

Stoke-on-Trent City Council



City of
Stoke-on-Trent

Directorate of Housing & Customer Services

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Strategic Review

Homelessness & Rough Sleeping

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Author		Victoria Millns		
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Executive Summary:

The Homelessness Act 2002 requires all local housing authorities to carry out a review of homelessness every 5 years and to use the findings to publish a Strategy setting out how the authority will prevent and reduce homelessness and provide support to those affected by it.

The Council's current Homelessness Strategy was adopted in 2017 and runs until 2020. This review is timely as it also enables the authority to comply with requirements in the Government's Rough Sleeping Strategy published in 2018 to produce a revised Homelessness and Rough Sleeping Strategy by winter 2019.

The impact of homelessness and rough sleeping is felt across public and voluntary sectors and within local communities. People who sleep rough over a sustained period of time are more likely to die young and often find themselves the victims of violence, theft and other crime. This has a significant impact on a wide range of local services. There is recognition that homelessness goes beyond simply a housing issue and in fact, people who experience homelessness often have very poor health outcomes and are excluded from society, the effects of which often combine and escalate over time.

The strength of partnership working to deliver the Council's existing Homelessness Strategy Action Plan has enabled the City Council to be amongst the top performing authorities in the country in terms of preventing and relieving homelessness. It has attracted over £1m of Government funding over the last 2 years to tackle rough sleeping. However, in common with most other local authorities in the country, homelessness and rough sleeping has risen in recent years and this refresh of the Homelessness & Rough Sleeping Strategy provides an opportunity to consider new ways of supporting some of the most vulnerable members of the community.

This brief summary provides a snapshot of the types of people who become homeless in Stoke, the reasons for homelessness and the services that are available to prevent and relieve homelessness. Much more detailed information is contained in the main body of the review.

The causes of the recent rise in homelessness and rough sleeping are complex and inter-related but include pressures in the housing market, in particular the supply of affordable housing, welfare reform including local housing allowance freeze, the benefit cap and the roll out of Universal Credit and the impacts of austerity, in particular pressures on local support services.

The recently constituted Homelessness Reduction Board will provide a multi-agency approach to tackling some of these issues in Stoke-on-Trent.

i) Homelessness in Stoke-on-Trent:

Whilst there is no single figure for how many people are homeless in Stoke-on-Trent or across the UK data from various sources does indicate that, in common with most local authorities homeless in Stoke-on-Trent has risen in recent years.

Data from the P1E, the Government's official homelessness returns, showed that the number of households approaching the Council as homeless rose from 507 in 2015/16 to 666 in 2017/18.

In April 2018, the Government enacted the Homelessness Reduction Act 2017 which introduced 2 new duties; to prevent and relieve homelessness. The Act also increased the length of time people were considered to be at risk of homelessness from 28 days to 56 days. These changes have had a fundamental impact on the recording of those households considered to be 'statutorily homeless', with the number of duties accepted rising from 189 in 2017/18 to 1759 in 2018/19.

By placing a duty on local authorities to prevent or relieve homelessness, irrespective of intentionality or priority need, the Act has enabled households who might previously have been considered "hidden homeless" to be formally recognised and assisted by the Council. This has produced quite a different picture of the type of household likely to become homeless in the City.

76% of households now accepted as owed a homeless duty by the Council under the 2017 Act are single people compared to just 12% previously. There has also been a change in the average age of households accepted, with the proportion of 16-24 year olds rising from 18% to 23% and 45-64 year old rising from 14% to 19% with a corresponding fall in the proportion of 25-44 year olds from 68% to 58%.

The change in approach is further reflected in the reasons people become homeless. The main reason for homelessness is still the loss of a privately rented home; however compared to 2017/18, this has fallen from 30% to 23%. Family and friends being unwilling to accommodate remains the second most common cause of homelessness but again this fell from 25% to 22% in the last 12 months. The biggest increase (and now the 3rd most common reason for homelessness) is "other reasons" including residing in temporary accommodation, rough sleeping etc. Relationship breakdown is now the 4th most common reason (10% of all cases). Also of interest is the increase in the proportion of households homeless due to the loss of a social home (9% compared to 2% under the previous regime).

A third of households assessed as owed a duty were identified as having support needs. The most common of these were mental health issues (16% of all households), drug and/or alcohol dependency (11%), physical ill health or disability (8%), domestic abuse (7%) or a history of offending (5%).

ii) Rough sleeping:

As is true with the national picture, the number of people identified as sleeping rough in the City has been increasing over recent years, with a significant rise in 2018 from prediction of 18 to an estimated 34 people as recorded in the official rough sleeping estimates. Investment in this area following receipt of funding from the Government's Rough Sleeping Initiative has seen this number fall. The RSI funding carried with it a requirement to complete physical counts of people sleeping on the streets. The most recent count recorded in September 2019 recorded 10 rough sleepers across the City.

There are increasing levels of both entrenched rough sleepers and those who are sleeping rough for the first time in the city, but the level of returning rough sleepers has declined slightly in the last year and 65% of new rough sleepers in 2018 did not spend a second night out on the streets.

The median average age of people sleeping rough in Stoke-on-Trent is 35, with the youngest person being 18 years old. Reports revealed that 8% of the case load was aged over 50 years old and 27% of people were younger than 30 years old. The rough sleeping population of Stoke-on-Trent is primarily male dominated; however the number of females has increased in recent years. Of the 43 people dealt with in March 2019 by the Rough Sleepers Team, 7 were female.

86% of local rough sleepers reported some form of mental ill-health and 82% were using drugs on a regular basis. Almost a third of people sleeping on the streets in Stoke-on-Trent are reported to be suffering with physical health issues and a significant proportion either have a history of offending or are still actively involved in offending behaviour.

iii) Housing:

There are currently around 2,663 applications on the Council's Housing Register, of which 862 are considered to be in high housing need (bands 1 and 2 of the Housing Register). Given that approximately 13.5% of the adult population of Stoke-on-Trent is claiming unemployment or incapacity benefits and Employment and Support Allowance and the average full time worker's weekly wage is estimated to be around 16% below the national average, affordability is a key issue affecting access to suitable housing in the area.

iv) Youth Homelessness:

A total of 1110 people accessed supported housing and hostel services during 2018/19 in Stoke-on-Trent, of which 492 (44%) were under the age of 25.

There are currently 851 children in the care of Stoke-on-Trent City Council, of whom there are 211 care leavers currently open to the Children and Family Services.

v) Homelessness and Offending:

176 prisoners were released to insecure accommodation in Stoke-on-Trent during 2018 with 12% of people living in supported housing services reported as being involved with the criminal justice system.

vi) Housing Related Support:

There are 573 units of housing related support commissioned by the City Council, of which 501 are accommodation based units and 72 are floating support or resettlement units. Support is provided across these units for single homeless people and homeless families, people with substance misuse issues, people with poor mental health, people fleeing from domestic abuse and vulnerable young people. Within the provision, there are 11 units of accommodation based support specifically for women fleeing domestic abuse in Stoke-on-Trent.

47% of those residing in hostels have of mental health issues with many having no formal medical diagnosis. In addition, over half of the residents in hostels need support with substance misuse. Supported housing services for homeless people recorded just over a quarter of people suffering with their mental health whilst in service and for many this was their primary support need.

On average, supported housing and hostel services reported a 75% planned move on rate during 2018/19. Whilst evictions represent relatively low proportions of all departures from services and some evictions were recorded as planned moves, the overall number of evictions is increasing from hostels. During 2018/19 there were a total of 111 evictions recorded across all services, of which 83% were from the hostels alone. Of those people evicted, around 40% then went on to sleep rough.

This upward trend in evictions from hostels may be a reflection on the increasingly chaotic nature of the client group, with one of the primary reasons for eviction during the last 12 months recorded as 'failure to comply with policy around drug use'. However, there is an increasing prevalence of people failing to pay service charges, which is indicative of a much larger issue facing supported housing services in the wake of welfare reform. A sudden heightened responsibility for budgeting and management of personal finances, coupled with the presence of often very chaotic lifestyles, is causing an inevitable increase in the number of people not making their service charge payments, falling into arrears and becoming at risk of losing their supported / hostel accommodation.

vii) Homelessness and Health:

Homelessness and health are intrinsically linked. The health of people experiencing homelessness is significantly worse than that of the general population and the cost of homelessness to the NHS and social care is considerable. Data shows that people who are homeless commonly experience multi-faceted health problems, including the prevalence of infectious diseases, dependence on alcohol and other substances and poor mental health. National figures indicate that men and women from the long term homeless population are dying on average aged 47 and 43 respectively, which is a significant contrast to the national average age of 77.

In 2018/19, 377 people of no fixed abode attended the Accident and Emergency Department at University Hospital of North Midlands a total of 613 times. Of those 377 individuals, 99 of them attended on more than one occasion, with one person attending 25 times in the year.

During the same time period, 190 people of no fixed abode were admitted to the hospital on a total of 260 occasions, costing the NHS an average of £1915 per person.

The main reason for admission to hospital and attendance at A&E was poisoning (including overdose).

viii) Homelessness Services:

The Council and its partners collectively provide a wide range of services and initiatives to prevent and relieve homelessness, each funded from a range of sources including the Council's own resources and grants from Central Government. Services include:¹

¹ A more extensive list and description of services can be found within [section 7](#) of this review

- Local Authority Housing Options Service
- Local Authority Young Persons Housing Officers
- Rough Sleepers Outreach Service
- Citywide Citizen's Advice Service
- Young Person's Emergency Bed Space & Mediation Service
- Furniture Provision
- Migration Support Service
- Local Authority Hardship Fund
- Winter Provision
- Bond Guarantee Scheme
- Housing Related Support Provision
- Move on & Floating Support for Rough Sleepers
- Temporary Accommodation
- Housing First programme
- Prison Navigators Service
- Social Lettings Agency
- Peer Mentoring
- Community Outreach Vehicle
- Specialist NPS Worker

Together, these services have enabled the Council to support 1059 households with their homelessness during 2018/19; successfully preventing and relieving homelessness for 785 of those people (74% of duties accepted) placing it amongst the top 25% performing local authorities in the country.

However, there remain a number of challenges that need to be addressed within the refresh of the next Homelessness and Rough Sleeping Strategy and the recommissioning exercise that will take place this year for services to start in 2020.

1. Introduction:

The Homelessness Act 2002 mandates all local housing authorities to carry out a review of homelessness every 5 years and to use the findings to publish a Homelessness Strategy in consultation with local partners and stakeholders. The Strategy must set out how the authority will prevent and reduce homelessness and provide support to those affected by it. In a bid to improve accountability and local responses to rough sleeping, the Government's Rough Sleeping Strategy (2018) stipulates that all local authorities must produce a revised Homelessness and Rough Sleeping Strategy by winter 2019.

With homelessness becoming an increasingly hot topic at both a local and national level, it is critical that spending decisions in Stoke-on-Trent are based on robust evidence of need and demand. It is also essential that resources are apportioned effectively in order to ensure that all commissioned services are cost effective and deliver quality outcomes, which meet the priorities and aspirations for people accessing services in the city.

The impact of homelessness and rough sleeping is felt across public and voluntary sectors and within local communities. The human cost of homelessness is widely acknowledged, with research showing that people who sleep rough over a sustained period of time are more likely to die young² and often find themselves the victims of violence, theft and other crime. We also know that people who are homeless or who have slept rough commonly acquire a complex combination of support needs, coming into contact with several public and voluntary sector services. It is with these impacts in mind that we commit to preventing homelessness wherever possible and supporting those people who do become homeless out of their crisis in a timely and effective manner.

1.1 Achievements since the last Strategy:

The Homelessness Strategy 2016-2020 was developed with a view to putting people's dignity and respect at the heart of all prevention and support services. Stoke-on-Trent City Council and its partner agencies have achieved a great deal over the last few years.

The original six priority action planning areas identified through the Homelessness Review were:

1. People and communities are prepared for welfare reform
2. Health, Housing and Criminal Justice services each contribute to the prevention of homelessness
3. Appropriate services are in place to support young people
4. Effective support through homelessness is available and accessible to everybody
5. Health, housing and social care services are available and accessible to everybody
6. Advice and support agencies in the city operate flexibly

During the lifetime of the Strategy, the priority areas were flexed according to the changing landscape and priority 6 ultimately became *Stoke-on-Trent is prepared for the implementation of the*

² Thomas, B (2011) 'Homelessness: A silent killer – A research briefing on mortality amongst homeless people' - Crisis. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/homelessness-a-silent-killer-2011/>

Homelessness Reduction Act 2017. Many actions within the priority areas were successfully completed:

- The Housing Allocations policy was amended to include greater priority for rough sleepers
- The development of the Homeless Hub initiative to provide an integrated support and advice approach in the city
- The Bond Scheme was reviewed and was found to be well utilised
- The use of the Prevention Pot was reviewed and found to be well utilised
- A new Supported Lodgings service was commissioned from 2017
- The local authority was awarded the National Practitioner Support Service (NPSS) Bronze award for achieving challenge 9 in the 'NPSS Gold Standard'. This challenge relates to no 16 and 17 year olds placed in bed and breakfast accommodation
- Support services for homeless people are consistently promoted amongst private sector landlords through the Private Sector Housing Team including the development of a Tenancy Relations Office Role to help manage and support relationships between private landlords and their tenants to prevent homelessness and reduce the risks of tenancy breakdown and illegal evictions and harassment
- The hospital discharge process has been mapped and research has been completed by Voices. This is due to be published in 2019. There has been an increase in partnership working between the local authority, voluntary sector partners and colleagues in health (specifically, attendance at hospital discharge planning meetings and work to re-launch a hospital discharge policy from the Harplands hospital)
- Housing First is now an established option for vulnerable people in Stoke-on-Trent
- A new Supported Housing service for Care Leavers has been commissioned in 2019, which will ultimately replace the existing Framework provision for young people leaving care.
- A Young Person's Housing and Support Needs Assessment was completed
- An assessment of the barriers to moving on from supported accommodation in the city was completed
- The Homelessness Reduction Act 2017 was implemented and there have been several positive achievements made by the city council. These achievements are explored further in sections [4](#) and [5.2](#) of this review
- A new Citywide Advice Service was commissioned from April 2018 including provision for generalist, independent housing and debt advice services.

There are also a number of significant achievements to report in relation to the reduction of rough sleeping in the city:

- The development of a Rough Sleepers Action Plan in 2018/19
- Introduction of Rough Sleeper specific Housing Needs Officers within the Council's, Housing Solutions team
- Ministry of Housing, Communities and Local Government (MHCLG) funding was secured to tackle rough sleeping with services including a range of measures and activities to impact on rough sleeping;
 - Rough Sleeper Co-ordinator to help improve partnership working across statutory and non-statutory services and reduce barriers that prevent access to accommodation for rough sleepers
 - Enhanced outreach to increase capacity to support those from the streets including the delivery of outreach in the evening as well as early morning
 - Housing First to enhance the model for rough sleepers with multiple and complex needs and reduce the 'revolving door' pathways for individuals
 - Move-on and Supported Lettings to help people move on from the street, hostels and supported housing to maintain and sustain accommodation and prevent repeated homelessness, which has demonstrated improved engagement with rough sleepers
 - Peer Mentoring to increase engagement through support from people with lived experience and promotion of positive activity and increased confidence
 - Navigators to support those who are homeless on prison release to access accommodation with support to prevent a return to rough sleeping and homelessness
 - Local Lettings Agency to help increase the numbers of properties available in the private rented sector for rough sleepers to move from the streets
 - The development of a Homeless Healthcare service to provide a flexible approach to physical health and wellbeing for rough sleepers/vulnerable homeless
 - An extended Night Shelter provision on a 7-day a week basis during the winter period to extend the severe winter emergency provision (SWEP) and emergency beds
- MHCLG Domestic Abuse funding to extend support in the community where refuge or other support accommodation is not appropriate across North Staffordshire.
- Positive recognition from Government, (MHCLG) for the City's approach to partnership working around rough sleeping (Rough Sleepers Action Group, RSAG)

1.2 Review Process:

The key aims of this Homelessness Review are;

- To understand the current and likely future state of homelessness within Stoke-on-Trent;
- To map out the existing and likely future structure around homelessness prevention, including the availability of accommodation and support for those people who may become homeless;
- To outline the resources available to the local housing authority, other public bodies and voluntary organisations to enable the most effective delivery of homelessness prevention services in the area and;
- To inform commissioning and prevention initiatives based on intelligence and better understanding of evidence

1.2.1 Consultation:

Partner agencies and service users have fed into the production of this homelessness review to ensure that the information contained within it is both accurate and sufficient to provide a rounded picture of homelessness in the city.

With the overarching purpose of the homelessness review in mind, the initial stage of the consultation process involved sending a first draft of the review document out to partner agencies across all sectors for feedback. Following the feedback period, the first draft of the review report was amended to reflect the changes suggested.

In addition, the Expert Citizen's, Peer Mentor groups, The Rough Sleeper Team and voluntary sector providers helped to facilitate some group sessions and individual discussions with people in the midst of homelessness or having recently suffered from homelessness. These discussions aimed to gather perspective from people with lived experience and those who are currently homeless about what their experience has been in the city. They were asked;

- What (if anything) might have stopped them from becoming homeless;
- What type of support they needed, or would need, to help them not become homeless again;
- Which services they used to help them with their homelessness and;
- Had they made use of the faith organisations in the city

A total of 52 people provided insight into their homelessness experiences in Stoke-on-Trent. In the interest of clarity, not every person provided an answer for every question and some of the answers given were single words with no additional context, for example simply stating the word "support". There is of course also a general recognition that the answers provided may not be the only issues of importance for the people taking part.

Some people did not know what might have prevented their homelessness, but the most common response to the first question was the need for more support. In total, 20 people stated that the right support was missing prior to becoming homeless. The need for more support from family and friends was a factor for 6 people but more poignantly, there were 14 people who felt that they had

not received the support they needed from services across the city, which represents almost 27% of those asked. More specifically, there was a reported need for greater support with finances, health, life skills in general, addiction and access to affordable housing.

When asked about what people needed to avoid becoming homeless again, 31 people referred to a need for continued support or help, with one person emphasising the need for consistent support and another pleading for services to stop people being “passed from pillar to post”. The key support requirements highlighted included help with finances and money management (8 people), access to affordable housing (7 people), tenancy related support such as managing bills (5 people), abstinence and addiction support (6 people) and help securing employment (3 people).

People listed a total of 31 different services across the city which they had been in contact to help them with their homelessness. The list of services included voluntary sector services, such as local authority commissioned housing related support providers as well as several non-commissioned support services, statutory services such as Housing Solutions at the Council, Health services such as GPs, Job Centres, Food banks, Faith organisations and several charities. There were 9 people who stated that they had support from no services at all, which equates to 17% of those asked.

