
- New techniques to reduce rough sleeping and engage with entrenched rough sleepers
- Improve capacity of day centres and bring evening food provision indoors

All of the above issues cannot be tackled by Norwich City Council alone and this strategy seeks to work in partnership with all our key stakeholders. It has been developed after a long process of consultation with them including discussions with those who have lived experience of rough sleeping. I am grateful to the dedicated officers within the City Council and those stakeholders: together they have worked hard on this and, I am sure, will bring this strategy to fruition.

Cllr Dr. Kevin Maguire

Cabinet member with portfolio for Safe City Environment.

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<sup>3</sup> <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

<sup>4</sup> <http://meam.org.uk/the-meam-approach/>

<sup>5</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>

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## 1. Priority one:

**“Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”**

### 1.1 What does this mean?

The instances of people rough sleeping both nationally and locally is increasing. Where possible we will make every effort to stop people rough sleeping in the first place and where it happens we want to reduce the time people spend on our streets.

More often than not rough sleeping affects single people who do not necessarily meet the priority need criteria set out in Part 7 of the Housing Act 1996. Despite this rough sleepers are one of the most vulnerable groups in society; studies have found strong correlations between homelessness and a multiplicity, and increased severity, of both physical and mental health conditions. Rough sleepers are over nine times more likely to commit suicide than the general population; on average rough sleepers die at age 47 (age 43 for women). Locally at a specialist health provision (NHS City Reach for people who are homeless or insecurely housed) they have a memory book that they use to record when one of their service users dies. Over the period 2015 to June 2017 there have been 36 deaths of patients. The majority of these deaths have affected people with an average age of 35-45. It is estimated that the majority of these deaths have been a combination of overdoses, liver and organ failure, linked to substance and alcohol misuse.<sup>6</sup>

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<sup>6</sup> This service has a client base of approximately 450 people at any given time with some of them former or current rough sleepers; or in insecure housing.

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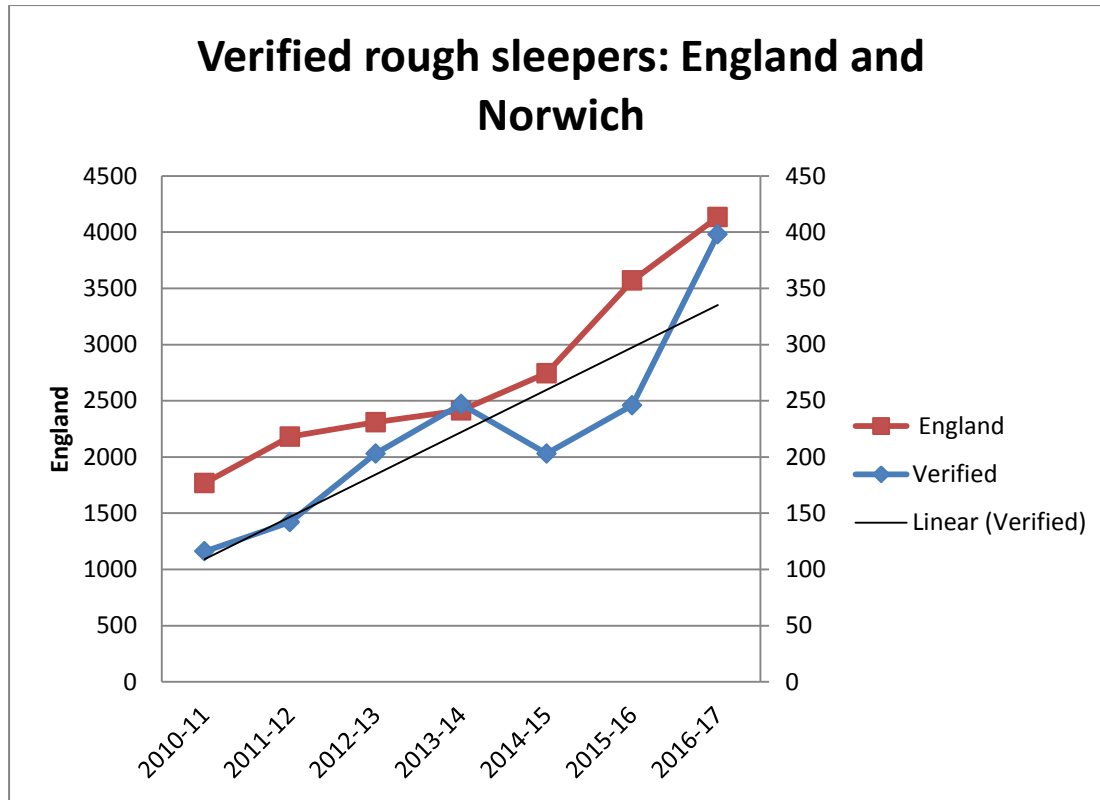
People are at greater risk of harm or abuse from others the longer they spend on the streets. A person living on the streets is more likely to be a victim of crime compared to someone who is housed.

Despite the efforts of the statutory and voluntary sector in greater Norwich there is a constant flow of people finding themselves on our streets (particularly in Norwich City centre). We want to build on the success of our 'No second night out' approach to ensure that people will spend as short a time as possible without a roof over their head and access to services they need.

Nationally and locally, the trend for the past six years, shows rough sleeping is increasing to levels not previously seen. Due to these increases it is imperative that we can help people move off the streets quickly and where possible prevent rough sleeping from happening in the first place. The following table shows the number of verified rough sleeper individuals seen by our outreach team compared to the number of people seen in the rest of England as part of the annual November Department of Communities and Local Government (DCLG) sponsored rough sleeper count:



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Source: St Martins Housing Trust and CLG, Street counts and estimates of rough sleeping in England, Autumn, 2010-16.

## 1.2 Access to help and housing advice

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A questionnaire<sup>7</sup> was carried out in 2015 with former rough sleepers asking them a series of questions about their experiences. This exercise was carried out in 2009 before the first greater Norwich rough sleeper strategy 2010-13 so we were able to compare experiences. In common with last time there were a significant number of people (15 out of 24) who did not seek any help or advice before rough sleeping for the first time. We need to redouble our efforts to publicise homeless and housing advice services so that people can access help preventing someone becoming homeless in the first place.

Rough sleepers who did access local outreach teams and day centres had reported positive experiences of these services and were able to access them regularly.

There are considerable resources for people who are homeless in the statutory and voluntary sector in greater Norwich, especially in the Norwich City centre area. We need to make sure that services work effectively together so that people do not become homeless in the first place or get the help they need to get their life back on track again as soon as possible. The most common barriers are<sup>8</sup>:

- having to travel distances (with little or no money) in order to get help in the first place
- lack of money means you can't access help by phone
- accessing I.T. for help
- difficult to access traditional primary health care (forced to use emergency health care settings)
- access to benefits is slow
- find age restrictive services a barrier to help

We need to make sure that when someone accesses one service they can then find a clear pathway to the help and support they need. From our previous rough sleeping strategy (and feedback from rough sleepers) we designed a leaflet and map showing the services available so homeless people know where to go for help. This has now been developed further with the introduction of a webpage ([SearchNorwich.org.uk](http://SearchNorwich.org.uk)).

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<sup>7</sup> Homeless Link's Prompt questionnaire was used in May 2015.

<sup>8</sup> Feedback from supported housing consultation event at Solo Housing in Diss, Norfolk, April 2015.

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## 1.3 Housing First

In 2014 Bishopbridge House (a direct access hostel) showed that 119 of the 195 clients who used the service had been without settled housing<sup>9</sup> for more than a year; 33 of these had been without settled housing for more than five years. Often the same clients were revolving around the system going in and out of the hostel unable to move into other housing because they displayed complex and multiple needs that other services struggled to cope with. As a result of these issues the Housing First approach was adopted for those people. Maria Pratt, from St Martins Housing Trust who is currently managing the project states the following about the project, “A five year analysis of revolving door clients showed a considerable increase from 18 in 2010 to 56 in 2014. Each subsequent visit to the service brings more challenges as the service user becomes more entrenched in the lifestyle and are despondent about their future....Using the Housing First model we came together as a multi-disciplinary panel and with the knowledge of each individual we created a housing and support pathway that was person centred and focussed on addressing the barriers previously experienced by the individual...We began with a shortlist of 12 individuals, two sadly died before we began which highlighted the critical situation who fell into this category...The success of this pilot has been due to the great support and partnership working from all who have taken part. We have been able to access all relevant services swiftly and effectively...and increasing interest from organisations wanting to address the needs of our most complex needs clients.” To date, two people have successfully accessed housing and are living stable lives. There are a number of examples of where this intervention has reduced reoffending and the pressure on emergency medical care.

## 1.4 Early surrender scheme

Failure to manage a tenancy can lead to debt, household instability, eviction or abandonment and ultimately homelessness. We know anecdotally from supported housing providers that there are a number of people who are former social housing and private sector tenants who failed to manage their tenancy and are saddled with debt often with from former tenancy arrears making it difficult for an individual to access housing again in the future. The reasons why people fail in their tenancies can be for a number of reasons including:

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<sup>9</sup> This typically includes clients who lead transient lifestyles living in supported housing for short periods sometimes interspersed with rough sleeping, sofa surfing and time spent in institutions.

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- the inability to secure adequate furniture and equipment
- debt problems associated with unemployment and short term contracts
- social isolation
- poor physical and mental health
- relationship breakdown

Currently there is early scoping work at Norwich City Council to see whether a safe surrender scheme could prevent future homelessness in greater Norwich specifically amongst Norwich City Council tenants. The aim of the scheme could be to:

- provide a safety valve mechanism (prevent 'crash and burn') where people can safely surrender tenancies and move into alternative housing with support when they need it and return to independent living
- reduce debt to the landlord and the individual and stopping the cycle of homelessness
- reduce the number of people being excluded from our housing register
- identify people at risk earlier who have previously been homeless (and/or excluded from the register) and would benefit from the scheme

### **1.5 People with no recourse to public funds**

The overwhelming majority of migrants that come to greater Norwich are likely to be already working or actively job seeking and will not need the help of agencies. Sometimes migrants can be referred to as 'economic migrants' but this can confuse an already complex area; migrants can come from a wide and diverse group of people and countries which include the European Economic Area 25 member states of the European Union, but people do come from beyond these countries.