Finally, 50% of the people spoken to had received services from the faith organisations in the city, with many of those stating that there needs to be more places serving free hot meals and more support for the faith sector in relation to free safeguarding training for volunteers.

People with lived experience of homelessness have emphasised the significance of the right support to help them out of crisis and to help them avoid becoming homeless again. More specifically, consistent and dedicated support from agencies around finances, health and addiction are critical focus areas for relief and prevention. In addition, the availability of suitable and affordable housing is also a key component to relieving homelessness, accompanied by the right level of tenancy related support to help maintain accommodation and avoid becoming homeless again.

People in these focus groups have highlighted that there is a large amount of support available for homeless people in Stoke-on-Trent. There are high numbers of faith organisations and charities, who provide a critical extra level of support in addition to housing related support provision and statutory health and housing advice services. People have indicated that what is missing relates to a level of consistency and responsibility. There is a feeling that people are sometimes passed between the services, particularly in cases of co-occurring substance misuse and mental health, which can exacerbate symptoms of isolation and hopelessness.

1.2.2 Statistical information:

This review analyses homelessness statistics and their context both at a national and local level, in order to promote further dialogue to inform future development of the level and type of support needed within the city for people facing homelessness. The recommendations from this review will then influence the key priorities to be addressed within the Homelessness & Rough Sleeping Strategy 2020 – 2025

The statistical information presented throughout this review has been extracted from a wide range of sources including official government report tables and Homeless Link and Crisis research as well as from several departments within the city council including Commissioning, Housing, Children's Social Care, Adult Social Care, Public Health and the Research and Intelligence Team.

Whilst statistics play a crucial role in profiling homelessness locally and highlighting some of the key trends within the city, this report complements those figures with narrative findings from local and national research around homelessness and its associated complexities, in order to provide a more comprehensive assessment.

People with experience of homelessness are not a homogenous group, with their needs and life experiences rarely following the same path. Within this review, the term homelessness includes people who are sleeping rough, people who are living in hostels and temporary supported accommodation, statutorily homeless households seeking assistance with their housing from the local authority and people who are deemed to be 'hidden homeless', such as those who are 'sofa-surfing' at friends or relatives houses.

2. Strategic Context:

Since 2010, the Government's overarching priority has been to reduce the country's budget deficit through a range of measures, including substantial reductions in public spending. Competing priorities such as protecting investment into the health and education departments, has meant that reductions in spending for other governmental departments have often been more concentrated. Investment in local government has reduced significantly on a national scale, which together with substantial changes to the welfare system and a 'broken' housing market has had a significant impact on homelessness.

2.1 National Strategic Context:

In 2010, the newly elected Conservative and Liberal Democrat Coalition Government launched a 9 year programme of austerity measures that would seek to fundamentally reform the role and structure of the state. In November 2010, the Department for Communities and Local Government (DCLG) included within its business plan a mission to "oversee housing and homelessness policy in England to support the most vulnerable and disadvantaged in communities". A cross departmental working group of Ministers from eight different Government departments was established in order to help address the complex problems which cause people to lose their home.

2.1.1 No Second Night Out (2011):

The Ministerial Working Group's (MWG) first report focused on rough sleepers and those at risk of rough sleeping and was called a "Vision to end rough sleeping: No Second Night Out Nationwide" (2011). The report recognised the need to tackle the broader issues that lead to homelessness in the first place and reiterated the Government's commitment to work together across departments and

with voluntary sector partners to end rough sleeping in England. The report also made a series of commitments on improved access to healthcare and employment support for homeless people, including early access to the Work Programme. Help was also promised to local authorities with significant numbers of migrant rough sleepers to assist in reconnecting them with their home countries. The No Second Night Out model focuses on ensuring, via better intelligence and public awareness, a rapid outreach response to people sleeping rough.

Homeless Link was made responsible for a £20m Homeless Transition Fund, which was available to the voluntary sector to help deliver strategic rough sleeper services within London. There was a subsequent £8m made available to extend the initiative outside of the capital. Almost 200 applications were received from charities across the country, with 41 projects awarded funds outside of London to adopt the No Second Night Out standard. In addition, Crisis was also granted £10.8 million to fund voluntary sector schemes to improve access to the private rented sector for single homeless people.

2.1.2 Making Every Contact Count (MECC) (August 2012):

Following on from the “No Second Night Out” report, the second Ministerial Working Group report: “Making Every Contact Count: A joint approach to tackling homelessness” was published in 2012 and focused on early intervention and systematic change to prevent homelessness. The vision centres on the principle that agencies will work together to make sure that everyone at risk of homelessness can get the help they need, when they need it, to prevent them from losing their home.

The report sets out the Government’s commitment to make sure that every contact that a vulnerable person or family makes with a local agency truly counts towards:

- Continuing to tackle troubled childhoods and adolescence through interventions to turn around the lives of the most troubled families (see [2.1.3](#) below) and by promoting innovative approaches to youth homelessness
- Improving health; including improving outcomes for homeless people with dual substance (drugs and alcohol) and mental health needs and helping to ensure medical professionals who are discharging patients, know who to approach for help to meet housing needs
- Reducing involvement in crime through support to the Police and Crime Commissioners. Also, improving offender access to private rented sector accommodation and measures to help those on short sentences retain their tenancy
- Improving skills, employment and financial advice through new housing demonstration projects which help claimants budget and manage rent payments. Also a commitment to explore a payment by results approach for those some distance from the labour market and piloting community learning trusts

2.1.3 Troubled Families Programme (2012):

On 15th December 2011, during his speech at a Family Intervention Centre in Sandwell, Prime Minister David Cameron officially launched the Conservative and Liberal Democrat Coalition Government’s plans to tackle ‘troubled families’ in England. He announced that in 2010, £9bn was

spent on 120,000 families across the country, equating to around £75,000 per family. The Prime Minister emphasised the significance of the fact that most of that money was being spent reacting to the families issues rather than implementing long lasting resolutions, which together with other on-going problems, was often leading to the children within the family repeating the cycle of disadvantage³.

The initial phase of the Troubled Families Programme (2012 - 2015) challenged local authorities across the country to identify families within their locality, who were characterised by the following:

- No working adult in the family
- Children not being in school
- Family members being involved in crime and anti-social behaviour and;
- Cause high cost to the public purse

Following significant commitment and investment within the “Making Every Contact Count” report of 2012, the Troubled Families Programme placed a responsibility on local authorities to develop new ways of working with whole families, which focused on implementing lasting change. Under the scheme, the government offered up to 40% of the cost of providing extra interventions to work with the families, equating to around £4,000 per family.

Following the initial three years of the programme, the second phase was launched in early 2015, with the aim of helping up to 400,000 families with children under 5 years old, where there is also experience of debt, drug and alcohol addiction, domestic violence and mental and physical health problems. For this second phase (2015 - 2020), the financial resource available was reduced to £2,000 per family.

2.1.4 Welfare reform Act (2012)

Since 2011 the Department for Work and Pensions has introduced a series of welfare reforms, designed to reduce overall welfare spending and to increase employment incentives. Legislation introduced through the Welfare Reform Act 2012 was intended to protect the most vulnerable people in society as well delivering expenditure savings of £13 billion every year by the year 2021. Reforms are still being rolled out across the country and include:

- The implementation of a Universal Credit (UC) to replace a range of means-tested benefits under the previous system. From December 2018 all new claimants and claimants with a change in circumstances claim universal credit. The transfer of other people on existing benefits is being piloted for 10,000 claimants in Harrogate during 2019 with a plan to complete the managed migration progress to UC nationally by 2023.
- The introduction of Personal Independence Payments to reform Disability Living Allowance.
- The reformation of Employment and Support Allowance
- Local Housing Allowance (LHA) reforms including:
 - rates inflating in line with the consumer price index instead of the retail price index

³ [Prime Minister Cameron's Speech \(Dec 2011\)](#)

- freezing of rates in 2016
- Increasing the age bracket for shared room Housing Benefit rate from 25 to 34 (private rented sector only)⁴
- The imposition of penalty charges for people of working age under-occupying social housing; the spare room subsidy
- A benefit cap introduced in 2013. Since November, 2016 the benefit cap for out of work claimants nationally has been £13,400 per year for single claimants and £20,000 for other households (note that London has a higher cap)
- Two child limit on UC and Child Tax Credit 2017
- Benefit conditionality and sanctions. The modern sanctions regime was introduced in 2013.
- The responsibility shift for emergency financial provision for vulnerable groups (Community Care Grants and Crisis Loans) from Job Centre Plus to upper tier local authorities

In order to mitigate the impact of welfare reform measures the Department of Work and Pensions increased Discretionary Housing Payments for local authorities from £20 million in 2010/11 to £165 million in 2014/15. To date the Department of Work and Pensions has not fully assessed the impact of its welfare reforms on homelessness.

In 2017 the Audit Commission⁵ reported that the variations in homelessness across the country are linked to three factors:

- The proportion of households that receive Housing Benefit
- The broad character of different areas
- The affordability of private accommodation

In the Audit Commission report, increases in private rents in the city in recent years are proportionally lower than in other parts of the country. However, the impact of this should be considered alongside other factors such as low income and the fact that there are a high number of people of working age in the city in receipt of benefits (see section [5.1](#))

2.1.5 Health and Social Care Act (2012):

The Health and Social Care Act received royal assent in March 2012 and was born out of a rise in demand for health services, an increase in treatment costs and a recognised need for the improvement and modernisation of the National Health Service. The Act established several key legislative reforms including:

- The establishment of statutory GP-led Clinical Commissioning Groups (CCGs). CCGs commission the majority of health services for their local populations and empower professionals to commission services for the benefit of patients and the local community.

⁴ This reform exempts people who have lived in a homeless hostel for 3 months and those offenders who are subject to a MAPPA monitoring arrangement.

⁵ <https://www.nao.org.uk/report/homelessness/> Homelessness Report, September, 2017

- A new focus for Public Health services saw the responsibility for the health of the local population transferring to the Local Authority in line with the accountabilities they had already for schools, town planning, transport and housing.
- A duty on local authorities to establish Health and Wellbeing Boards. With membership spanning councillors and directors from Public Health, Adult Social Care, Children’s Services and Housing, the founding of Health and Wellbeing Boards locally, strengthened working relationships between health and social care.

2.1.6 Localism Act (2012):

The Localism Act came into force in November 2012, and supports the improvement of local housing options. The Act includes a number of key provisions in relation to homelessness:

- Local Authorities are given the power to discharge their homelessness duty with an offer of accommodation in the private rented sector;
- Social housing tenure reform, which will allow social landlords to grant fixed term tenancies with limited security of tenure;
- The need for local authorities to set out their approach and response in a Tenancy Strategy;
- Social Housing allocation reform which allows Local Authorities to set allocation policies appropriate to the local area

Shortly after the Act received royal assent, the Homelessness (Suitability of Accommodation) (England) Order 2012 came into being. This is the Statutory Guidance to which local authorities must have regard when discharging (ending) their duties to homeless households by using private rented accommodation. The guidance describes situations in which private rented housing should be regarded as unsuitable.

2.1.7 Care Act (2014):

The Care Act represents the most significant reform of care and support in more than 60 years, putting vulnerable people and their carers in control of their care and support. One of the core principles underlining the 2014 Care Act is the promotion of wellbeing. The Act aims to actively promote well-being and independence, supporting the delivery of person-centred services which enables people to retain their independence as long as possible.

The Care Act stipulates that local authorities have a duty to meet service user needs rather than having a duty to provide services. As everyone has individual needs, local authorities will not be able to comply with the Act by providing a ‘one size fits all’ type of service. Instead they will need to put the person at the centre of their care and/or support.

The Care Act also recognises the importance of housing in determining health and well-being, independence and interaction with the wider community. It states: “Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put the health and well-being of people at risk, whereas a suitable home can reduce the needs for care and support , and contribute to preventing or delaying the

development of such needs”. The local authority does not have a statutory duty to provide Housing Related Support services and the Care Act Statutory Guidance (October 2014) 15.61 states that a local authority must provide or arrange for the provision of services that contribute towards preventing, reducing or delaying the needs for care and support.

2.1.8 Homelessness Reduction Act (2017):

The 2017 Homelessness Reduction Act is the biggest change to the rights of homeless people in England for 15 years. It places new legal duties on local housing authorities, amends existing homelessness legislation within Part VII of the Housing Act 1996 and places a renewed emphasis on the prevention of homelessness. The changes include:

- **Prevention duty:** ‘take reasonable steps to help the applicant to secure that accommodation does not cease to become available’. This applies to all eligible applicants who are threatened with homelessness within 56 days. Housing authorities have a duty to assess and to provide a personalised housing plan. The duty ends in the following circumstances:
 - The applicant is successfully prevented from becoming homeless
 - The 56 day timescale lapses (except in the case of a section 21 notice)
 - The applicant becomes homeless, which then triggers the relief duty below
 - The applicant deliberately and unreasonably refuses to cooperate
- **Relief duty:** ‘take reasonable steps to help the applicant to secure that suitable accommodation becomes available’. This applies to all eligible applicants who are homeless. As with the Prevention duty, the local authority has a duty to assess and provide a personalised housing plan. The duty ends in the following circumstances:
 - The applicant is successfully relieved from homelessness
 - The 56 day timescale lapses
 - The applicant deliberately and unreasonably refuses to cooperate
 - The applicant refuses a suitable offer of accommodation

Applicants who are in a priority need, who are deemed to be unintentionally homeless and who remain homeless when the relief duty ends will fall into the original re-housing duty⁶. This duty secures that accommodation is available for occupation by the applicant.

- **Vulnerable Groups:** The Act requires advice services to be designed with certain vulnerable groups in mind, for example, care leavers, former armed forces, people leaving custody, victims of domestic abuse or people with mental health issues.
- **Duty to refer:** Specified public authorities will have a duty to notify a local authority of service users thought to be homeless or at risk of homelessness. The public authorities need to gain the consent of the individual before referring them.

⁶ Within s193 of the Housing Act 1996

2.1.9 Government - Rough Sleeping Delivery Plan (December 2018):

The Government's approach to tackling rough sleeping includes a number of measures to complement other government action already in place. The measures include the Rough Sleeper Initiative (RSI) program, launched in March 2018, which introduced:

- a new specialist team to oversee the RSI, made up of nine specialist rough sleeping advisers and five advisers covering health, employment, prisons and probation. This is funded by government departments and agencies with specialist knowledge across a wide-range of areas including housing, mental health and addiction
- a £30 million fund for 2018 to 2019, with further funding agreed for 2019 to 2020, targeted at local authorities with high numbers of people sleeping rough. The Rough Sleeping advisory Team works with local authority areas to support them to develop tailored local interventions to reduce the number of people sleeping on the streets
- £100,000 funding to support frontline Rough Sleeping workers across the country to make sure they have the right skills and knowledge to work with vulnerable rough sleepers.

In addition, the government is also working with the National Housing Federation to look at providing additional, coordinated move-on accommodation for rough sleepers across the country. This builds on the existing 3,750 'clearing house' places already provided in London

2.1.10 Rough Sleeping Strategy (August 2018):

The Rough Sleeping Strategy is a wide ranging strategy, which sets out the Government's plans to help people who are sleeping rough. Its vision is to halve rough sleeping by 2022 and to end it by 2027 and builds on other programmes underway to tackle homelessness, such as the Homelessness Reduction Act 2017. The Government is supporting the Strategy with £1.2 billion of funding to tackle homelessness, including £100 million of investment for 2018 – 2020. The Rough Sleeping Initiative, Cold Weather Fund and Rapid Rehousing Pathway are part of these funding opportunities provided by Government and the Council has already secured some of these resources for the benefit and support of rough sleepers in the City.

The Strategy includes a range of 61 commitments made by departments⁷ across Government, intended both to help those who are sleeping on our streets or currently at risk of doing so and to lay the foundation for a focus based around three core values; prevention, intervention and a rapid rehousing approach to recovery.

Prevention focuses on providing timely support before someone becomes homeless; Intervention sets out how the Strategy will help people who are already in crisis to get swift, targeted support to get them off the streets and the third principle, Recovery, emphasises how people will be supported to find a new home quickly and rebuild their lives via a new rapid rehousing approach.

⁷ Government Departments including; Dept. of Health & Social Care, Ministry of Justice, Dept. for Work & Pensions & Dept. of Further Education, Home Office, Govt. Equalities Office & Public Health England

2.2 Local Strategic Context:

Since 2010 the city council has seen a 28% reduction in spending power and there has been a need to transform services and in some cases to reduce their costs to improve their efficiency and deliver outcomes that impact residents' lives for the better.

2.2.1 Allocations Policy

Stoke-on-Trent City Council's current Allocations Policy came into effect from 1st April 2018, having been updated following the implementation of The Homeless Reduction Act 2017.

The Policy includes information on how applicants to the Housing Register will be prioritised and selected for an offer of housing. All applicants receive bespoke housing advice and a Housing Need Assessment, which determines eligibility, qualification, community contribution and banding entitlement. The Assessment also includes a review of the household's income and expenditure.

The Policy includes 4 priority bands;

Band 1 – Urgent Need

- *Urgent Medical Need;*
- *Severe Overcrowding – deficient by three or more bedrooms;*
- *Homeless- owed or considered to be owed a homeless duty under section 190 (2) or section 193 (2) of the 1996 Housing Act;*
- *Social and Welfare – Exceptional Need;*
- *Health and Safety grounds – Exceptional Need;*
- *Armed Forces personnel and/or their spouses, with an urgent level of housing need;*
- *People who need to move to a particular locality in the district of the housing authority, where failure to meet that need would cause hardship to themselves or others, for example people such as foster carers who give care and people who need to move in order to receive care*

Band 2 – High Need

- *Overcrowding – deficient by two bedrooms;*
- *Ready to move on from Supported Housing or Approved Premises (including those leaving the care of Stoke-on-Trent City Council);*
- *Homeless and owed or considered to be owed a prevention duty under section 195 or section 189 (b) of the 1996 Housing Act as amended by the Homeless Reduction Act 2017;*
- *Medical Grounds – given a high priority for medical assessment;*
- *Armed Forces Personnel and/or their spouses, with a high level of housing need;*
- *Council tenants who are under-occupying by two or more bedrooms;*
- *Council tenants adversely affected by welfare reform who need to move to a lower rent property;*
- *Health and Safety;*
- *Discretionary Cases;*
- *Other homeless categories and vulnerable and /or street homeless or at risk of street homelessness;*

Band 3 – Low Need with Community Contribution

All applicants in this band will meet the criteria outlined for community contribution and one or more of the following:

- *Other homeless categories;*
- *Welfare Grounds;*
- *Hardship;*
- *Medical Grounds – given a medium priority for medical assessment;*
- *Armed Forces Personnel and/or their spouses, with a housing need;*
- *Council tenants who are under-occupying by one bedroom;*
- *Households interested in Retirement Properties with no other housing need;*
- *Overcrowding – deficient by one bedroom;*

Band 4 – Low Need

All applicants who do not meet the community contribution criteria but who meet one or more of the following:

- *Other homeless categories*
- *Welfare Grounds*
- *Hardship*
- *Medical Grounds – given a medium priority for medical assessment*
- *Council tenants who are under-occupying by one bedroom*
- *Households interested in Retirement Properties with no other housing need*
- *Overcrowding – deficient by one bedroom*

2.2.2 Tenancy Strategy (2013 – 2016):

The Localism Act 2011 provides a framework for social housing providers to offer new, more flexible tenancy arrangements with the purpose of facilitating:

- Better use of social and affordable housing to effectively address housing need
- Better use of social and affordable housing to more effectively contribute to sustainable community outcomes including in relation to work/employment
- Increased local and customer accountability for the use of social and affordable housing

Stoke-on-Trent City Council's Tenancy Strategy will be reviewed in 2019. The review will include consultation with local Registered Providers and will reflect the changes highlighted within the Housing and Planning Act 2016.