Recent research has categorised the various people who are migrants and have no recourse to public funds (NRPF) into the following:

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- Asylum seekers whose claim has failed
- Refugees who have been given refugee status or other leave but do not have the documentation to claim benefits
- People trafficked into the UK
- People who have lost documentation
- People whose 'leave' includes a condition of NRPF
- European migrants who cannot claim benefits because of problems with their 'right to reside'
- People with leave to remain with NRPF who through a change of circumstances can no longer support themselves
- Parents of British children who have a right to stay in the UK (under European rules), but does not make them eligible for housing or benefits
- 'Irregular or undocumented' migrants

In greater Norwich the majority of people with NRPF are European economic migrants who cannot claim benefits because of problems with their 'right to reside.' The reasons why they no longer have the 'right to reside' are often complex and are for a number of reasons, Homeless Link have highlighted that the main causes are:

- Causal or seasonal employment ends, along with any tied accommodation
- Wages too low to afford rents
- Job offers that turn out, on arrival, to be short-term or non-existent
- Not enough contingency savings e.g. for a deposit, or transport home
- Unscrupulous landlords e.g. over charging, evicting illegally, not returning deposits
- Escape from trafficking and forced labour

### **1.6 Greater Norwich homeless health needs audit 2016**

During 2016 in partnership with Norfolk County Council's Public Health team a group consisting of homelessness agencies in the voluntary and statutory sector and greater Norwich housing authorities carried out a homeless health needs audit using the national

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audit developed by Homeless Link. The reason for this work was identified in the formation of the Greater Norwich Homelessness Strategy 2015-20.

The audit captured 101 responses from people who have experienced or were homeless at the time (significant number had also slept rough). The purpose of the audit was to identify the following:

- Level of access to health services
- Physical and mental health needs
- Hospital discharge
- Vaccinations and screening
- Wellbeing
- Smoking levels
- Drug and alcohol use

A host of data sources was used to measure and compare with the general population and the national database created by Homeless Link. This survey will be used as a benchmark to enable us to carry out further audits to see if there are improvements in the identified issues.

The main highlights of the audit when comparing to the national audit database were as follows:

- Levels of GP registration were similar
- Levels of dentist registration were significantly lower (14%)
- High levels of potential inappropriate use of emergency health services
- High levels of mental and physical health problems
- Poor experiences of hospital discharge
- Poorer diet
- Nearly half of those surveyed said they use drugs or alcohol to cope with their mental health problem

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## 1.7 Meeting complex needs and the prevention of rough sleeping innovation fund

Norwich City Council's role is to support the city in the best way we can with the resources we have available. Using an evidence based approach we know that certain people struggle to access help and services that are available throughout the city. We want to work in partnership with organisations to find innovative solutions to the growing problem of people with complex and multiple needs who are often homeless (sometimes rough sleeping) and can face social exclusion from mainstream society. The issues that lead to them being excluded are complex in their nature and are often inter-connected and cannot (and should not) be dealt with in isolation.

## 1.8

The issue of increasing numbers of people with complex and multiple needs is not just a local problem. In England, there is an estimated 58,000 people who are living with multiple needs.<sup>10</sup> Sometimes services can struggle to meet the needs of people whose situation does not fit into a neat solution or service offer response. We have recognised this in our work to combine what resources we have with other statutory sector providers to look at innovative ways to create better, more rounded services for people with complex and multiple needs and the growing number of people who are homeless and rough sleeping in the city. The following partners have contributed to the innovation fund:

- Norwich City Council
- Norfolk County Council Integrated Commissioning Team
- Norfolk County Council: Public Health
- NHS Norwich Clinical Commissioning Group

The fund of £761,000 is available over a three year period from 2018/19 (with £367k in year one, £197k in years two and three). This funding will form a crucial part in the delivery of this strategy. Through the research carried out to create this strategy we will be looking to use the funding to support the following approaches:

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<sup>10</sup> Hard Edges: Mapping Severe and Multiple Disadvantage in England (LankellyChase Foundation, 2015).

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- Relaunch of Making Every Adult Matter (MEAM) approach
- Housing First
- New techniques to reduce rough sleeping and engage with entrenched rough sleepers
- Improve capacity of day centres and bring evening food provision indoors

We know that these approaches can work and that this will ultimately help reduce and prevent the numbers of people sleeping rough on the streets of Norwich.