2.2.3 Housing Strategy 2017-2022:

The Housing Strategy identifies five key stages of life, each of which brings with it different needs and aspirations for housing. The Strategy is focused on ensuring there are suitable homes and support available for people in all these life stages:

1. Students;
2. Young people;
3. People who want to settle down;
4. Maturing families;
5. Older people.

Delivering improvements and driving up standards in housing quality by investing in new and existing council homes is the key objective for housing development and regeneration in the city. During 2018-19 the city council undertook the following activities:

- Began development of a new sheltered housing scheme in Fenton. Residents will move in from late 2019
- Began construction at the Abbots House site. This will provide 14 homes for adults with learning difficulties. Allocations will be through the Council's Adult Social Care team and completion of the scheme is planned for summer 2019
- Approved plans for a £40 million regeneration opportunity for the Bucknall New Road Estate and the Pyenest Street area in the city. This will deliver around 380 affordable new homes.
- Agreed a scheme for the Fenton area which will deliver 135 new homes providing a mix of supported and family housing
- Commenced delivery of the Reviving Communities Scheme, bringing long term empty homes back into use and regenerating the area
- Launched a Safe and Warm Homes Grant to help prevent hospitalisation and assist independent living by making people's homes warmer and safer
- Launched an Empty Homes Grant to help increase the quantity and quality of housing stock as well as management practices by offering only to landlords who were members of the Landlord Accreditation Scheme North Staffs
- Employed a dedicated HMO officer to ensure that HMOs in the city are fit for purpose and the management standards are met.

2.2.4 Health and Wellbeing Board:

Health and Wellbeing Boards are an integral part of the Government's reforms to NHS, Public Health and Social Care. The city council's Health and Wellbeing Board includes partners from health, Adult's and Children's Social Care, city councillors and Health Watch, who work in partnership to address issues of health, wellbeing and health inequalities across the local area.

The Board's key functions are:

- To undertake a Joint Strategic Needs Assessment (JSNA)
- To develop a Joint Health and Wellbeing Strategy
- To ensure that the commissioning plans and activities of Clinical Commissioning Groups and the City Council are consistent with JSNA and the Health and Wellbeing Strategy
- To support development of Joint Commissioning, Integrated Delivery and Pooled Budgets
- To assess needs for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised assessment
- To encourage integrated working under the Health and Social Care Act

A number of themed sub-groups report to the board, covering the areas of Children and Young People, Adults, and Crime and Disorder. In addition, the board has a number of partnership boards to provide full stakeholder engagement and involvement on specific areas of work, such as Learning Disabilities and Older People.

2.2.5 Joint Strategic Needs Assessment:

The key aims of a Joint Strategic Needs Assessment include:

- To describe the local community's current and future health, independence and wellbeing needs. It is a high level needs assessment that provides local commissioners with a wealth of quantitative and qualitative data that clearly describes the key issues for the local population
- To provide information so that commissioners are enabled to set strategic priorities and formulate solutions for service delivery and redesign to reduce inequalities and improve health and wellbeing outcomes
- To highlight local issues based on the analysis of the available information. It identifies where needs are not being met describing these as themes for action
- To look at information and trends and provides an insight into the years ahead.

The health and well-being of individuals and populations across all age groups is influenced by a range of factors both within and outside the individual's control. The JSNA comprises of a range of reports which look in more detail at social and environmental factors, economic factors and deprivation as they apply to the city. The city council's current JSNA is under review and the latest information is set for publication in 2019.

2.2.6 The Community Safety Partnership:

The Communities Team at the city council includes a strong partnership response in relation to Community Safety; improving how we respond to incidents of Anti-social behaviour. Since its inception, the team has been involved in the following activities:

- Worked with the Community Safety Partnership to refresh its aims and priorities and support them to develop plans around seven key priority themes (Anti-Social Behaviour and Public Space Violence, Youth Violence and Vulnerability, Serious Organised Crime, Domestic Abuse, Offender Management and Preventing Violent Extremism).
- Supported the launch of new services to support victims of Domestic Abuse and those with Substance Misuse issues. Funding has been awarded to community projects in priority locations or against priority themes, including funding to facilitate youth activities and deliver new CCTV cameras in hot spot areas. The team has worked with partners to identify funding to assist the homeless and to provide outreach to new psychoactive substance users.
- Joint patrols are now being undertaken by Police, Rough Sleepers Team, Voices and other support agencies in order to provide practical help to homeless people.

- Developed a Multi-Agency Resolution Group (MARG) meeting to intervene with complex individuals who cause repeat issues for services and adversely impact on the community. This meeting is attended by partner agencies at a senior officer level including the Police, Rough Sleepers Team, Voices, Community Drug and Alcohol Service and the council ASB team.
- Developed a town centre delivery plan with actions designed to provide a full partnership response to issues common in town centres, like rough sleeping, drug and alcohol misuse, street drinking and aggressive begging. To support this, more than 300 businesses were contacted in the city. This delivery plan template was shared with Staffordshire Police who has adopted it for all town centre plans across Staffordshire. The city council coordinated a number of ‘weeks of action’ with partners in hot spot locations including Hanley, Stoke and Tunstall which have received positive feedback from communities and businesses alike.
- After wide ranging public consultation a Public Space Protection Order was approved for Hanley City Centre in order to enhance the partnership response to reports of ASB in this area.

The city council’s Community Investment Fund is managed by the Communities team. The fund supports a range of projects that provide support for local people, some of whom are affected by homelessness. Examples of projects that have been funded in 2018/19 include new washing and kitchen facilities at the Temple Street night shelter in Fenton and building improvements and the purchase of a minibus to provide outreach support to rough sleepers for the Macari Foundation.

2.2.7 Rough Sleeping – Stoke-on-Trent:

The Council has been successful in a number of bidding rounds to the Ministry of Homes, Communities and Local Government’s (MHCLG) to secure funding via the Rough Sleeping Initiatives, Cold Weather and Rapid Rehousing Pathway funding opportunities. This has resulted in additional funding of just over £1 million for Stoke-on-Trent for the 2018-2020 period. This has and will continue to deliver a range of initiatives in association with our partners during this time, to support rough sleepers off the streets including:

- **Rough Sleeping Initiatives:**
 - A Rough Sleeper Co-ordinator for the City to improve and integrate more joint/partnership working (Brighter Futures);
 - Expansion of the Rough Sleepers Outreach team (Brighter Futures) to expand number of staff and hours of outreach support and coverage for the team;
 - Additional floating and peer support for people moving on from hostel/supported accommodation to help people sustain independent living in the community (Arch North staffs)
 - Additional emergency hostel beds and support to offer rapid relief from the streets (Salvation Army);
 - Funding to help secure more accommodation for the homeless/rough sleepers in liaison with Landlords from the Private Rented Sector, to provide move on accommodation from hostels and supported housing and those directly from the streets where appropriate. This will in effect help to free up hostel beds for those requiring supported accommodation direct from the streets;

- Expansion of a Housing First scheme which will be utilised to offer a more flexible approach for those with complex needs and who lead chaotic lives to move directly from the streets; (Brighter Futures/Arch North Staffs/Voices);
- To develop a Homeless Healthcare Service that will provide flexible healthcare on an in-reach basis to hostels or other suitable day centre/drop in locations and through assertive outreach, to improve accessibility and engagement, and to avoid some of the challenges such as stigma or previous negative experiences;
- **Cold Weather Funding:**
 - Additional night shelter accommodation during the winter period 2018/19 for an extended period. including 7-nights a week from January to March (Stoke Churches Night Shelter/Brighter Futures);
- **Rapid Re-housing Initiatives:**
 - Introduction of Well-being Navigators to support homeless people released from prison. to improve engagement and resettlement 'through the gate' and to support long term rehabilitation, recovery and prevent repeat rough sleeping and cyclical custodial sentences (Arch North staffs);
 - Development of a Local Lettings Agency to increase the availability of accommodation for homeless/rough sleepers in the Private Rented Sector working closely with the Council's Housing Solutions Team to increase move on options from emergency and temporary accommodation and also directly from the street where appropriate. (Arch North Staffs);
 - Introduction of Supported Lettings to provide tenancy support including; landlord liaison, improved tenancy sustainment, homeless prevention and increase accessibility into the private rented sector for those moving on from temporary or emergency accommodation or straight from the street if appropriate (Brighter Futures/Arch North Staffs).

In March 2019, an evaluation of the Rough Sleeper Initiatives was undertaken by the Expert Citizens. The overarching finding from the report was that the programme was working well, but that greater capacity was required to achieve the best outcomes for people.

With the support of the Rough Sleeper Advisory Team at the Ministry for Housing, Communities and Local Government (MHCLG) and through partnership work with members of the local Homelessness Forum, Stoke-on-Trent City Council has produced a Rough Sleeping Action Plan, which is monitored regularly.

Further examples of strong partnership working can be seen through the established Rough Sleeper Action Group meeting, which takes place fortnightly and the bi-monthly rough sleeper counts, both of which see representatives from relevant agencies coming together to focus on the needs of vulnerable people.

2.2.8 Hardship Commission:

In 2014 Stoke-on-Trent City Council established a Hardship Commission to understand the nature and extent of poverty-related hardship in the city. The Commission includes representatives from a wide range of public, private and voluntary sector organisations. Its main aim is to minimise poverty and to strengthen the support available for those who suffer it.

In February 2015, *RRR Consultancy Ltd* was commissioned by Stoke-on-Trent City Council to undertake qualitative research into the needs of people in poverty-related hardship⁸. The purpose of the research was to inform action to prevent and mitigate the impact of hardship on local people. In order to ensure that the aims and objectives of the research were met a range of research methods were adopted including a literature review, analysis of secondary data, focus group, and interviews and case studies with people experiencing hardship.

The research report revealed that people experiencing hardship invariably accessed a wide range of different agencies and services, with existing supported housing services and local advice agencies providing invaluable support in a non-judgemental manner. There is recognition within the report that there is a growing divide between the rich and the poor and that there are pockets of severe deprivation across several areas of Stoke-on-Trent. The study reveals that hardship affects people from different ethnic and social backgrounds in different ways and that it is essential to target early interventions within those localities with the greatest concentration of poverty.

Based on lived experiences, one of the key recommendations within the report relates to the need to change people's attitudes towards those in hardship, rather than a critical need for extra resource. The report recommends an Asset Based Community Development approach to tackling the issues associated with deprivation, which essentially challenges the existing population of the city to ensure the best use of existing resources rather than seeking to create new services. There is also an identified need for clearer information as to what type of support is available and how to access it, as well as which benefits people may be entitled to claim.

The Commission contributed to the development of the City Council's action plan for the roll-out of Universal Credit in June 2018, and continues to monitor the human impacts of hardship locally.

2.2.9 Homelessness Hub Initiative:

The Hanley Baptist Church 'hub' initiative in Stoke-on-Trent emerged following work instigated by Staffordshire Police to tackle issues including; homelessness, street drinking, begging and anti-social behaviour. The hub model is a co-ordinated response from statutory and voluntary services to tackle these issues and to provide services flexibly so that people that need support can access them easily.

Partner agencies within the city have worked together to secure a central location and have mobilised the model, which commenced in early December 2018 to coincide with a community breakfast service already being provided from the location from 10am -12pm on a Tuesday morning.

⁸ 'Qualitative Study of Poverty Related Hardship in Stoke-on-Trent' (July 2015)(RRR Consultancy Ltd.) Available [here](#)

In order to provide an informal approach services and agencies are located at their own desks with name cards around the periphery of the room. There are boards between the desks to provide some privacy.

By 2021, the city council, in conjunction with partner agencies across the city, plans to further enhance the hub model with the addition of purpose built temporary accommodation units to help address rough sleeping in the city, together with additional move on accommodation to support transition into more independent living.

2.2.10 Homelessness Reduction Board:

The Homelessness Reduction Board is a recently created forum which aims to serve as a multi-agency strategic group. The group will engage all partners (Statutory & Non-Statutory) together in order to drive the Homelessness & Rough Sleeping Strategy going forward, hold partners to account and focus on wider issues; resources, barriers and identify good practice. Drivers for introduction of the Board originated from the Ministry for Housing, Communities and Local Government's (MHCLG) national consultation around Statutory Homelessness Reduction Boards.

The formation of the group also demonstrates a strategic commitment to tackling the issues around homelessness and provides a collective responsibility for homelessness by all.

2.2.11 Multi-agency meetings across the city:

There are a wide variety of partnership meetings in place across the city to tackle homelessness and rough sleeping, many of which have been established recently in response to the increasing need for organisations to provide a more holistic and flexible approach to meeting people's needs. Table 1 highlights some of the key partnership meetings that take place currently in the city:

Table 1			
Meeting:	Frequency:	Attendance:	Focus:
Homelessness Forum	Quarterly	Councillors, LA Commissioning, LA Housing (Housing Solutions, Housing Enabling, Housing Standards), Housing Benefits, DWP, Staffs Police, Adult Social Care, Health integration and Wellbeing teams, NHS, CCG, Voluntary Sector Services, Expert Citizens, Voices	Strategic Meeting: A local partnership which ensures high quality services for people affected by homelessness in Stoke-on-Trent and seeks to understand the issues of homelessness so they are recognised as a priority.
Rough Sleeper Action Group	Fortnightly	Rough Sleeper Team, LA Commissioning, LA Housing Solutions, Voices, Voluntary Sector Agencies, Staffs Police, Community Drugs and Alcohol Service, Adult Social Care, Health	Operational Meeting: Created to support the activities of the Rough Sleepers Outreach support service across Stoke-on-Trent and Newcastle under Lyme. The focus of the group is to find accommodation options for people who are rough sleeping.

		integration and Wellbeing teams, Non-commissioned services such as Macari Centre and church groups	Where cases cannot be resolved, they can be referred into the Multi-agency Resolution Group
Vulnerable Women's Action Group	4 weekly	Awaiting TOR	Operational Meeting: To discuss the support in place for vulnerable women across the city
City Management Meeting	Fortnightly	Police, ASB Teams within the city council, Rough Sleepers Team, Voices, Community Drugs Service	Operational Meeting: Looking at those who are prolific offenders across the city and what support is in place to assist the customer to cease further offending activity. Where cases cannot be resolved, they can be referred into the Multi-agency Resolution Group
Multi-agency Resolution Group	4 weekly	Voices, LA Housing Management, LA Housing Solutions Management, Adult Social Care Management, Arch North Staffs, Staffs Police, Staffs Fire & Rescue, DWP, North Staffs Combined Healthcare Trust, Public Health	Strategic Meeting: To provide a forum for intervention to unblock barriers and empower practitioners supporting adults with care and support needs across the city.
Young People and Care Leavers Meeting	4 weekly		Operational Meeting: To discuss young people in care who are due to turn 18 within the next 6 months and those at risk of homelessness
Access to Housing Meeting	As required		Operational Meeting: To discuss blockages in accessing accommodation and to agree planned moves where possible between providers
Wider Welfare Reform Group	Quarterly	LA Commissioning, LA Housing Management, Housing Benefits, DWP,, Libraries, Voluntary Sector Services, Financial Inclusion Group Chair, Citizen's Advice Bureau	Strategic Meeting: To provide a forum for assessment of the local impact of welfare reform
Financial Inclusion Group			
Offender Accommodation Forum		Police & Crime Commissioners Office, LA Housing Commissioning,	
Domestic Abuse Commissioning and Development Board		Police & Crime Commissioners Office, Partners across Staffordshire	
Offender Management Commissioning and Development Board		Police & Crime Commissioners Office, Partners across Staffordshire	
Suicide Prevention Partnership (Stoke-on-Trent & Staffordshire)			
Mental Health STP Ops group			
Mental Health Crisis Care Concordat working group			

Hospital Discharge Planning Group	Quarterly	LA Housing Solutions, LA Housing Commissioning, CCG representatives from Nursing & Quality Directorate, University Hospital North Midlands, District Nursing, Midlands Partnership Foundation Trust (MPFT)	Strategic Meeting: A partnership approach to tackling some of the issues when planning for hospital discharges.
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3. Factors which influence Homelessness & Rough Sleeping:

This section of the review looks at demographic factors likely to affect future housing need and wider factors such as economic growth, employment and household income. The common perception of Stoke-on-Trent as a poor-quality, post-industrial environment is exacerbated by the abundance of traditional terraced properties and large post-war industrial estates in comparison to the rest of the country. Furthermore, there are in excess of 3,500 empty homes across the city, of which 1,865 have been empty for more than 6 months⁹ together with a large number of derelict industrial premises.

Historically, the pottery industry employed as many as 70,000 people either side of World War II, with more than 46,000 people engaged directly in the manufacture and decoration of bricks, pottery, tiles or glass. Current estimates suggest that there are now between 6,500 and 7,000 people in the industry. In 1931 more than 17,500 residents were engaged in mining and quarrying and some 6,500 in metal production (Shelton Bar Steelworks). However, by 1991 these figures had declined to 2,100 and 600 respectively and by 2001 both of these industries had disappeared from the city's landscape altogether¹⁰.

Data from the 2018 Annual Population Survey identified a multitude of lower social groups resident in Stoke-on-Trent with 24.9% of the adult population classified as process plant and machinery operatives and in elementary occupations compared with 17.0% nationally.

Whilst Stoke-on-Trent is not unique in its suffering from significant post-industrial decline, other poor economic and social structures, as identified in the Indices of Deprivation, combine to exacerbate the problem locally.

The initial analysis of local poverty-related hardship undertaken by the city's Hardship Commission in 2014 suggested that there may be as many as 11,349 households within Stoke-on-Trent experiencing some form of hardship, with a further 13,566 households exhibiting hardship characteristics. The report also reveals that there are 9,150 households on the cusp of hardship within the city, equating to more than one-in-three households across the city.