### 1.9 Priority one actions

| <b>Priority One: “Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”</b> |  |   |   |
|--|--|---|---|
| <b>Actions to support this priority</b>  | <b>Short<sup>11</sup>, medium<sup>12</sup> or long<sup>13</sup> term priority?</b> | <b>Which partners will help deliver this?</b> | <b>How will we measure success?</b>   |
| Work with our partners in the Operational Police team to help prevent and reduce rough sleeping  | All  | Norfolk Police/Norwich City Council           | Reduction in rough sleeping and incidents of anti-social behaviour on the streets of Norwich. |
| Create better links with faith   | Medium   | Norwich City Council                          | More services working in a joined-up way  |

<sup>11</sup> Short term priorities will be completed in the first year of the strategy.

<sup>12</sup> Medium term priorities will be completed in the second and third year of the strategy.

<sup>13</sup> Long term priorities will be completed in the fifth year of the strategy.



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| <b>Priority One: “Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”</b> |  |  |  |
|--|--|--|--|
| <b>Actions to support this priority</b>  | <b>Short<sup>11</sup>, medium<sup>12</sup> or long<sup>13</sup> term priority?</b> | <b>Which partners will help deliver this?</b>                        | <b>How will we measure success?</b>  |
| and charitable organisations in the area   |  |  | Avoid duplication  |
| Publicise homelessness, housing advice and support services especially amongst hard to reach groups such as people sofa surfing and the wider general public     | All  | Norwich City Council/NHS City Reach/Homelessness and advice agencies | More people stay in their home as a result of homelessness prevention<br>More people find appropriate alternative accommodation<br>More people access specialist support services<br>Provides reassurance to the public that there are services available for rough sleepers and know how they can help<br>Reduce duplication of services like free food provision |
| Update our database of services that work with rough sleepers  | Medium   | Norwich City Council   | Help build effective partnerships with service providers<br>Make the best use of resources available to help rough sleepers  |
| Explore the use of the Homelessness Manchester charter   | Medium   | Norwich City Council   | More effective use of resources and pulling services together under one banner   |

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| <b>Priority One: “Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”</b>                  |  |  |  |
|---|--|--|--|
| <b>Actions to support this priority</b>   | <b>Short<sup>11</sup>, medium<sup>12</sup> or long<sup>13</sup> term priority?</b> | <b>Which partners will help deliver this?</b>                      | <b>How will we measure success?</b>  |
| From the findings of the current (and future) health needs audit influence future commissioning of services for homeless people so that we can improve their health and wellbeing | Medium and long  | Norwich City Council/<br>Norfolk County Council -<br>Public Health | Specialist housing and support services are tailored to the needs of what the evidence tells us                  |
| Develop a safe surrender scheme for people in social housing tenancies  | Short and medium   | Norwich City Council   | A reduction in the number of people who abandon their housing and the numbers who are excluded from our register |
| Identify people at risk of rough sleeping earlier, especially those people who are sofa surfing through better monitoring of housing advice contacts                              | Medium   | Norwich City Council   | Reduction in number of people rough sleeping who were former sofa surfers and had accessed housing advice        |
| Develop Housing First on a larger scale   | All  | Partners identified in complex needs innovation fund               | Number of people who move on and make the transition to settled housing<br>Reduction in repeat homelessness      |
| Improve the experience of   | Medium   | Norwich City Council/NHS   | Carry out further rough sleeper questionnaires and   |

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| <b>Priority One: “Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”</b> |  |  |   |
|--|--|--|---|
| <b>Actions to support this priority</b>  | <b>Short<sup>11</sup>, medium<sup>12</sup> or long<sup>13</sup> term priority?</b> | <b>Which partners will help deliver this?</b>            | <b>How will we measure success?</b>   |
| rough sleepers accessing help at council homeless teams with a clear offer of what help is available   |  | City Reach (service user group)                          | use previous surveys as a baseline  |
| Forge closer links with organisations who can provide humanitarian help to people who are destitute and have no recourse to public funds                         | Short  | Norwich City Council                                     | Increased options for migrants who are destitute<br>Reduction in numbers of rough sleepers who are destitute        |
| At every opportunity highlight the findings of the Greater Norwich homeless health needs audit with providers and commissioners of health services               | All  | Norwich City Council                                     | Improve health of our homeless population<br>Reduce homelessness and untimely deaths<br>Prevent repeat homelessness |
| Deliver the meeting complex needs and the prevention of rough sleeping innovation  | All  | Funders(potential future funders) and successful bidders | Reduction in street homelessness<br>Meeting other identified outcomes of funding                                    |

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**Priority One: “Reduce the number of rough sleepers on our streets and where possible develop interventions to stop it from happening in the first place.”**

| <b>Actions to support this priority</b> | <b>Short<sup>11</sup>, medium<sup>12</sup> or long<sup>13</sup> term priority?</b> | <b>Which partners will help deliver this?</b> | <b>How will we measure success?</b> |
|---|--|---|-------------------------------------|
| fund with partners                      |  |   |                                     |

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## 2. Priority two:

**“Actively case manage rough sleepers who are reluctant to engage (with help available) by using an assertive outreach model.”**

### 2.1 What does this mean?

Unfortunately we are increasingly seeing a population of people who are unwilling to engage with support services and continue to engage in a lifestyle which can include begging, anti-social behaviour, street drinking and substance abuse. Not only does this have negative consequences for the individual, but also for people working in and visiting the City; with increased costs for services such as the Police and acute health services.