⁹ Calculation of Council Tax Base (October 2018)

¹⁰ City of Stoke-on-Trent Statistical Summary' (April 2019)

3.1 Demography:

The population of Stoke-on-Trent peaked in the years either side of World War II, with the 1931 and 1951 census returns recording populations of 276,639 and 275,115 respectively. During the subsequent 50 year period up to 2001, and in line with significant industrial degeneration in the city, the population in Stoke-on-Trent declined by almost 35,000 people.

Official population mid-year estimates from 2018 tell us that the overall number of residents has risen by around 6% since 2001, with around 255,833 people currently living in the city. Furthermore, future projections indicate that the population will continue to increase, reaching c.269,700 by the year 2041. Growth is anticipated to be concentrated in the over 65 age group, whilst the working age population is expected to decrease. The number of over 65's in the city is currently estimated to be in the region of 43,200 people, equating to an approximate 11% increase since the 2011 Census.

There is a documented tendency for families and adults aged over 25 to move out of Stoke-on-Trent into neighbouring localities and younger adults are generally attracted to the city; most likely drawn in by the two universities and the availability of affordable housing stock. However, whilst the age profile of Stoke-on-Trent now largely reflects the regional and national picture, there is evidence to suggest that the population locally is ageing at a much slower rate than initially projected.

The 2011 Census revealed that 92% of Stoke-on-Trent residents at that time were born in the UK. The number of non-UK born residents in the city more than doubled during the decade following the 2001 Census, rising from 3.7% of the total population in 2001 to around 8% by 2011. The city has some well-established minority ethnic (ME) communities and according to the 2011 Census data, almost 60% of the city's prevalent Pakistani and Bangladeshi population were born within the UK.

There is no single accurate measure of international migration into or out of the city; however there are data sources available, which can be used to draw the high level conclusion that international migration into the city has increased significantly over the last 15 years following successive waves of EU Accession and International conflict in the Middle-East and Sub-Saharan Africa.

Although arguably the most accurate source of information to monitor ethnic diversity within an area, Census data can very quickly become dated due to the fluid nature of migration. Local birth and death rates show that currently, births outnumber deaths by almost 1000 per year in the city, leading to a population increase due to 'natural change'. The combination of international migration into the city and 'natural change' recorded in the city, the overall population has only grown by around 6,000 people since 2011. This indicates that without international migration over the last decade, the population of Stoke-on-Trent would have likely continued the downward trend observed following the end of World War II.

A number of international migrants entering the city each year are seeking asylum and subsequently acquiring Refugee status¹¹. Upon entering the UK, Asylum Seekers are primarily housed in 'Initial Accommodation'. Following this preliminary placement, they are then dispersed across the West Midlands until a decision is made regarding their application. Dispersal should be in line with agreed cluster limits of 1:200 of the population for each local authority area. Corresponding to the 2011 Census data, the cluster limit for Stoke-on-Trent is 1245. In December 2018, it was reported that there were 926 asylum seekers in Stoke-on-Trent, placing the city at around three-quarters of its cluster limit. Anecdotal evidence suggests that Asylum Seekers, who successfully apply for asylum and become Refugees, tend to stay in the city if this is where they have been dispersed to.

3.2 Economy¹²:

The 2011 Census and more recent data from the Annual Population Survey 2017 reveal that the adult population in the city is significantly more likely to be engaged in occupations classified in low socio-economic groups, including people in routine and unskilled occupations; and those who have never worked and are long-term unemployed; when compared with the national average.

One in five working age households in Stoke-on-Trent contains no-one in work, compared with one in seven nationally. Currently 3.5% of the adult population in the city is claiming unemployment benefit (and 3% are now claiming Universal Credit) with a further 10% continuing to claim Incapacity Benefits and Employment and Support Allowance.

There are 39,000 people within the city who are classed as 'economically inactive'; including students, people looking after their family or their home, people who are long-term sick and those who are retired; collectively equating to around 15% of the total population of the city. However, although described in official statistics as 'economically inactive', local people who are not in employment still make an active contribution to the local economy and are arguably less likely than the more affluent population to export their spending into other areas.

The socio-economic classifications published in the 2011 Census and subsequent data from the Annual Population Survey 2018 has revealed an under-representation of people with managerial, professional and technical occupations in the city, this goes some way to explaining low average wages in the area. The average full time worker's weekly wage in Stoke-on-Trent is estimated to be approximately 16% below the national average.

It is true to say that no single factor leads to financial hardship although it is well documented that many social, economic and health problems are rooted in early life experiences. In 2019, there are

¹¹ Migrants are not necessarily Asylum Seekers. A person who is fleeing their country for fear of persecution, war or violence may enter another country and claim asylum. A person may then be granted Refugee Status if the person is found to be genuinely fleeing persecution, war or violence and cannot return to their country safely. Usually, the UK issues a new refugee 5 years leave to remain in the country, after which period they can apply for indefinite leave to remain

¹² Economy figures are extracted from NOMIS official labour statistics (April 2019) & 'City of Stoke-on-Trent Statistical Summary' (April 2019)

very few families living in 'absolute poverty'¹³ in the UK compared to previous decades, however over the last 30 years, the income divide in the country has grown significantly, leading to an increase in 'relative poverty'¹⁴.

A clear indicator of financial hardship in an area is the increasing use of food banks. The Trussell Trust is the largest provider of food banks throughout the UK and has a presence in Stoke-on-Trent. Latest figures from the local food banks show that during 2018, there was a 42% increase in vouchers issued, with 36% more food being distributed. Of those households in receipt of food parcels, 48% were single adults, 14% were couples, 17% were single parents and 15% were families of up to 4 people. The most common reason for food bank usage was recorded as low income, with a delay in benefit payments following closely.

On a more positive note, Stoke-on-Trent has a total of 114,200 people who are in employment and perhaps contrary to expectation, the city's local economy has continued to recover from the recession since 2009. Figures indicate that Stoke-on-Trent's economy grew significantly faster than the UK rate between 2009 and 2017, ranking it 29th out of 179 economic areas during that period.

3.3 Health:

The Joint Strategic Needs Assessment in Stoke-on-Trent states that Stoke-on-Trent is the 14th most deprived local authority in England out of 326 comparative authorities. The health of local people is generally worse than the England average. 5 out of every 10 people in Stoke-on-Trent are living in the top quintile of deprivation (compared with 2 out of every 10 nationally) and 23% of children under the age of 16 live in poverty compared to 16.8% across the country. In addition, deaths and alcohol admissions from alcohol are higher than the England average, with 3 drinkers dying every week locally.

Overall life expectancy levels amongst men and women in Stoke-on-Trent have stalled, whilst health outcomes across the city vary considerably. For example, men living in the most deprived areas live 9.6 years less than men in the more affluent areas on average. For women, this difference is around 6.4 years less.

Cancer, circulatory disease and respiratory disease kill significantly more people before they reach the age of 75 in Stoke-on-Trent than elsewhere in the country. Rates of drug use remain significantly higher locally than the rest of England, with people using Crack more likely to be outside of treatment services than the England average. In 2016/17, just less than 1 in 5 opiate users who

¹³ 'Absolute poverty' refers to a condition where a person does not have the minimum amount of income required to meet the minimum requirements for one or more basic living needs, such as food, clothing, shelter etc.

¹⁴ 'Relative poverty' refers to a condition where a person does not have the minimum amount of income required to maintain the average standard of living in the society where they live – it is the difference between rich and poor

started treatment in Stoke-on-Trent had a dual drug / mental health diagnosis, with dual diagnosis rates locally being far lower than the England average.¹⁵

It is widely accepted that ill health can be both a cause and consequence of homelessness and that people who experience homelessness suffer extremely poor health outcomes relative to those of the general population. Section [4.8](#) of this review further explores the links between health and homelessness at a local level and highlights some of the most common reasons for admissions to hospital amongst the homeless population in Stoke-on-Trent.

3.4 Housing:

3.4.1 Social affordable housing:

The social housing stock within the city generally comprises large numbers of traditional terraced properties and post-war local authority estates. During the 1980's, there were almost 33,000 council owned properties in the area; however following almost 40 years of 'right-to-buy' sales and stock transfers to Housing Associations, there are now approximately 18,179 council owned properties and around 8,000 properties owned by local Registered Providers¹⁶ within Stoke-on-Trent.

There are currently around 2,663 live applications on the Housing Register¹⁷, of which approximately 862 are considered to be in greatest housing need (bands 1 and 2 of the Housing Register).

Whilst there are a substantial number of social rented and private sector homes in existence, they are not always of a type or quality to meet modern expectations. Given that approximately 13.5% of the adult population of Stoke-on-Trent is claiming unemployment or incapacity benefits and Employment and Support Allowance and the average full time worker's weekly wage is estimated to be around 16% below the national average, affordable housing is a critical housing option in the area.

People with a history of rough sleeping can frequently struggle to access social housing due to issues around rent arrears or anti-social behaviour that may be restricting them from joining the Housing Register. In Stoke-on-Trent, there is a local lettings plan in place currently to help support existing or former rough sleepers to access appropriate city council accommodation, where they may otherwise have been excluded. This plan is written to support the Government's plan to halve rough sleeping by 2022 and end it by 2027. The plan stipulates that the 'unacceptable behaviour' criteria within the Allocations Policy could be waived as long as a clear package of support is in place for the individual and options within the private rented and supported housing sector have been explored.

¹⁵ https://www.stoke.gov.uk/directory_record/333579/joint_strategic_needs_assessment/category/299/adult_care_and_wellbeing

¹⁶ Figures extracted from 2018 [Live Data Tables: www.gov.uk](#) – (Data correct at 1st April 2018)

¹⁷ Data cited from the "Delivering Housing Growth in Stoke-on-Trent" briefing (2019). The Housing Register provides a single point of access into council owned properties and properties allocated to the council through Nomination Agreements with Registered Providers. Further information about the Allocations Policy in place to manage the Housing Register can be found in section [3.2.1](#) of this review

The Strategic Housing Market Assessment Update (SHMA 2017) compares the supply and demand of affordable housing across the city. Findings from the assessment indicate that the existing annual supply of affordable housing options in Stoke-on-Trent is unlikely to meet the demand generated over the next 5 years, with projections suggesting a need for 210 affordable homes in the city each year. Furthermore, the evidence indicates that of the required properties, a large proportion of them will require only one bedroom, although a need exists for housing of all sizes.

Historically, Registered Providers have delivered a significant proportion of the affordable housing offer in the city but in recent years this has reduced to a minimum, with many Registered Providers indicating that they will not be embarking on any large scale development programs in the city in the near future. This issue, coupled with the fact that the city council loses on average 150 properties per year through 'Right to Buy', which are not currently being replaced, supports the SHMA findings of a marked shortage of affordable homes in the city.

3.4.2 New housing supply:

The current Housing Strategy recognises the imbalance between demand for housing and the availability of suitable, affordable housing options and seeks to drive growth and enhance the housing offer in Stoke-on-Trent so that a wider demographic can find the distinctive, quality home that meets their aspirations.

In October 2018, the Government lifted the cap on local authority Housing Revenue Account borrowing. The cap was lifted to enable local authorities to make a meaningful contribution towards solving the national housing crisis. At that time, Stoke-on-Trent City Council already had development plans underway to build approximately 800 new homes but following the lifting of the cap, there is now a proposed six year plan to either directly deliver or facilitate delivery of almost 4,700 new homes in the area by the end of 2024/25, of which around 1,300 will be deemed affordable, including affordable home ownership options.

3.4.3 Private rented sector:

The total housing profile within Stoke-on-Trent comprises around 113,000 properties and around 90,258 (79%) of those properties are within the private sector and of those, 83,203 (92%) are occupied. The Private Sector Stock Condition Survey (2018) indicates that of the 83,203 occupied private sector properties, 62,706 (75%) are owner occupied and 20,317 (25%) are within the private rented sector. The overall standard of accommodation varies depending on the age, type and location of the property but generally speaking the poorest quality housing exists within the private sector, particularly prevalent in the city's older, pre-1919 terraced stock, which dominates the inner urban core¹⁸.

Issues such as high levels of deprivation, low economic investment and low income levels have had a major impact on the open housing market. Low household incomes have also led to limited investment in homes leading to high levels of disrepair across the private sector. However,

¹⁸ Figures extracted from the Private Sector Stock Condition Survey 2018

interventions from the city council's Private Sector Housing Team in 2018/19 identified and eradicated over 1,000 serious hazards in properties which did not meet the Government's minimum standard for housing within the private rented sector.

As social housing becomes more difficult to access, with higher demand and fewer properties available, the private rented sector is becoming the only option for many households despite its reputation as expensive and insecure. To improve the offer within the private rented sector, the city council operates a Landlord Accreditation Scheme, which helps to educate landlords about their responsibilities and rights so that tenants are not illegally evicted and the landlord feels adequately supported. In addition, the council employs a Tenancy Relations Officer, who provides support and manages the relationships between landlords and tenants to reduce the risk of tenancy breakdown, illegal eviction and harassment. The Tenancy Relations Officer prevented homelessness in 73% of cases during 2018/19.

Until recently, the city council operated selective licencing across several designated areas within Stoke-on-Trent. Selective licencing assisted local authorities to tackle poor condition; low demand and social issues where they are concentrated in areas with high numbers of private rented properties and there was a requirement for landlords to apply for a licence to be a landlord in that area, which minimised the risk of poor quality landlords in the city.

As part of the Government's Rough Sleeper Initiatives Programme for 2019, the city council has been awarded funding to deliver a social lettings agency and a supported lettings scheme. These schemes include further support for landlords as well as tenancy sustainment support for tenants to alleviate repeat homelessness, as well as providing more intensive housing related support for those with more complex needs and to broker access to accommodation across all tenures. In addition, the schemes will aim to increase the portfolio of good quality and stable private rented accommodation available to rough sleepers.

3.4.4 Empty homes:

According to the latest Council Tax Base data returns submitted to central Government in October 2018, the total number of empty dwellings in the city was 3,533, of which 1,865 (53%) were classed as long-term empty properties, as they have been empty for more than 6 months. These properties are the primary focus of the city council's Empty Homes Team, which undertakes investigations to trace and contact owners of long term empty homes and to apply various initiatives and incentives to help bring the properties back into use. 234 empty properties were brought back into use in 2018, with more than £3m of private sector capital invested into the city's private sector housing stock.

4. Trends in Homelessness & Rough Sleeping:

The image most people conjure up in their minds when presented with the concept of homelessness is people sleeping rough on the streets, which is probably down to rough sleeping being the most visible form of homelessness in society. The reality of course is that rough sleeping represents only the 'tip of the iceberg', with a much wider group of people are affected by other forms of homelessness or a lack of safe and stable accommodation. The homeless charity Crisis provides a useful depiction of the different categories of 'core' and 'wider' groups of homelessness:

Table 2	Core Homelessness	Wider Homelessness
<ul style="list-style-type: none"> ➤ Rough Sleeping ➤ Sleeping in cars / tents / public transport ➤ Squatting (unlicensed / insecure) ➤ Unsuitable non-residential accommodation (e.g. bed in a shed) ➤ Hostel residents ➤ Users of night / winter shelters ➤ Domestic abuse survivors in refuges ➤ Unsuitable temporary accommodation (e.g. bed & breakfast, hotels etc.) ➤ Staying with others (not close family) on short term / insecure basis 	<ul style="list-style-type: none"> ➤ Staying with friends / relatives in the longer term as unable to find own accommodation ➤ Eviction / under notice to quit (and unable to afford rent / deposit) ➤ Asked to leave by friends / relatives ➤ Intermediate accommodation and receiving support ➤ In other temporary accommodation (e.g. social housing / private rented sector) ➤ Discharged from prison / hospital or other state institution without permanent housing 	

Within the provisions of the Homelessness Reduction Act 2017 legislation, local authorities now have a renewed statutory duty to take all reasonable steps to safeguard against accommodation ceasing to become available to people ('Prevention Duty'). Alongside this, there is also a duty to ensure that suitable accommodation is made available to people who are already homeless or who become homeless following the end of the prevention duty ('Relief Duty'). For those who cannot be assisted through these measures, the main duty to accommodate those who are deemed to be in priority need and who are found to be unintentionally homeless¹⁹ also remains in place.

Tackling homelessness continues to be a political priority both locally and nationally and following increased levels of rough sleeping and street activity, there has been a surge in media focus and public attention over recent years.

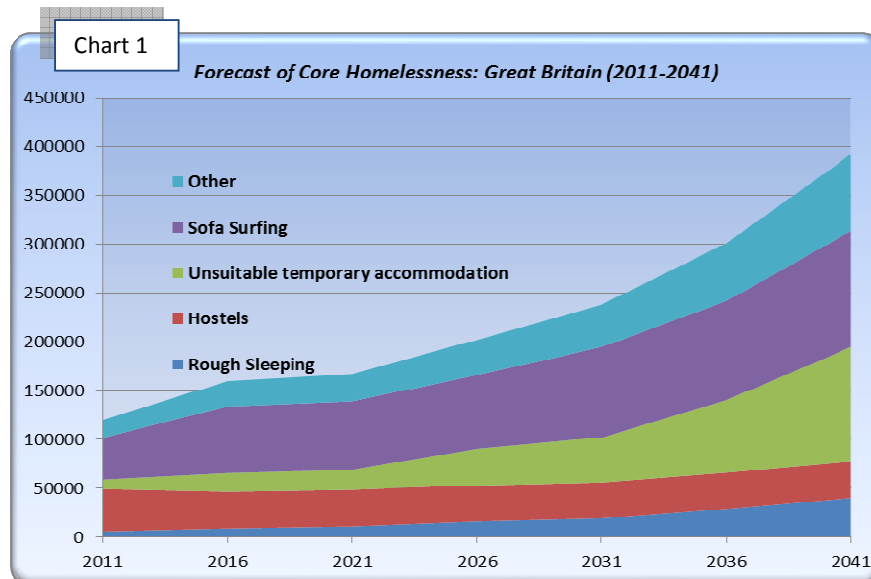
¹⁹ Within the provisions of s193 of the Housing Act 1996, as amended by the Homelessness Act 2002. This definition remains unchanged within the Homelessness Reduction Act 2017, except that people are only owed this duty if their homelessness has not been successfully prevented or relieved.

4.1 Current levels of homelessness & rough sleeping in Stoke-on-Trent:

There is no single figure for how many people are homeless in Stoke-on-Trent or across the UK. This is in part down to the fact that many people experiencing homelessness do not appear in official statistics at all, on account of their managed reliance on friends and family to maintain their lack of settled accommodation. Official national statistics show that homelessness across the country has increased significantly since 2010. National street counts and estimates showed that on a single night in autumn last year there were 4,677 people sleeping on the streets around the country, which although reflected a 2% decrease on the previous year, equated to an overall 94% increase between 2013 and 2018. In addition, Shelter estimates that there are currently between 300,000 and 320,000 people experiencing homelessness across the country.

In 2017, Crisis adapted a standard sub-regional housing market model to forecast future levels of core homelessness. The model assumes the continuation of existing policy around welfare reform and a relatively neutral scenario for the economy and labour markets to make predictions over the next 20 years.