As in common with other cities in England significant proportions of the people on the street have accommodation but will continue in this type of behaviour. A consistent approach with our partners needs to be taken to help engage with people who choose this lifestyle by focusing on managing risks and harm, and promoting appropriate behaviour with an alternative offer to a life on the streets. A particular issue amongst this population is that by continuing to engage in this type of behaviour it can place their accommodation at risk, and increase the likelihood of rough sleeping in the future, placing them in a revolving cycle of homelessness and street lifestyle.

Through statistics (from 2016/17) provided by our rough sleeper outreach service we know that 40% of people assessed had two or more support needs, including: mental health, physical health, criminal justice involvement, learning disability, alcohol and drug use. These support needs are compounded by the growing issue of repeat presentations of clients (at Bishopbridge House) revolving around the homelessness system. Over the course of 2016/17, 74 people returned to the service during the same year. Whilst there has always been an element of revolving door clients we are now seeing more of these clients than ever. The following table shows the level of need of people assessed by the rough sleeper outreach team:

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| Level of need <sup>14</sup>   | Housing need  | Level of help   | % (and number) of people <sup>15</sup> |
|---|---|---|--|
| None or one support need indicator identified and needs help to access housing.   | Vulnerably housed or rough sleeping   | Light touch.<br>Give advice around housing options and help available.  | 60% (397)                              |
| Struggles to live independently and needs help to access housing and support services. Will have 2 support need indicators.         | As above but more likely to be a rough sleeper over an extended period of time (months).                                    | Signpost and support to support services available.<br>Actively support to find housing options.  | 25% (164)                              |
| Struggles to live independently and needs help to access housing and support services. Will have 3 or more support need indicators. | As above but more likely to be rough sleeping for an extended period of time (years) and are likely to be chronic homeless. | Multi-agency disciplinary approach.<br>Flexible housing options available including housing first.<br>Likely to need help accessing social or mental health care assessments (if required). | 15% (102)                              |

<sup>14</sup> Support need indicators include: mental health, physical health, criminal justice involvement, learning disability, alcohol use and drug use.

<sup>15</sup> Estimates based on needs identified by Rough sleeper outreach service in 2016-17. 663 cases were assessed or closed during this period; of these there were 446 individual people (not all will be rough sleepers but the majority will have been rough sleeping recently or insecurely housed). A number of these were repeat presentations to the service.

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### 2.2 Priority two actions:

**Priority two: “Actively case manage rough sleepers who are reluctant to engage (with help available) by using an assertive outreach model.”**

| Actions to support this priority  | Short <sup>16</sup> , medium <sup>17</sup> or long <sup>18</sup> term priority? | Which partners will help deliver this?   | How will we measure success?   |
|---|---|--|--|
| Work with our partners in substance misuse and mental health services to increase engagement with rough sleepers to help support them into treatment services | Medium  | Norwich City Council/ Norfolk and Suffolk Foundation Trust(NSFT)/ Norfolk County Council/ Public Health/ Norwich CCG | Visible reduction in homeless street drinkers and people using drugs on the streets. Reduction in number of rough sleepers with dual diagnosis <sup>19</sup> |
| Work with our partners to develop a protocol for people who do not engage with support offered to help get them off the streets                               | Short   | Norwich City Council/ Norfolk Police/ Voluntary and faith sector/Norfolk County Council/ NSFT                        | Reduction in the numbers of entrenched rough sleepers.   |

<sup>16</sup> Short term priorities will be completed in the first year of the strategy.

<sup>17</sup> Medium term priorities will be completed in the second and third year of the strategy.

<sup>18</sup> Long term priorities will be completed in the fifth year of the strategy.

<sup>19</sup> Essentially, the **meaning of dual diagnosis** is when someone struggles with both a mental health disorder and substance abuse problems.

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## 3. Priority three:

**“Make the best use of our supported housing system to help people move away from homelessness for good.”**

### 3.1 What does this mean?

It is estimated that there are 58,000 individuals in Britain who face problems of homelessness, substance misuse and offending in any one year.<sup>20</sup> A majority of these people will have experienced mental health problems. People with complex and multiple needs are more likely to make contact with emergency services such as:

- Accident and Emergency
- Police
- Ambulance services
- Crisis mental health team
- Rough sleeper outreach team

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<sup>20</sup> Hard Edges: Mapping Severe and Multiple Disadvantage in England (LankellyChase Foundation, 2015).