Chart 1 shows that homelessness is expected to plateau in the short term future, largely due to improvements to the general housing market, current financial incentives for local authorities such as the Rough Sleeping Initiatives and a favourable labour market. However, the long term projection indicates a potential 69% increase in levels of core homelessness by the time we reach 2041. That said; the increase is anticipated to be concentrated in areas of London and the South of England, with regional figures for the Midlands indicating an upsurge of closer to 53%.

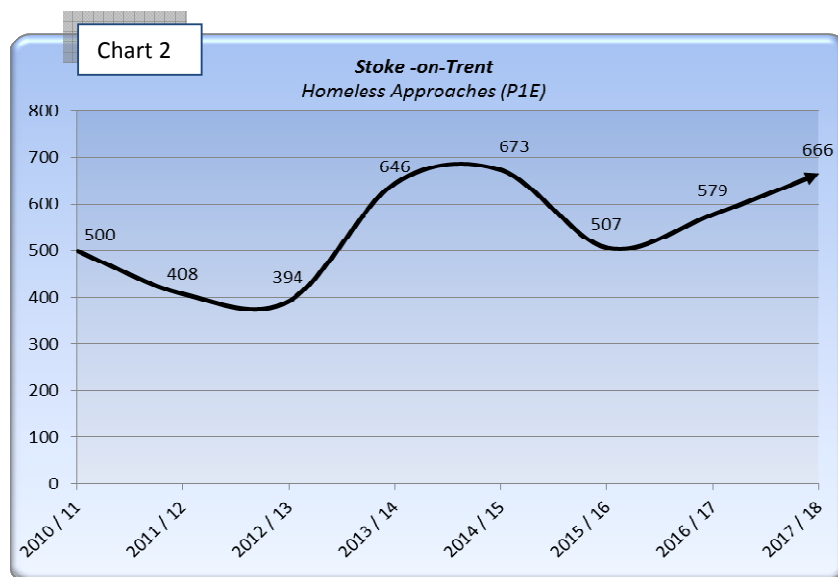


Source: Crisis Core Homelessness Projections, 2017

Historically, the Government has collated information on all households deemed to be unintentionally homeless and in priority need on P1E forms in order to monitor the number of statutorily homeless households in the country. The accuracy of this information has been widely criticised, as the figures mask the true extent of the situation with figures excluding those who do not approach the local authority for assistance with their homelessness. Consequently, any post-2010

statements around homelessness that are based purely on statutory reporting mechanisms should always be viewed with a level of caution. Since the implementation of the Homelessness Reduction Act (2017), a new Homelessness Case Level Information Collection (H-CLIC) monitoring system was introduced to capture levels of homelessness and replace the existing P1E system. The charts below highlight trends identified through the P1E statistics and those emerging from HCLIC analysis. However, the two reporting systems, although similar in structure, can not be compared directly due to the additional duties placed on local authorities following the HRA (2017), which will have had an impact on the levels of people approaching the authority for assistance.

Chart 2 takes headline P1E data as a starting point to profile changing levels of homelessness need in Stoke-on-Trent since 2010. It is important to note that these figures do not provide a full representation of all foot fall within the local authority's housing solutions service, but should be viewed as an indicator of the numbers of people approaching the local authority for homelessness assistance.



In 2012, the Stoke-on-Trent Housing Options Service implemented several proactive changes to their administrative processes. Changes included ensuring that officers took a full homeless application from anybody approaching the authority who claimed to be threatened with homelessness within 28 days; a process which had previously been unnecessary due to effective triage and other homelessness prevention activities upon initial presentation. This procedural change may, to some extent, account for the spike in recorded homeless approaches during the financial year 2013/14. However, notwithstanding this adjustment there is still a marked increase in the number of people approaching the authority for assistance. The 3 years following 2015/16 shows a further significant upward trend.

Chart 3 depicts a more detailed breakdown of the individual statutory decisions made in Stoke-on-Trent as a proportion of all decisions that year according to P1E reports. The data highlights an overall decrease in the percentage of statutory acceptances and an increase in the proportion of people deemed 'not homeless' or intentionally so. Following 2013/14, percentages have somewhat

levelled, with similar numbers of applicants being accepted as those who were considered not to be homeless at the end of investigations or found to be intentionally homeless.

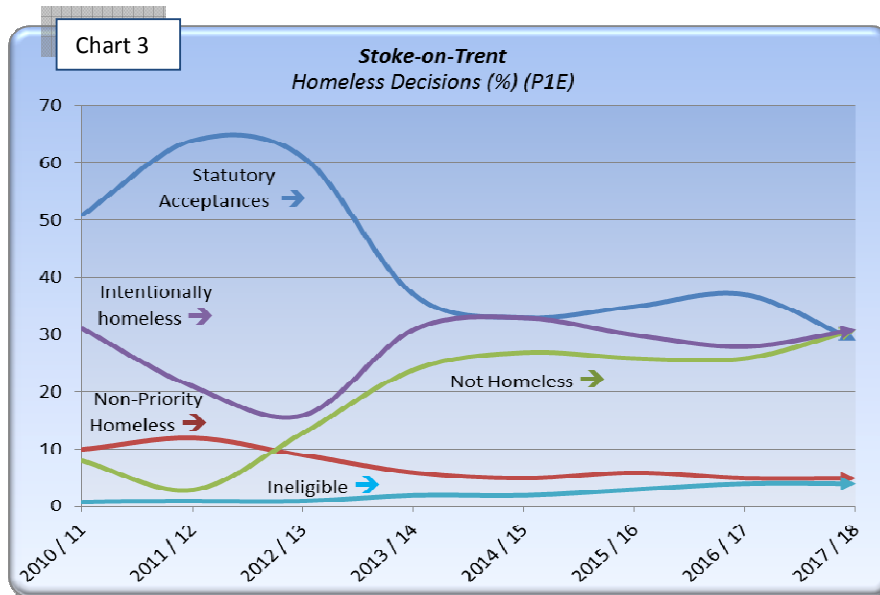


Chart 4 highlights the duties that have been identified since the implementation of the Homelessness Reduction Act according to HCLIC data captured for 2018/19. The data shows that of the 1918 assessments that were undertaken during the reporting period, 1759 people were owed a duty.

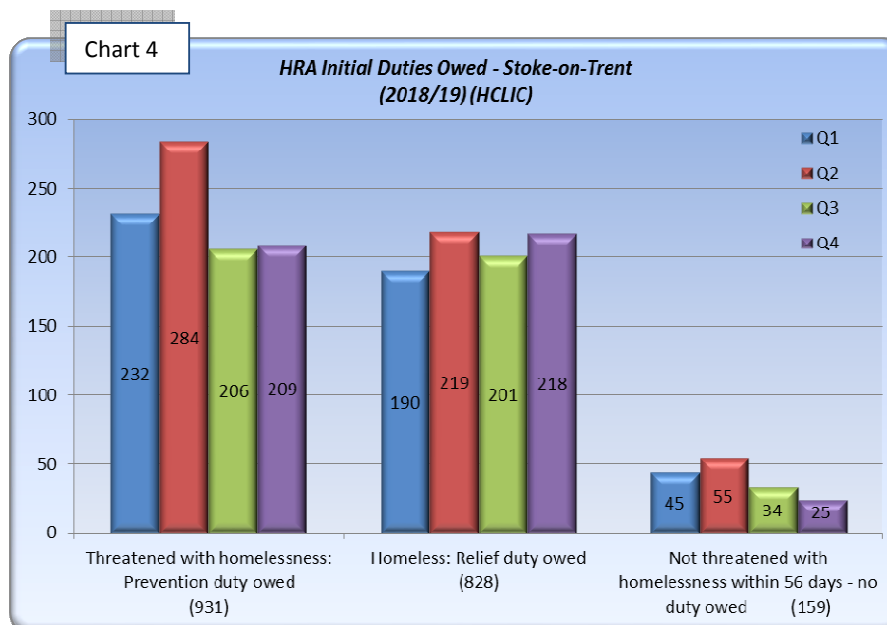
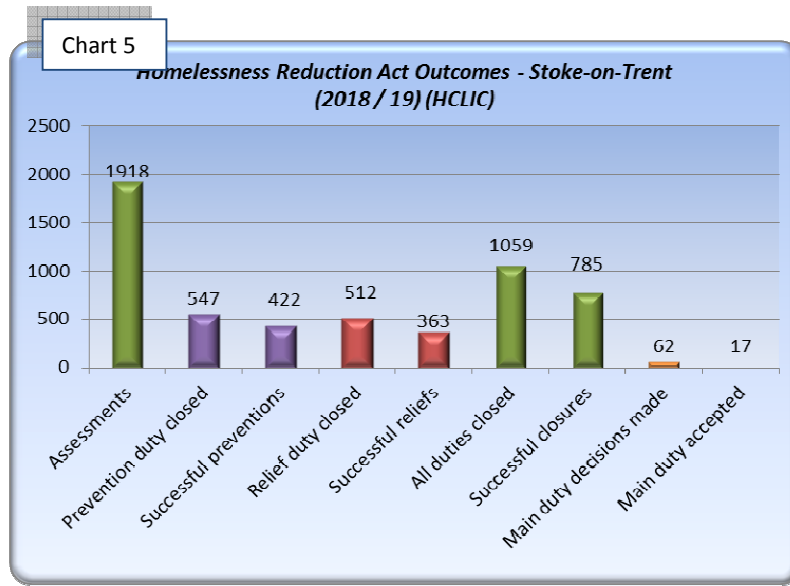
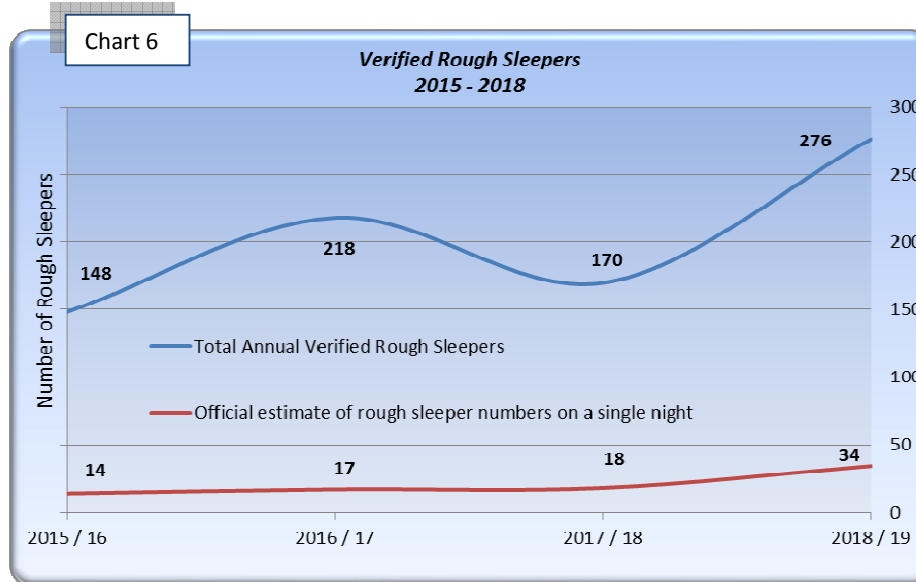


Chart 5 shows the activity undertaken following identification of the new duties according to HCLIC data. There were a total of 785 successful preventions and reliefs recorded during the reporting period.



Typically, rough sleepers do not tend to be represented in official statutory homeless statistics. Chart 6 shows the numbers of verified rough sleepers in Stoke-on-Trent over last few years, as recorded by the city council commissioned Rough Sleeper Service, alongside the annual estimates submitted by the authority. Last year saw the highest number of people that the city has ever had sleeping on the streets. This trend is supported further with the increase in the official annual rough sleeper estimates, which provide a snapshot indication of rough sleeping on a given night in autumn in the area.



Within the last 12 months, Stoke-on-Trent City Council has been successful in a number of bidding rounds to the Ministry of Homes, Communities and Local Government's (MHCLG) to secure funding via the Rough Sleeping Initiatives, Cold Weather and Rapid Rehousing Pathway funding opportunities. This has resulted in additional funding of just over £1 million for Stoke-on-Trent for the 2018-2020 period. The additional resource has and will continue to deliver a range of initiatives in association with our partners during this time, to support rough sleepers off the streets. The full

list of initiatives is presented in [section 2.2.7](#) of this report. Since the inception of the Rough Sleeper Initiatives, the council and its partners have been required to complete bi-monthly rough sleeper counts. The official counts, facilitated by the Rough Sleeper Coordinator, take place in the early hours of a pre-determined morning every two months. Several teams of volunteers search the city for people physically bedded down sleeping on the streets and report the total figure to central government. Chart 7 highlights the findings of the official street counts. Although there is some fluctuation in the figures, which may be indicative of variations due to adverse weather or other influential factors, the overall trend is that there are fewer people reported to be sleeping on the streets.

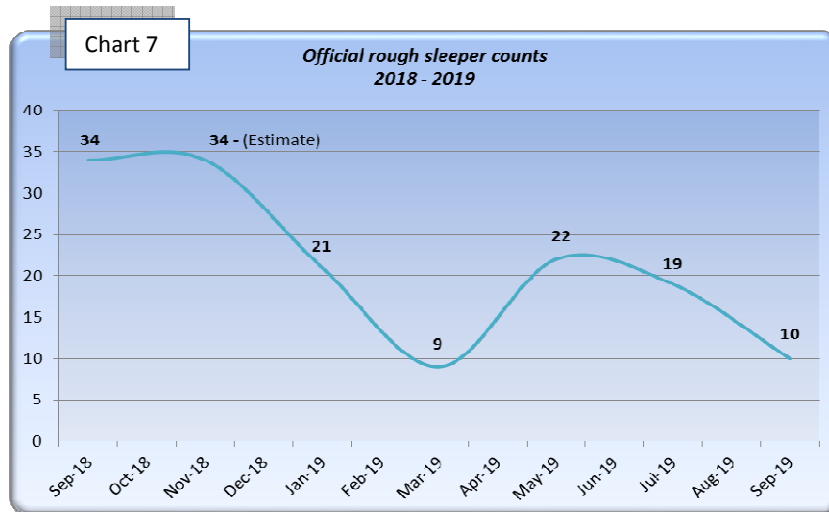
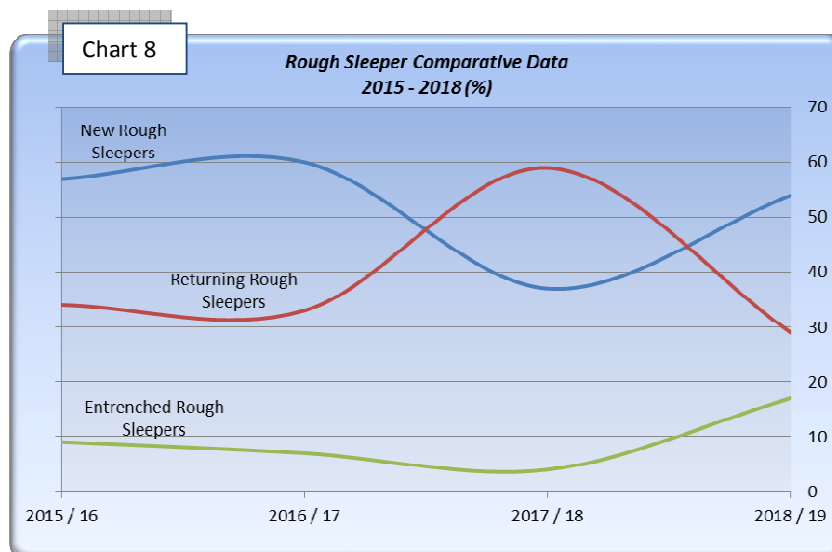


Chart 8 breaks down the proportion of verified rough sleepers who were new to the streets compared to those who have slept rough before. The figures show that there are increasing levels of both entrenched rough sleepers and those who are sleeping rough for the first time in the city, but the level of returning rough sleepers has declined slightly in the last year. Moreover, evidence from the Rough Sleepers Service shows that 65% of new rough sleepers in 2018 did not spend a second night out on the streets.



Alongside the statutory information from P1E returns, HCLIC and the official rough sleeping counts and estimates from across the country, a further key factor when assessing levels of homelessness is the presence of 'hidden homelessness', an issue for which there remains no conclusive figure in Stoke-on-Trent due to the difficulty in measuring this concealed group of people.

In July 2011, Crisis carried out a research project looking at 'hidden homelessness' in England.²⁰ For the purposes of the study, hidden homelessness was defined as '*non-statutory homeless people living outside of mainstream housing provision*', in other words; people who become homeless but who find a temporary solution by staying with family members or friends, living in squats or in other insecure accommodation. The report indicated that people experiencing 'hidden homelessness' tend to fall into one of two categories:

- People who could have exited homelessness promptly with the correct assistance, but instead are at risk of joining the population of long-term homeless people with complex needs if their homelessness endures or;
- Vulnerable people with high support needs for whom a system of support exists (rough sleeper teams, supported housing, hostels etc.), but who are not accessing this support.

There are estimates of around 300,000 people hidden away in hostels, temporary shelters and unsuitable, overcrowded accommodation around the UK. People who experience 'hidden homelessness' are likely to be a diverse group, comprising many different ages and nationalities but the Crisis report concluded that as many as 62% of single homeless people may not be recorded in official statistics, indicating that this is the likely to be the most common group of people hidden from services. As the Homelessness Reduction Act becomes more embedded, the estimated figure may well decrease substantially, as statutory duties are now owed to the single homeless population.

Local statistics show that homelessness in general has increased over the years and until recently has been significantly more visible in Stoke-on-Trent. The inception of the Rough Sleeping Initiatives appears to have had a positive impact on the volume of people forced to sleep on the streets, but there remains no definitive indication around how many of the estimated 300,000 hidden homeless population are currently in Stoke-on-Trent and homelessness nationally is at an all-time high. It is clear that further investment in this area is critical.

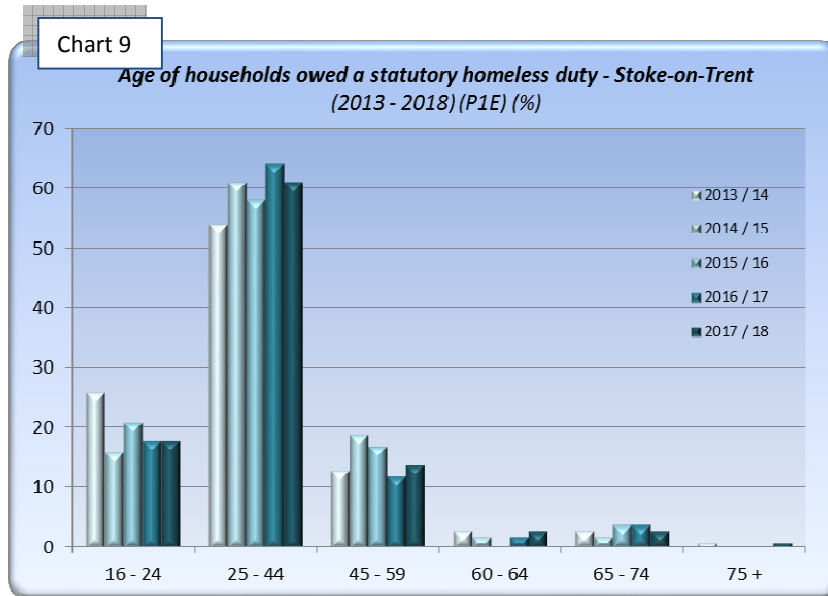
4.2 Who becomes homeless?