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It is estimated that accessing these types of services is costly compared to mainstream services and that the costs attributed to the 58,000 people are between £1.1 billion to £2.1 billion per year.<sup>21</sup> One of the problems of non-emergency mainstream services for this client group is that they often provide help for one single condition and cannot deal with the multiple issues that people present with. Providing accommodation for people with multiple and complex needs is just one part of the jigsaw and it is important that a whole range of support is provided that keeps an individual in their accommodation. "People experiencing multiple needs are likely to live in poverty and experience stigma, discrimination, isolation and loneliness."<sup>22</sup>

In greater Norwich we have some strong examples of agencies that are working together to help people with complex needs, these include a pilot Housing First initiative and previously a Making Every Adult Matter service. These two initiatives have made a real difference in helping people access the care they need so that they can sustain their accommodation. In order to carry on this work we need to share the learning and experiences so that we can continue and develop this way of working thereby helping more people with multiple and complex needs in the future.

### 3.2 Making Every Adult Matter (MEAM) service

St Martin Housing Trust had a 16 months contract with Norwich City Council and its partners from Broadland and South Norfolk Councils to provide a MEAM Co-ordinator role.

The MEAM co-ordinator worked with Local Authorities, the local voluntary sector, statutory services ensuring a comprehensive service is available to those considered most vulnerable as highlighted in strategies including Make Every Contract Count, DCLG and the joint initiative Making Every Adult Matter (MEAM) 2009. The MEAM approach is designed to deliver better coordinated services, improve outcomes, and improve costs, for those individuals who have multiple and complex needs and have been excluded from most other services. Six months into the project 24 individuals have been referred into the service, 22 of which are still currently supported. 73% clients who have access the service have been assessed as having multiple complex needs. In the

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<sup>21</sup> Ibid.

<sup>22</sup> Solutions from the frontline, (Making Every Adult Matter Coalition, Clinks, Homeless Link and Mind).

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first six months using an industry recognised tool<sup>23</sup> to measure client usage of services: offending, health, drug and alcohol and housing, two case studies have showed a saving of £55,628 to these services compared to the previous six months without the service.

### **3.3 Post-detox facility required in greater Norwich**

In consultation with service users, Public Health and housing providers in the area we have identified that there is a need for this type of facility. People who have successfully undergone treatment with their alcohol or substance misuse struggle to find accommodation where people are not using alcohol or substances. The greater likelihood is that people will relapse and will become homeless again. This type of provision has the potential to break the cycle of homelessness providing people with a more stable future.

### **3.4 Future funding of supported housing**

Since July 2011 (with the announcement of the Coalition government's proposal to reform Housing benefit for supported housing) there has been considerable uncertainty for the future funding of supported housing. This uncertainty is set against a background of cuts, for example, to the Supporting People program.

There are a number of threats to the future of supported housing from the following areas:

- Housing Benefit Reform – Supported Housing consultation in July 2011: Announced that the government were looking at how supported housing would be funded in the future.
- Welfare Reform and Work Act 2016: saw the introduction of rent reductions for social landlords.

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<sup>23</sup> Tool designed by MEAM, with FTI Consulting/Compass Lexecon

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- Likelihood that funding for short-term supported will be removed from the welfare system in 2020 and replaced with funding paid directly to upper tier and unitary authorities.<sup>24</sup>

### 3.5 Housing Benefit Reform

In July 2011, the Government said that the current Housing Benefit arrangement for supported housing no longer works for the following reasons and proposed a supported housing review<sup>25</sup>:

- The processing of these benefit claims has become too complicated.
- It is incompatible with other government policies for example: Personal budgets where an individual is enabled to exercise choice in commissioning their own care.
- Does not provide extra help to those requiring personal care or support whose landlord is not one of the prescribed types.
- Provides uncertainty for the housing sector in how rents are determined and could potentially make schemes financially unviable.
- It is costly for local authorities who have to sometimes meet the cost themselves for expensive schemes.

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<sup>24</sup> At the time of writing (17/01/2018) the government are consulting on these and other proposed reforms to short-term supported housing. For more information please see: <https://www.gov.uk/government/consultations/funding-for-supported-housing-two-consultations>

<sup>25</sup> DWP, Housing Benefit Reform – Supported Housing, July 2011.

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Whilst it has been reported that providers recognise funding for supported housing requires reform; the delay (since the announcement of the consultation in July 2011) of any clear policy from the government has created uncertainty within the sector. The consultation set out three types of supported housing based on the different level of benefits available to tenants:

- Group one: Local Housing Allowance (LHA) plus a fixed sum.
- Group two: LHA plus a locally determined top-up.
- Group three: Registered providers with regulated rents plus eligible service charges.

The National Housing Federation has been critical of the above categories used by the government as the distinction between the different types of supported housing was unclear and could jeopardise the original aim of creating a simpler system.<sup>26</sup>

After considerable delay in October 2017 the government published a further consultation on the future funding arrangements for supported housing. At the time of writing this consultation closes on 23 January 2018.<sup>27</sup> The main proposals aim to define what short-term supported housing is and to remove the funding from the welfare system; instead paid directly to upper tier and unitary authorities in an initially ring-fenced budget. There is considerable risk using this approach as it is removing funding currently controlled by district authorities who administer it through the welfare system and hold the main duties around homelessness.

### **3.6 Welfare Reform and Work Act 2016: Rent reductions for social landlords**

The Summer Budget of 2015 saw the announcement of rent reductions for social housing landlords. The Government announced that it wanted social landlords to play their part in helping reduce the welfare bill by reducing rents by 1% a year for 4 years. These measures were introduced via the Welfare Reform and Work Act 2016. During the passage of the bill through Parliament a number of supported housing providers called for an exemption from the rent reduction. Evidence provided

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<sup>26</sup> NHF response to DWP consultation on Housing Benefit and Supported Housing, (NHF,2011).

<sup>27</sup> At the time of writing (17/01/2018) the government are consulting on these and other proposed reforms to short-term supported housing. For more information please see: <https://www.gov.uk/government/consultations/funding-for-supported-housing-two-consultations>

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showed that in an analysis of 14 homelessness supported housing providers this policy would lead to half of them having to close some services, whilst another four would have to stop working with clients with the most complex needs.<sup>28</sup>

On 27 January 2016 the government announced that the introduction of rent reductions in the supported housing sector would be delayed by one year from 01 April 2016. Whilst the delay has been welcomed amongst the sector the continued uncertainty has made it very difficult for providers to plan for the future.

### 3.7 Supported housing in greater Norwich

We have approximately 350 bed spaces in greater Norwich for people who are single homeless. The majority of these are based in Norwich, the towns of South Norfolk and the suburbs of Norwich. These services are important in providing people with pathways back to independent living. We need to ensure that people can access and move through these services as quickly and effectively as possible giving an individual the best possible chance of success when leaving. It is important that people can leave the services as quickly as possible when they no longer need it. The reasons for this are two-fold; to prevent silt up of this valuable resource and preventing access for people needing the service. The actions below are designed to help the supported housing system work as effectively as possible.

### 3.8 Supported housing move-on survey

The Homeless Link Move On Plans Protocol (MOPP) toolkit is designed to help local authorities and service providers audit resettlement needs in homelessness services. The toolkit was used in May 2014 with supported housing providers across greater Norwich and highlighted the following:

- 47 out of 499 planned moves were made into the private rented sector (because landlords were unwilling to let to people on Housing Benefit)

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<sup>28</sup> Page 20, Paying for supported housing briefing paper,(House of Commons Library, July 2016)

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- 85 of the 140 clients were ready to move on were unable to move on because 46 were waiting for social housing, 29 for 2<sup>nd</sup> stage supported housing, 8 for 1<sup>st</sup> stage accommodation and 2 for long term care
- evidence of good practice amongst providers that should be shared with other providers including: reducing evictions for arrears/behaviour, abandonments and improving client engagement
- problem of exclusion from 1<sup>st</sup> to 2<sup>nd</sup> stage accommodation

### 3.9 Hostel exclusion workshop

As a follow-up to the above move-on survey, a workshop was convened with supported housing providers in September 2014 looking at real- life examples of applicants who had been refused accommodation. In order to highlight this issue a sample of cases were presented anonymously to providers. Providers were then asked based on the evidence presented whether they would they accept the applicant. The majority of those present would have accepted the people into their services. A number of recommendations were made as a result:

- Hostel application form (HAF) needs to be remodelled (made smaller) for moves between supported housing providers
- HAF needs to have a more personal feel to it showing the journey of the applicant
- issues around client engagement and suggestions about what tools could be used
- lack of in-reach from other support services such as mental health and drug and alcohol services
- consideration needs to made to use one risk assessment for all providers
- in-house training needed for supported housing staff in drug and alcohol counselling

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### 3.10 Priority three actions:

| <b>Priority three: “Make the best use of our supported housing system to help people move away from homelessness for good.”</b> |  |  |  |
|---|--|--|--|
| <b>Actions to support this priority</b>   | <b>Short<sup>29</sup>, medium<sup>30</sup> or long<sup>31</sup> term priority?</b> | <b>Which partners will help deliver this?</b>  | <b>How will we measure success?</b>  |
| Increase in-reach from specialist support providers into supported housing  | Medium   | Norwich City Council/ Voluntary and faith sector/Norfolk County Council/ Norfolk and Suffolk Foundation Trust/ Norwich CCG | Reduce the number of unplanned moves in supported housing  |
| Work with commissioners to help provide a post detox (dry house) facility in Norwich  | Short and medium   | Norwich City Council/ Norfolk County Council/ Voluntary sector/Norwich CCG   | The provision of a post detox (dry house) facility in Norwich  |
| Pool training opportunities for supported housing staff across providers  | All  | Supported housing providers  | Saves money and resources and encourages closer working with providers   |
| Create an evidence base with agencies and commissioners for supported housing requirements (including                           | Medium and long  | Norwich City Council/Norfolk County Council/Supported housing providers/ Housing associations/ Norwich CCG                 | When an evidence base/research can show what supported housing requirements are required; new services can be commissioned |

<sup>29</sup> Short term priorities will be completed in the first year of the strategy.

<sup>30</sup> Medium term priorities will be completed in the second and third year of the strategy.