According to the UK Poverty and Social Exclusion Survey 2012, homelessness tends to be heavily concentrated amongst young, underprivileged lone parents or single people, who are renting accommodation within urban areas of the UK, a description which is largely synonymous with the statistical profile of Stoke-on-Trent. The Crisis report "The Hidden Truth about Homelessness" (2011) added further weight to this statement.

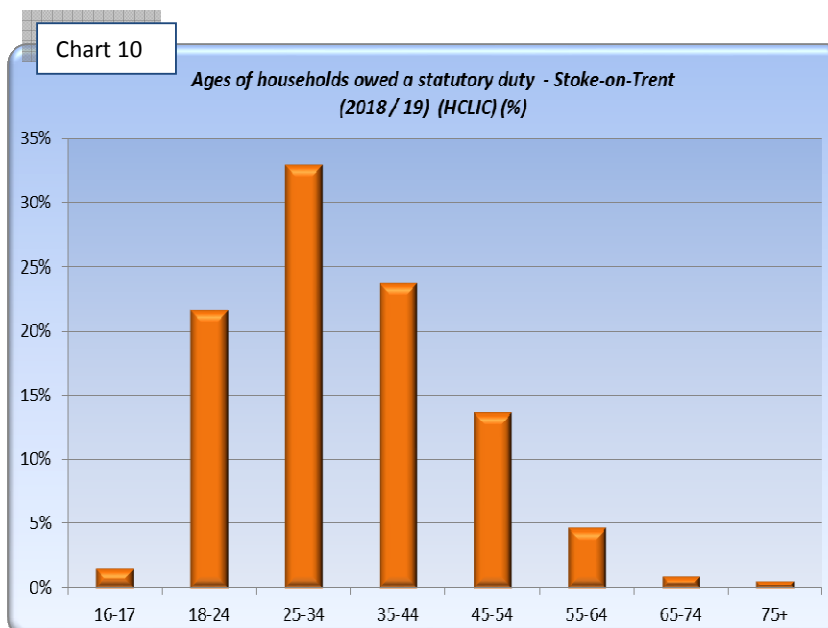
²⁰ Reference: Crisis report – "The Hidden Truth about Homelessness" – July 2011 (450 people surveyed)

4.2.1 Age:

According to official P1E statistics, people owed a statutory homeless duty in Stoke-on-Trent are most commonly aged between 25 and 44 years old, which has been a consistent pattern over the last few years. That said however; it is notable that the age parameters set out in the national P1E statistics are not evenly distributed and because there are a greater number of ages grouped into this category, it is perhaps not surprising that this contains the highest proportion of people. Nevertheless, chart 9 displays comparative age trends for Stoke-on-Trent over previous years.



Data collected more recently through the HCLIC return breaks up the age brackets into more even splits and shows that there is more of a concentration of 25-34 year olds being owed a statutory duty under the new legislation than other age groups, as depicted in chart 10.



Prior to 2018, the number of young people aged 16-24 represented in the official statistics significantly decreased over the years, which largely reflects the national picture. This is likely to be attributed to improved preventative measures imposed by local authorities for young people across the country. This is particularly relevant in Stoke-on-Trent, as there are two specialist Housing Needs Officers in post, who are interlinked with Children's Services and are responsible for managing all young people and Care Leavers who are threatened with homelessness in the city.

Notwithstanding improved practice around young people, there was growing concern nationally that young people were being dissuaded from making official homeless applications with local authorities²¹. The data in chart 10 reveals that the proportion of 16-24 year olds has increased from around 18% to 23% under the 2017 Act. The impact of youth homelessness is explored in greater detail within section [4.5](#) of this review.

Evidence provided by the Rough Sleeper Service for 2018/19 shows that;

- The youngest person on the case load was 18 years old
- 8% of the case load were aged over 50 years old (with the oldest person being 63)
- 27% were under 30 years old
- The median age for people sleeping rough in Stoke-on-Trent is 35 years old

4.2.2 Ethnicity:

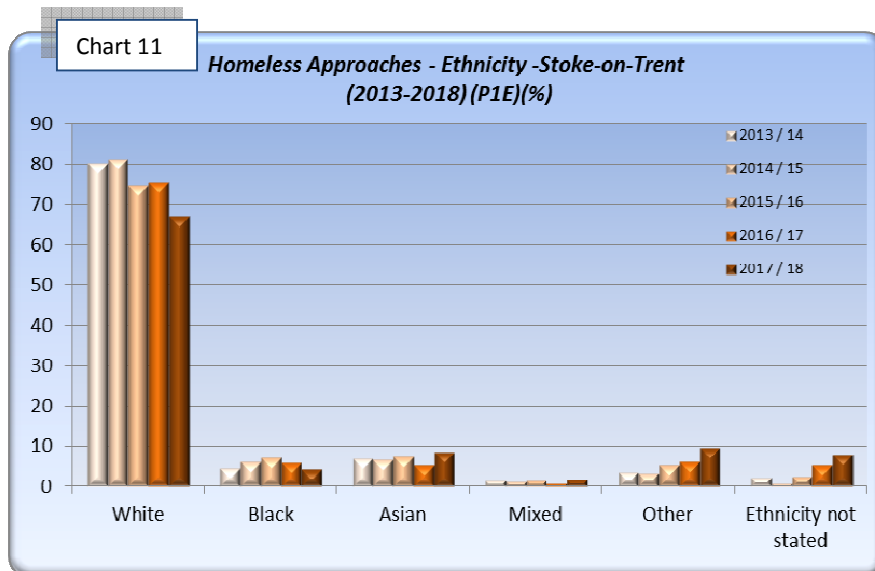
The 2011 Census data showed that the total population of England and Wales was 56.1 million, with 80.5% of people reporting their ethnicity as White British. Locally, the number of non-UK born residents in Stoke-on-Trent more than doubled between 2001 and 2011, rising from 3.7% of the total population in 2001 to around 8% by 2011.

The growth in ethnic diversity in the city is reflected in the number of well-established minority ethnic (ME) communities and according to the 2011 Census data, almost 60% of the city's prevalent Pakistani and Bangladeshi population were born within the UK.

Chart 11 indicates that in Stoke-on-Trent, the number of White²² people presenting to the local authority as homeless is consistently far greater than any other ethnic background.

²¹ Extracted from '[Youth Homelessness in the UK](#)' – a study by the Heriot Watt University (November 2015)

²² Including White British, White Irish and any other White background



Ethnic representation within the official P1E returns indicates that on the whole, people from non-White ethnic communities have not approached the local authority as readily as their White cohabitants. Furthermore, local evidence from the Rough Sleeper Service indicates that the proportion of rough sleepers of White ethnicity equated to almost 98% of the caseload during 2018/19. One can speculate as to the reasons behind these trends, for example it could be that people from within this sector of the community are culturally less likely to accept or seek help from the local authority. It could be that they simply receive the help they need from friends and family if they face homelessness. Equally, it could be that homelessness is just far less prevalent, or at least far less visibly prevalent, amongst people of non-White ethnicity in Stoke-on-Trent.

There has however been a steady increase locally over the last 5 years in the number of people presenting to the authority from all BAME communities²³ and in 2012, the housing and homelessness charity Shelter reported that “Black and minority ethnic households are more than twice as likely to become homeless than White British households.”²⁴ At a national level, homelessness amongst BAME communities is reported to be rising at a disproportionate level to the White population of the country, with figures indicating that homelessness amongst ethnic minorities currently represents around 40% of all homelessness. With these factors in mind, any intimation that homelessness within non-White ethnic communities is less of an issue than within White communities in Stoke-on-Trent is likely to be a wholly inaccurate assumption.

Gypsy Roma and Traveller communities are minority ethnic groups, whose distinctive ways of life and traditions have contributed to British society for centuries. Stoke-on-Trent has an established community of Irish Travellers, Romany Gypsies and Travelling Showmen, many of whom have settled in houses for many years, having chosen to do so due to failing health and older age. In addition, there are also two fixed travelling encampments within the city, one private and one local authority

²³ HCLIC data reflecting these trends for 2018 is not available for analysis at the time of writing this report.

²⁴ A statement based on data from the Census 2011 and CLG homeless statistics.

owned, which together contain 50 authorized pitches. The city council operates an allocations policy for its site.

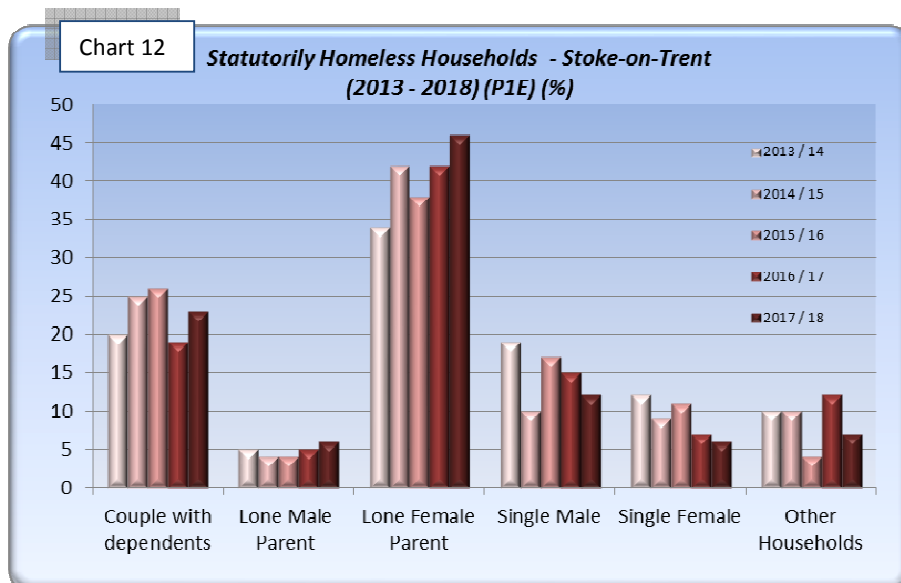
People from within the Gypsy and Traveller community are usually only faced with homelessness if they either get evicted from the encampment they have been living on; they need to leave the encampment due to violence or significantly or if there is nowhere for them to legally park their mobile home.

According to official MHCLG statistics, the number of caravans in the UK on unauthorized encampments has increased by 17% in the last 12 months²⁵. The charity Friends, Families and Travellers (FFT) issued a report in December 2017 claiming that local authorities are failing to address the chronic shortage of authorized Gypsy and Traveller sites nationally.

Within Stoke-on-Trent, there have been 7 reported unauthorized encampments over the last 12 months, which represents a reduction compared to the previous year. This indicates that provision within Stoke-on-Trent largely meets the demand of the population; however the city council is reviewing the number of pitches required as part of planning requirements, which will address any shortfall identified locally over the coming years.

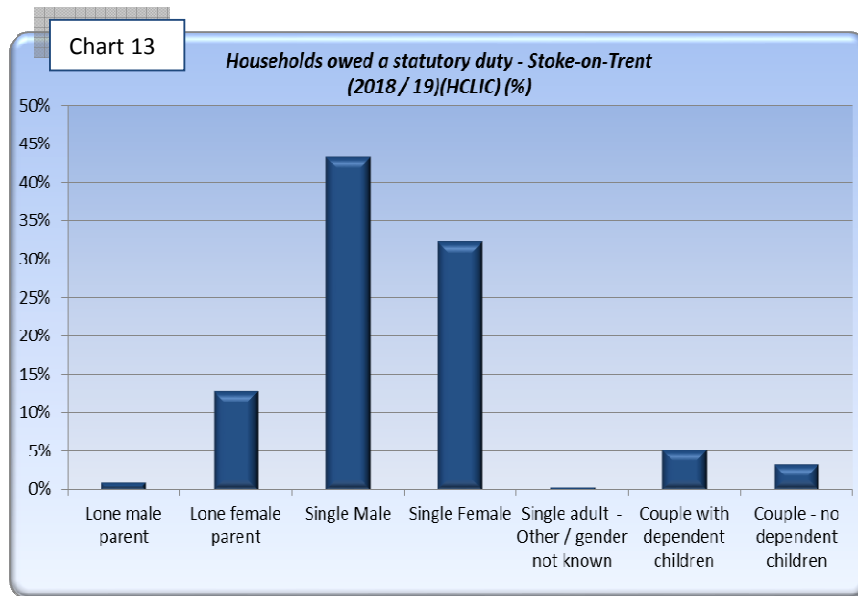
4.2.3 Household Composition:

The information in chart 12 highlights the family compositions of those households being accepted as statutorily homeless in Stoke-on-Trent according to official P1E statistics over the last 5 years. The data shows that on average, only 12% of all statutory homeless people prior to 2018 were single.



The information in chart 13 highlights the figures captured through the HCLIC return for comparison.

²⁵ Reference: Housing Statistical release, January 2018: Count of Traveller Caravans, (2017 England)



The data from the P1E returns prior to 2018 (chart 12) indicates that single mothers are the most commonly represented household type amongst the statutory homeless population in the city, with couples and their dependent children the next most common category. It could reasonably be argued that these are obvious assumptions, given that households with children are automatically considered to be in priority need within the homelessness legislation in England. By contrast, single people and families with no dependent children require additional vulnerabilities in order to be considered in a priority need and so may be less prevalent in the statistics.

Within the provisions of the Homelessness Reduction Act 2017 and the implementation of additional duties to prevent and relieve homelessness before the main homelessness duty becomes active, the numbers of single adults owed statutory assistance has increased substantially, now accounting for around 76% of all households under the new regime (chart 13).

The rough sleeping population of Stoke-on-Trent is primarily a male dominated population; however the prevalence of females has increased in recent years. In March 2019, there were 43 people known to be actively rough sleeping in Stoke-on-Trent, of which 7 were female.

Women's homelessness is frequently under-reported and commonly linked to experiences of abuse. Reports from Crisis, Homeless Link and St Mungo's amongst others have highlighted the hidden nature of female homelessness, with a call for specialist women's sector services to collaborate more closely with the rough sleeping sector to deliver a gender specific approach to rough sleeping that is responsive to the differing routes into and out of homelessness. It is reported that when women are fleeing from abuse, 40% will stay with friends or relatives in the first instance²⁶. When these arrangements break down, they will often rough sleep as a last resort. This trend is especially true for women without dependent children and / or those with a substance misuse issue or underlying mental health conditions.

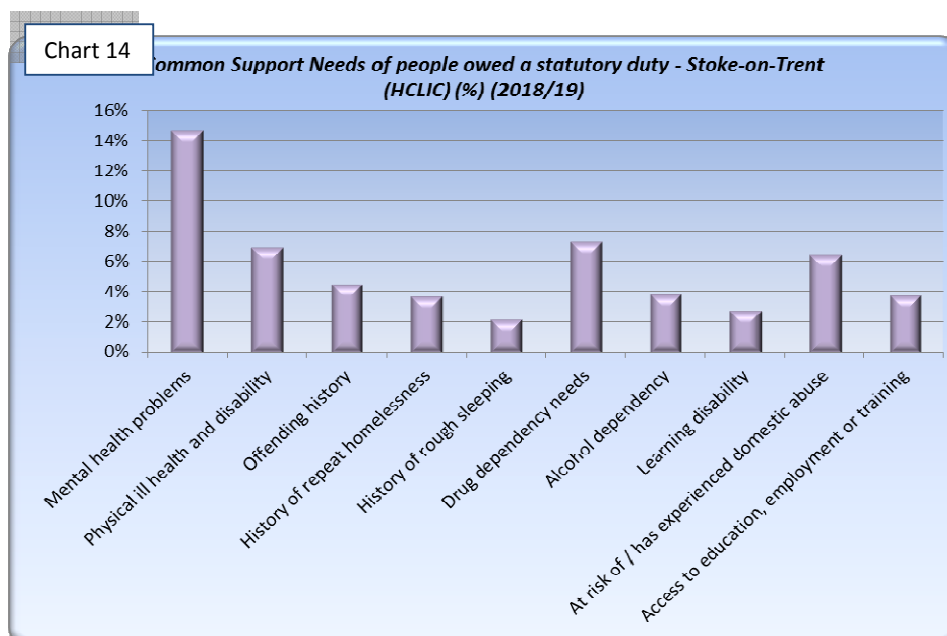
²⁶ Women's Aid Study: 'Nowhere to Turn' (2017)

There are currently a small number of services in Stoke-on-Trent which are commissioned specifically for women, including the women’s refuge housing related support service for women fleeing domestic abuse. The Council also commissions the Adult Sex Worker Support Service which, although commissioned for all adults who engage in sex work irrespective of gender, supports a service user group comprising almost entirely females. Current figures show that there are between 20 – 30 street sex workers in operation in Stoke-on-Trent, each of whom have a level of complex needs including homelessness. Anecdotal evidence suggests that often, women within this client group do not consider themselves to be homeless as they may stay with several customers on a regular basis. Evidence from the Adult Sex Worker Service suggests that over the last decade the sex industry has changed markedly, with online sex work becoming much more prevalent. There has been a continuous decrease in the number of street sex workers over the years with the vast majority of current workers being in the industry for long periods of time.

4.2.4 Support Needs:

Within statutory homelessness figures, priority need as a result of mental illness and / or physical disability is relatively infrequent in terms of the primary priority need category. However, in line with the suggestion that P1E figures in isolation should be viewed with caution, it would be short sighted to assume that poor health is therefore not a significant contributing factor to a household’s homelessness circumstances. The P1E form only allowed for one priority need category to be selected per application and therefore did not take into account any other factors, which may have exacerbated matters further for the household.

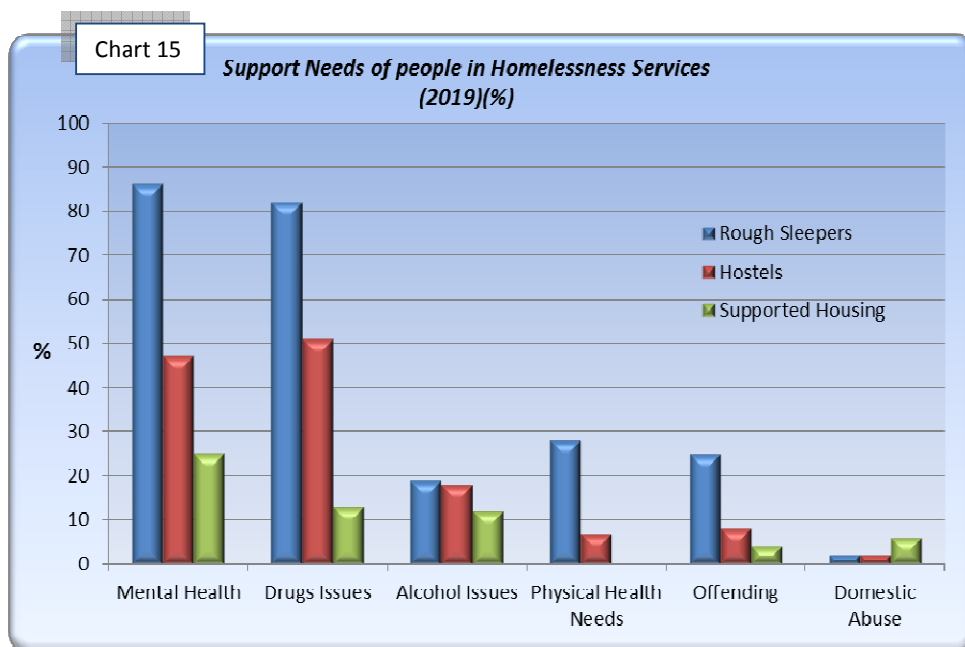
Chart 14 shows data captured via the HCLIC return from 2018/19. The information highlights the high levels of mental and physical ill health as well as the drug dependency amongst those people who are at risk of homelessness or who are experiencing homelessness and approaching the local authority for assistance. The data also highlights the prevalence of domestic abuse amongst this population.



Packages of support within short term supported housing services vary depending on the service type and the provider delivering the support; however there is generally a common emphasis on enabling people to live independently through the use of psychologically informed support with issues like substance misuse, money management, how to maintain a tenancy and mental health.

Chart 15 shows the most common support needs recorded within city council commissioned homelessness services in Stoke-on-Trent. It is clear from a first glance at the chart that people who are rough sleeping have the greatest need for support.

The data reveals that during 2018/19, a substantial 86% of local rough sleepers reported some form of mental ill-health and 82% were using drugs on a regular basis. These figures compare with the latest St Mungo's Combined Homelessness and Information Network (CHAIN) figures of 50% and 42% respectively in London²⁷.



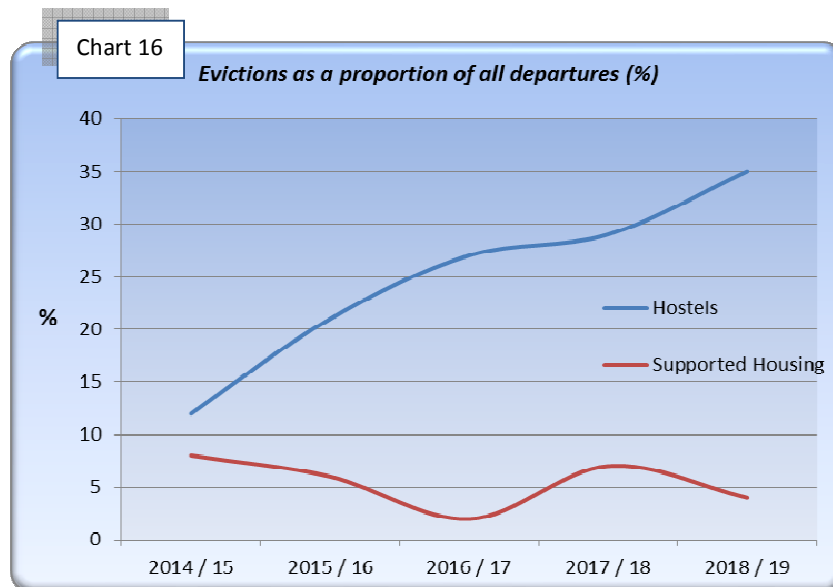
Almost a third of people sleeping on the streets in Stoke-on-Trent are reported to be suffering with physical health issues and a significant proportion either have a history of offending or are still actively involved in offending behaviour.

For those residing in hostels, the prevalence of mental health issues falls to 47%, which is still a significant amount of people, with many having no formal medical diagnosis. In addition, over half of the residents in hostels need support with drug use. Supported housing services for homeless people recorded just over a quarter of people suffering with their mental health whilst in service and for many this was their primary support need.

²⁷ Data referenced from [‘Homeless Monitor – England’](#) (Crisis) (2018)

On average, supported housing and hostel services combined reported a 75% planned move on rate during 2018/19. Whilst evictions still represent a relatively low proportion of all departures from support services, hostels have experienced a substantial increase in numbers in recent years. During 2018/19 there were a total of 111 evictions recorded across all services, of which 83% were from the hostels alone. Of those people evicted, around 40% then went on to sleep rough.

Chart 16 shows how eviction levels across the services have changed over the last 5 years.



This upward trend in evictions from hostels may be a reflection on the increasingly chaotic nature of the client group, with one of the primary reasons for eviction during the last 12 months recorded as ‘failure to comply with policy around drug use’. However, there is an increasing prevalence of people failing to pay service charges, which is indicative of a much larger issue facing supported housing services in the wake of welfare reform. The transition from the legacy benefits system into Universal Credit has brought with it, amongst other things, a lack of clarity around the application of Third Party Deductions (TPDs) for ineligible service charges. That is to say within Universal Credit, many supported housing providers are seemingly no longer able to receive a direct payment of a resident’s ineligible service charges, which they could apply for under the legacy system.

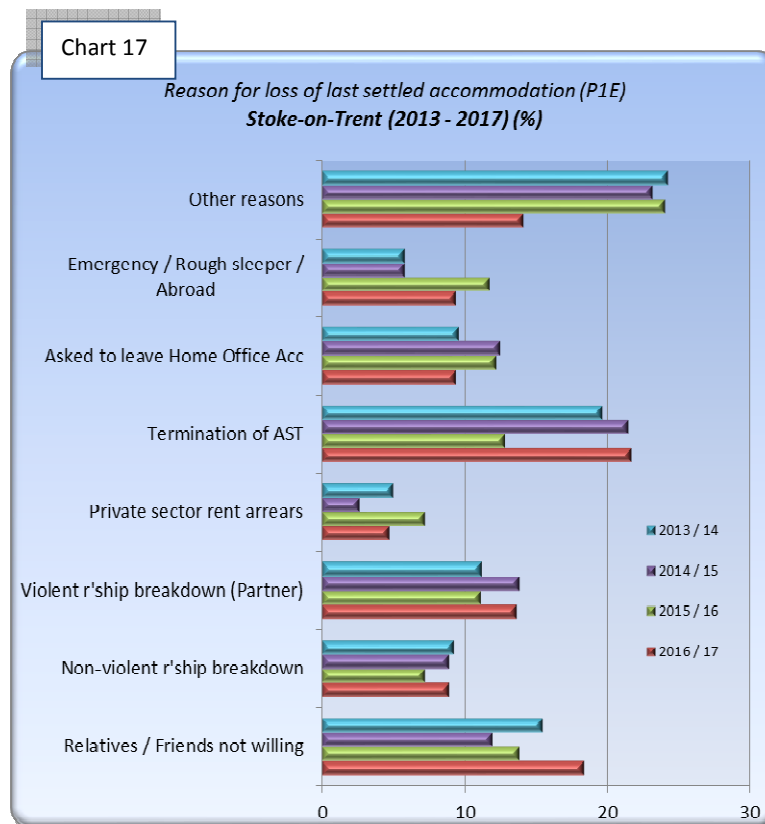
A sudden heightened responsibility for budgeting and management of personal finances, coupled with the presence of often very chaotic lifestyles, is causing an inevitable increase in the number of people not making their service charge payments, falling into arrears and becoming at risk of losing their supported / hostel accommodation.

National debate around this issue has suggested that the regulations may be open to interpretation and that supported housing providers may in fact still be able to apply for a direct payment where the claimant is in debt for *any* service charge (eligible or not). However, there remains little clarity at the time of writing this review and the issues continue across the country.

4.3 Causes of homelessness & rough sleeping:

Nationally, almost 75% of all statutory homelessness over the past few years has been the result of the loss of a tenancy within the private sector, with figures having quadrupled since 2009/10. This trend has largely been attributed to increasing displacement of low income tenants within high pressure housing markets as a result of being unable to compete with people on higher incomes due to tightening Local Housing Allowance restrictions.²⁸

At a local level, P1E data collated over the last few years reveals a similar picture but on a lesser scale. Chart 17 shows the reasons recorded for loss of last settled accommodation according to P1E information. Historically, the termination of an assured shorthold tenancy and friends being unwilling to accommodate have been the two most common 'causes' of statutory homelessness in Stoke-on-Trent. In 2015 both of these causes were reported less frequently and whilst they were still amongst the most common causes cited, they did not stand out much above other reasons for loss of last settled accommodation. However, in 2016 the levels of these two issues spiked once again and during 2017/18, the main reason cited for people losing their home was recorded as relatives and friends not willing to accommodate.

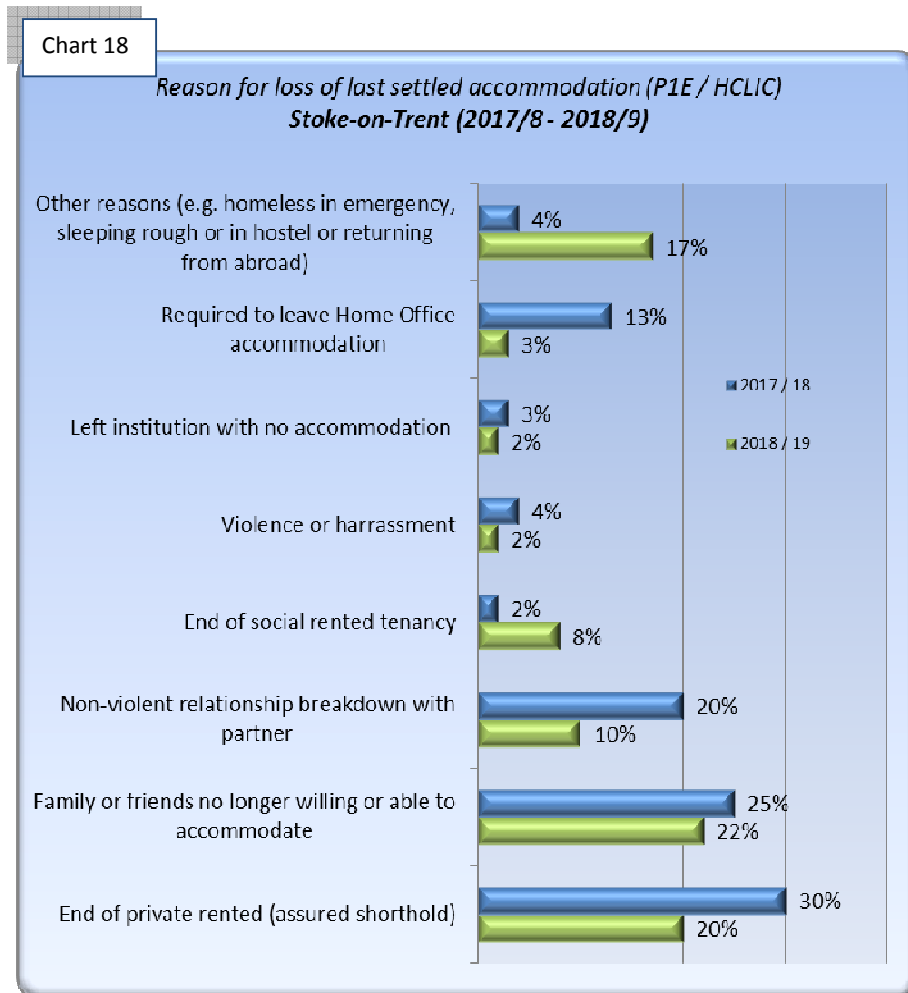


Data captured from the HCLIC submission during 2018/19 (shown adjacent to 2017/18 figures in chart 18) reveals similar trends to those recorded historically in terms of the most common reasons for losing a home, but it also highlights some significant changes in trend. Of particular note is the increase in the amount people losing a social rented tenancy in the last 12 months and the even

²⁸ ['Homeless Monitor – England'](#) (Crisis) (2018)

greater increase in the levels of people who became homeless in an emergency, who were sleeping rough or in a hostel or who returned from abroad. In the current political climate and the uncertainty around Britain leaving the EU, these levels may be set to increase even further in the foreseeable future.

In addition, the figures in chart 18 also highlight a significant reduction in the number of people leaving Home Office accommodation and those who have been through a non-violent relationship breakdown.



The Head of Policy and Campaigns at Crisis, Katharine Sacks-Jones, observed that all forms of homelessness began to rise in 2010, when there was a ‘toxic mix’ of unemployment, people struggling on low incomes, a lack of affordable housing and benefit reforms, which essentially broke the housing safety net that has, until recently, been a key part of the welfare state²⁹.

Whilst statutory homeless figures do provide a useful indicator of why people are losing their accommodation in the city, they often merely highlight the event immediately prior to an episode of

²⁹ Sacks-Jones quoted from the article: “The homelessness crisis in England: a perfect storm” published 25 June 2014.

homelessness, rather than a root cause. As part of the Economic and Social Research Council's programme of research into 'multiple exclusion homelessness', the Universities of Salford and Lincoln were commissioned to carry out a two year research project specifically investigating the lives of people with experience of homelessness in Stoke-on-Trent. The resulting report; 'Losing and Finding a Home' (2009), explains how the complex interplay of situations and events can create social conditions within which homelessness tends to occur. In other words, the exact cause of a person's homelessness is often rooted in a series of earlier events in that person's life, rather than simply through the act of being evicted from their home.

The research sought to delve deeper into the root causes of homelessness by carefully analysing the influences and turning points in people's lives. The findings revealed that the decline of industry in the city has played a major role in the cause of homelessness in the city, but it is only one of many factors. Each homelessness journey is unique. For some people, behaviours and actions resulting from childhood trauma could be linked directly to episodes of homelessness many years later and for others, changes to mental wellbeing have played significant roles leading up to a homelessness crisis.

Although carried out almost 10 years ago, the findings of the 'Losing and Finding a Home' study are still relevant to our understanding of the range of root causes behind homelessness today. Further, more recent research supporting this same principle is the Local Government Association paper: The Impact of Homelessness on Health (2017)³⁰, which intimates that homelessness is often a consequence of both structural and individual factors. Structural factors include:

- Lack of affordable housing
- Decline of social sector housing as a proportion of all housing
- Rising poverty levels
- Reduced welfare provision

Individual factors include:

- Relationship breakdown (including domestic abuse and violence)
- Mental illness
- Addiction
- Discharge from prison
- Leaving the care system
- Financial difficulties

The latest Homeless Monitor Report from Crisis (2018) adds further substance to the causal factors behind homelessness, intimating that the cause of homelessness is complex, with no single trigger that is either necessary or sufficient for it to occur. It is evident that individual vulnerabilities, support needs and risk-taking behaviours implicated in someone's homelessness are often, although not always, rooted in the pressures associated with poverty and other forms of structural disadvantage and research maintains that policy factors such as welfare reform have a profound impact on homelessness.

³⁰ <https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities>

4.4 Supported Accommodation & Refuges:

Short term supported housing services are commonly, although not exclusively, the primary route out of rough sleeping and they provide a valuable accommodation option for vulnerable people needing housing related support to enable them to live independently.

With the Government's drive to end rough sleeping by the year 2027, the provision of effective supported housing schemes seems more crucial than ever. Moreover, the journey through supported housing into independence needs to be both flexible and efficient to ensure that people do not become stuck in services and to enable those who need support to be able to access it when they need to.

Historically, pathways through supported housing have been relatively linear, with people tending to progress from being street homeless into hostels, then into a second stage supported housing environment and then ultimately into independent living in their own tenancy. Whilst this system will work for some people, the pathway is not so direct for others. Blockages can easily occur along the way for example if suitable accommodation at the next stage is not available or is in short supply.

In Stoke-on-Trent at the time of writing this review, there were 573 units of housing related support commissioned by the city council, of which 501 are accommodation based units and 72 are floating support or resettlement units. Support is provided across these units for single homeless people and homeless families, people with substance misuse issues, people with poor mental health, people fleeing from domestic abuse and vulnerable young people. Within the provision, there are 11 units of accommodation based support specifically for people fleeing domestic abuse in Stoke-on-Trent.

A Staffordshire wide needs assessment which took place in 2016 indicated that 80% of domestic abuse survivors accessing services needed support with their emotional and mental wellbeing and more than 25% had a need for support with their drug and/or alcohol misuse. In addition, the needs assessment identified that younger people (under 30) who have low incomes, high levels of financial stress and a low level of education are statistically more likely to become victims of domestic abuse.

In 2018, Stoke-on-Trent and North Staffordshire authorities were successful in a joint bid to MHCLG for a 2 year project to protect existing accommodation based provision in refuges, to increase the availability of safe accommodation for victims and their children and to enhance the response for individuals with complex and high levels of need. The "No-one turned away" service provides support which follows the person whether they are in a refuge unit or within their own private accommodation.

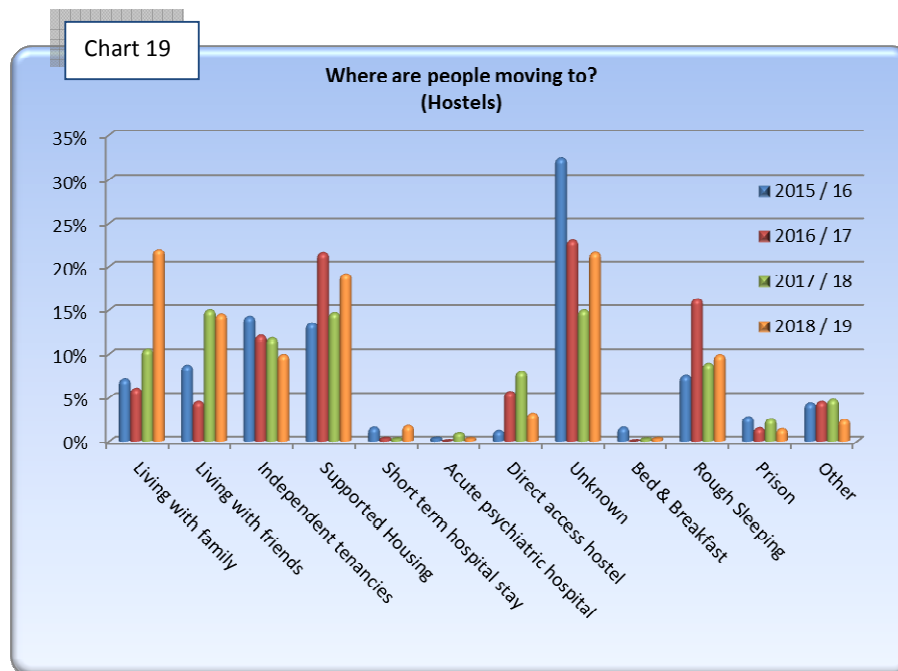
Information submitted by all city council commissioned homelessness services in Stoke-on-Trent reveals that a total of 1110 people lived in supported housing, hostel and refuge services during 2018/19, of which 492 (44%) were under the age of 25. Analysis shows that in general, younger people tend to stay in supported housing services (excluding hostels) for longer periods than older people, a trend which has completely reversed over the last 5 years.