<sup>31</sup> Long term priorities will be completed in the fifth year of the strategy.

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| <b>Priority three: “Make the best use of our supported housing system to help people move away from homelessness for good.”</b> |  |  |  |
|---|--|--|--|
| <b>Actions to support this priority</b>   | <b>Short<sup>29</sup>, medium<sup>30</sup> or long<sup>31</sup> term priority?</b> | <b>Which partners will help deliver this?</b>  | <b>How will we measure success?</b>  |
| specialist needs)   |  |  |  |
| Review the greater Norwich hostel move on agreement   | Short  | Norwich City Council/Broadland and South Norfolk Council/Supported housing providers | Numbers of people who move through the system successfully<br>Reduction in the number of people excluded from services and people rough sleeping |
| Work with commissioners and providers to help adopt the new funding scheme for supported housing                                | Long   | Norwich City Council/ Norfolk County Council/Supported housing providers             | Protect existing and development of new services   |

### 4. How this strategy will be delivered

Progress of this strategy will be regularly reviewed by Norwich City Council’s housing options manager and strategic housing team members. Progress will be reported to senior managers and Norwich City Council’s portfolio holders who are responsible for homelessness and rough sleeping. Actions will be reviewed on a regular and continuing basis throughout the life of the strategy. Various forums including the greater Norwich homelessness forum will receive regular updates on the strategy.



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## 5. Glossary of terms

| Term                               | Definition  |
|------------------------------------|---|
| Assertive outreach model           | <p>Typically an assertive outreach model aims to:</p> <ul style="list-style-type: none"> <li>• Identify vulnerable individuals.</li> <li>• Engage with them on their own terms (entrenched rough sleepers are often reluctant to engage with help).</li> <li>• Work relatively quickly to promote changes in people and institutions that help them resolve immediate problems, access housing and other services, and then to make sustained changes.</li> </ul> |
| Clinical Commissioning Group (CCG) | <p>Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. To a certain extent they replace primary care trusts (PCTs), though some of the staff and responsibilities moved to Local Authority Public Health teams when PCTs ceased to exist in April 2013.</p>   |
| Housing First                      | <p>Housing first is an evidence based approach to successfully supporting homeless people with high needs and histories of repeat and entrenched homelessness to live in their own homes. The approach has been used in a number of countries including the United States and Finland and more recently the United Kingdom. Access to housing is fast in comparison to the traditional supported housing pathway approach.</p>                                    |
| Local housing allowance (LHA)      | <p>LHA is a set of rules that determines how much Housing Benefit you can get if you are renting from a private landlord. Eligibility for LHA is the same as it is for Housing Benefit. The LHA was introduced in April 2008.</p>   |

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|                                  |   |
|----------------------------------|---|
| Making Every Adult Matter (MEAM) | Making Every Adult Matter (MEAM) is a coalition of charitable organisations: Clinks, Homeless Link and Mind, formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.  |
| No recourse to public funds      | No recourse to public funds (NRPF) is a term used for people who are subject to immigration control and have no entitlement to welfare benefits, to home office asylum support for asylum seekers or to public housing.   |
| Post-detox accommodation         | If your dependency to a drug or alcohol is severe, an individual may need to go to a hospital or clinic to detox. This is because the withdrawal symptoms will also be severe and are likely to need specialist treatment. In some circumstances a person may need to continue their recovery in accommodation where substance misuse is not tolerated.   |
| Supporting people programme      | The Supporting People programme was launched on 1 April 2003. The main aim of the programme was to help end social exclusion and to enable vulnerable people to maintain or to achieve independence through the provision of housing-related support. Supporting People was a grant programme which was administered through all 152 top tier local authorities, in partnership with housing, health, adult social care services and probation. In 2009 the ring fence for the fund was removed which has led to the dismantling of several services that were created by this programme. |
| Verified rough sleepers          | These are people seen by the Norwich rough sleeper outreach service on one of their early morning outreach sessions.  |
| Vulnerably housed                | A person likely not to hold a legal interest in a property and is likely to be staying in unsafe or overcrowded housing conditions.   |
|                                  |   |

# Norwich City Council: Tackling rough sleeping strategy 2017-22: breaking the cycle of homelessness

## **Primary based research used for this document**

Prompt (Homeless Link), rough sleeper questionnaire, (May 2015).

Greater Norwich homelessness review 2013

Outcomes of previous hostel and rough sleeper strategies

Hostel audit (Move on plans protocol, MOPP, Homeless Link), (2014)

Greater Norwich hostel exclusion workshop, (September, 2014)

Focus group workshops:

- CityReach
- Solo Housing
- Mancroft Advice Project

Data from various homelessness service providers

Performance monitoring data from Norwich City Council commissioned services:

- Rough sleeper outreach service
- Domestic abuse service
- Young person service

## **Secondary research used for this document**

National and local policy (from greater Norwich homelessness strategy 2015-20)

Working with Economic Migrants (Homeless Link, 2014)

Models of accommodation and support for migrants with no NRPF (Housing Justice, Praxis and NACCOM, 2015)