As stated in section [4.3](#) of this report, the rate of departures from all supported housing services and hostels has remained relatively stable over the last 4 years and within this, the rate of planned

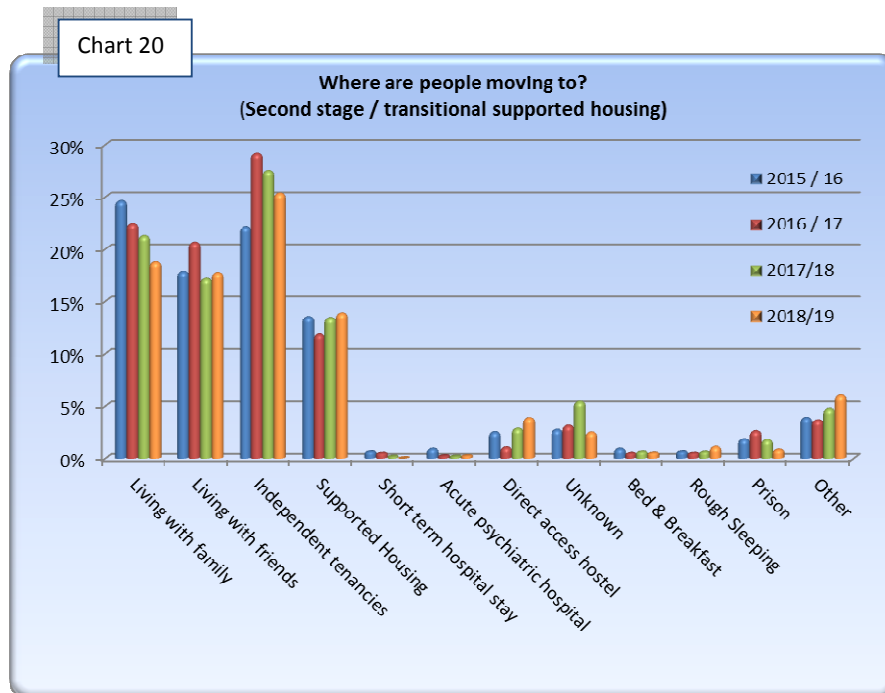
departures has consistently around the 75% mark. However, if we isolate the hostels from this calculation, the percentage of planned moves falls to a little over 50%, which indicates a lack of suitable options available for those residing in hostels, together with a greater prevalence of complex needs.

The information displayed in chart 19 indicates where people moved to after living in hostels in Stoke-on-Trent. The data highlights that in the years leading up to 2017/18, there had been a significant reduction in both the number of people leaving hostels to an unknown destination and the number of people who go on to sleep rough from hostels. However, both of these indicators have unfortunately increased again over the last 12 months, with the number of people leaving hostels in an unplanned way without knowing where they are going, equating to 22% of all departures and becoming the joint most common destination alongside people moving to live with their family.

On a positive note, there has been an increase in the number of people moving into second stage supported accommodation and a corresponding decrease in the number of people moving back and forth between the hostels, which is a positive shift in trends over the last 12 months.



The data in chart 20 highlights some substantial differences in move on trends for people leaving second stage supported housing in the city compared with those people leaving the hostels. For example, a larger number of people tend to move into their own independent tenancy from supported housing than from hostels. However, despite figures spiking substantially during 2016/17, there has been a gradual reduction in the acquisition of independent tenancies over subsequent years, with gradually more people tending to move into other supported housing schemes. This suggests that people need housing related support for longer prior to being ready for living more independently.



In October 2018 an audit of the move on situation in Stoke-on-Trent was carried out with all commissioned housing related support services, Probation and Housing Solutions. Statistics captured during the audit revealed that there were fewer people considered to be ‘stuck’ in supported housing services compared to the previous year. In other words fewer people were considered to be ready for moving on but had no suitable accommodation available for them.

However, the findings of the audit also estimate that there will be a shortfall of around 230 suitable properties for people looking to move on from supported housing, hostel and refuge services during 2019, with much of the shortfall arising in the second stage supported housing category. In addition, services generally anticipate a lack of suitable private rented sector properties but less of a deficit of suitable council and other social housing provision during 2019. The indications regarding the shortfall in suitable move on provision are more severe than predictions from previous years, suggesting that in general services are finding it increasingly difficult to move people on successfully from supported housing, hostels and refuge services than in previous years.

4.5 Youth homelessness:

There is conflicting evidence as to whether homelessness amongst young people is realistically increasing or decreasing. National statutory homelessness statistics show decreasing numbers of youth homelessness but conversely, there is a widely reported increase in the number of young people found to be rough sleeping in some areas of the country. As is true for the adult population, the decline in statutory homelessness is highly likely to be offset by a rise in other forms of homelessness and accurate data for exactly how many young people may be ‘hidden homeless’ is currently not available.

Young people with experiences of homelessness are one of the most vulnerable groups in society and continue to make up approximately half of the people accessing homelessness services across the country³¹. In Stoke-on-Trent, a total of 1110 people accessed supported housing and hostel services during 2018/19, of which 492 (44%) were under the age of 25.

Young people in England today face numerous challenges, which could potentially impact their transition to independence and adulthood, such as a disproportional risk of poverty and destitution, reductions in welfare benefit entitlements, and discrimination in the housing and labour markets³². For example, young people's Housing Benefit entitlement is restricted to the cost of a renting a single room in a shared house and young people also receive a lower rate of income support within Jobseeker's Allowance and Universal Credit. Research also suggests that, compared to older claimants, young people are also at a higher risk of benefits sanctions.

It could be argued that being 'young' is a substantial support need in itself. Ideally, the transition from the parental home to independent living should be a process during which young people become emotionally and physically comfortable with the concept. Support is critical to the success of that transitional process, particularly in cases where there are additional and often complex support needs identified in the young person's life. It is reported that homeless children are more likely to be in significantly poorer health than those children who have a stable and secure home³³ and the longer a person experiences homelessness, the more likely their health and wellbeing will be at risk across the life course.

In addition, research suggests that homelessness is more likely amongst populations who already experience wider inequalities such as care leavers or people within the criminal justice system. 51% of young homeless people nationally have been excluded from school and 57% are not in education, employment or training (NEET).³⁴ As within the adult population, the impact of homelessness on children, young people and their families often stretches beyond the physical lack of a stable home. Education, employment and other wellbeing outcomes across the life course are all on a course to be adversely effected. Evidence presented within Harker's research; "Chance of a lifetime" suggests that starting life in temporary accommodation may negatively impact on access to healthcare, such as immunisations as well as an increased risk of infection and accidents. Moreover, the negative effects of homelessness may well exist long after the period of homelessness itself; for example poor educational attainment, reduced access to school places and increased absenteeism from school.

Other impacts often associated with early exposure to traumatic events including homelessness can sometimes manifest as behavioural traits. For example, the Harker report suggests that homeless children and young people are more likely to demonstrate behavioural conducts such as aggression,

³¹ Homeless Link Report: Young and Homeless, 2018

³² FEANTSA (2017) Locked out: Housing solutions for vulnerable young people transitioning to independence, Available at: <http://www.feantsa.org/download/report-chloe-eng5472656428791867789.pdf>

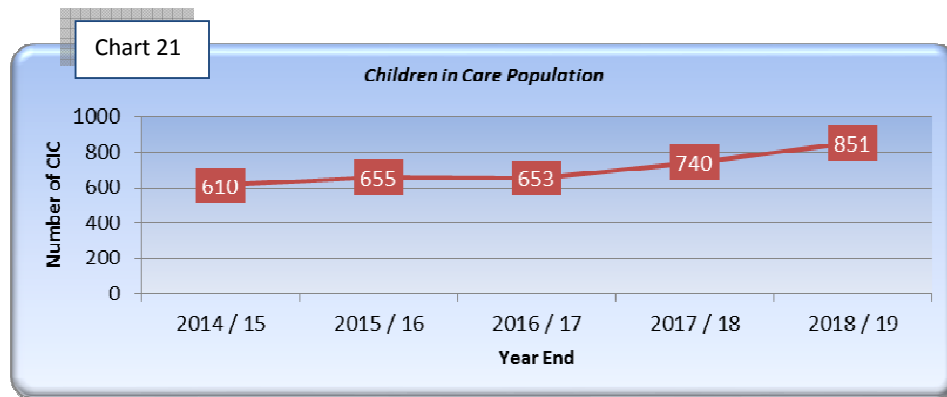
³³ Harker L. Chance of a lifetime: the impact of bad housing on children's lives (Shelter: Accessed 2019)

³⁴ <https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities>

hyperactivity and impulsivity, which in turn add to the increased pressure of family life when threatened with losing a home.

Every year, around 10,000 16-18 year olds leave foster or residential care in England. Research has shown that nationally, over 60% of children in care are there because of neglect or abuse, which can have a major impact on a person’s mental health and emotional wellbeing.³⁵ In addition, the study reveals that children leaving care are at a heightened risk of becoming homeless with roughly a third of care leavers becoming homeless within the first two years after leaving care. Evidence from the report also suggests that around 25% of all homeless people have been in care at some point in their lives.

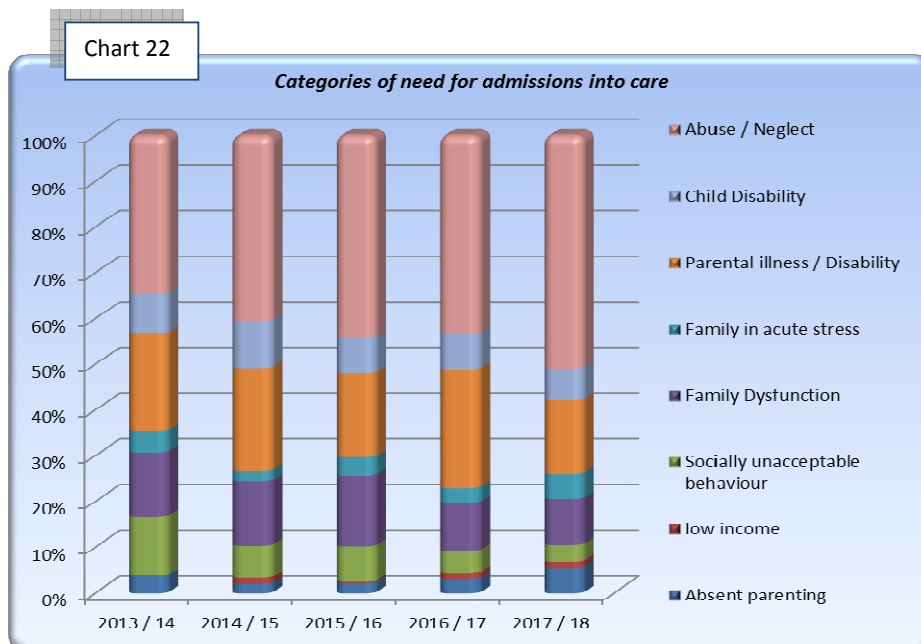
Chart 21 shows the number of children coming into care in Stoke-on-Trent over the last 5 years. The data highlights a 28% overall increase in numbers, with the last 12 months alone recording a 13% rise. There are currently 851 children in the care of Stoke-on-Trent City Council, of whom there are 211 care leavers currently open to the department.³⁶ These levels reflect the national picture that demand for support is increasing.



The information displayed in chart 22 demonstrates the categories of need highlighted upon admission into care in Stoke-on-Trent over the last 5 years. It can be seen that the relative proportion of cases involving the abuse or neglect of young people is increasing, with figures from 2017/18 equating to 50%.

³⁵ National Audit Office: (2015) Care leavers’ transition to adulthood. Available at: <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf>

³⁶ Figures correct at the time of writing this report and excludes eligible care leavers who have yet to turn 18 and remain in care



More than half of homeless young people nationally are reported to become homeless due to a relationship breakdown, mainly with their parents. Of the homelessness service providers who responded to a national survey from Homeless Link around the level and nature of youth homelessness in 2018, around 82% reported that young people’s needs are becoming more complex year on year. This reflects the findings of the local research into complex needs of 2009³⁷, which revealed that many people’s journey into homelessness began before they were 16.

4.6 Multiple Exclusion homelessness:

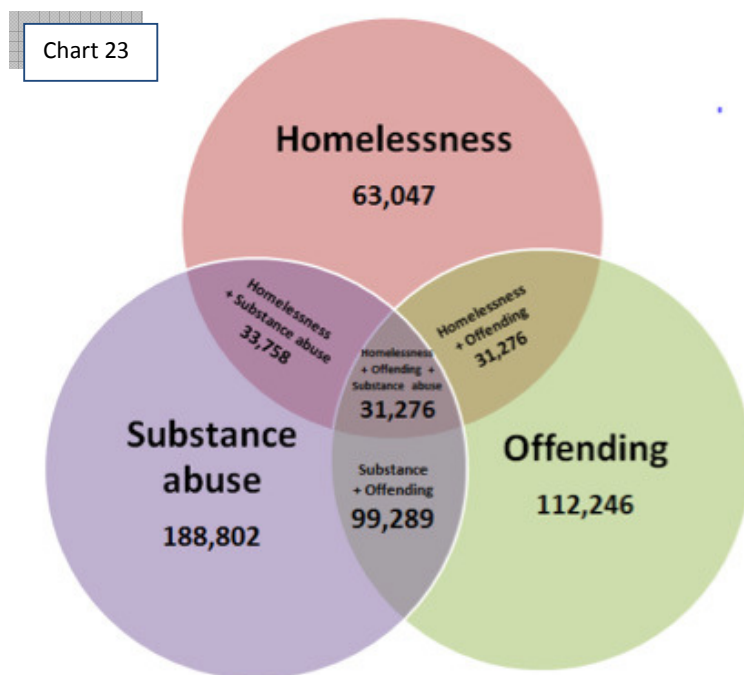
People who experience a combination of issues relating to severe hardship and social exclusion are increasingly referred to as having multiple and complex needs. It could be argued that having multiple and complex needs is simply a feature of being human, but depending on whether a person has suffered from any adverse or traumatic events in their life and whether they had stability and support during that time of crisis, not everybody will have those complex needs met as readily as others.

Multiple exclusion homelessness is a severe form of disadvantage involving not only homelessness, but also substance misuse, mental ill-health, involvement with the criminal justice system and ‘street culture’ activities such as begging or street drinking. In light of increasing reports regarding the impact of multiple exclusion homelessness, there is a heightened awareness in the UK that those people with the most severe issues are often the most costly to both society and the ‘public purse’. Estimates indicate that the average financial cost of a homeless person equates to around £26,000 each year³⁸.

³⁷ Further details on this research can be read in section 4.6 Multiple Exclusion Homelessness

³⁸ [Homeless Link](#) – The impact of homelessness

Recent evidence suggests that there are 32,000 people in England, who face overlapping problems of homelessness, substance misuse and contact with the criminal justice system in any one year. In addition, an estimated 55% of those people are also diagnosed with mental health issues³⁹. In Stoke-on-Trent, it is estimated that there are 2,155 people with the same levels of need⁴⁰. Chart 23 highlights the scale of overlapping categories of disadvantage at a national level, as estimated within the Hard Edges Research.



Source: *Hard Edges: Mapping Severe and Multiple Disadvantage (2015)*

As reported throughout this review, homelessness locally and across the UK is increasing and projections indicate that it set to continue to rise over the coming years. It is commonly reported that complex issues often stem from adverse childhood experiences and without the right care and support, can develop into self-medicating substance misuse and either consequent or contributory mental health problems. This, often coupled with significant social exclusion, leads to a substantial difficulty in the provision of effective support services to reduce and prevent homelessness. There are however some key interventions in operation across the country and locally, which are beginning to have a positive impact including:

- No Second Night Out
- Housing First
- Psychologically Informed Environments
- Personalised Services
- Making Every Adult Matter

³⁹ Figures derived from the Lankelly Chase Foundation (2015) "[Hard Edges: Mapping Severe and Multiple Disadvantage](#)"

⁴⁰ Lankelly Chase Foundation (2018) "[Hard Edges: Reducing the costs of multiple needs to people and services: The second financial analysis of VOICES](#)"

Anecdotal evidence from the Voices programme as well as initial findings from the Rough Sleeping Initiatives, suggests that if services have sufficient capacity for their staff to have a smaller number of people on their case load, this can produce some very positive outcomes for people with the most severe forms of disadvantage.

As part of a local drive to reduce homelessness and rough sleeping, Stoke-on-Trent City Council commissioned research by Sheffield Hallam University in 2009 to identify the specific housing needs of homeless people with multiple and complex needs. This research project ran alongside the 'Losing and Finding a Home' study referenced in section [4.3](#) of this review. The housing needs research focused on client groups known to be particularly vulnerable to homelessness and/or rough sleeping, encompassing female street sex workers, people with substance dependencies and people with a history of violence or offending behaviour. The findings of the research, although conducted several years ago, are still poignant today and many of the issues highlighted within the reports are unfortunately even more prevalent in 2019.

The two complementary reports into multiple exclusion homelessness revealed that 40% of those surveyed (129 people) began their journey into homelessness before reaching the age of 16. Many of the respondents described a transitional route into homelessness, which frequently involved relying upon friends and relatives for accommodation and almost 90% had slept rough at some stage. This is a concerning revelation when coupled with evidence suggesting the potential levels of hidden homelessness in the area.

In February 2014, the Big Lottery awarded funding to Stoke-on-Trent alongside 11 other local authority areas across the country, to test alternative methods of support provision for people with multiple and complex needs. The 'Voices of Independence, Change and Empowerment in Stoke-on-Trent' programme (VOICES) seeks to challenge the existing system of support for people with the most complex needs in the city. In addition, the programme strives to adapt service provision according to people's needs rather than people having to 'fit' into fixed service delivery models.

People with lived experience of multiple and complex needs can become experts in the way front line services need to operate within the voluntary, statutory, and private sectors. An independent 'Expert Citizens' group, comprising of people with personal experience of complex needs, has helped to drive the development of the programme in the city, with representation on strategic groups to influence policy makers and challenge service delivery mechanisms within organisations.

It is apparent that there is a requirement for substantial flexibility together with fundamental systematic change within agencies if people with high levels of need are to be successfully supported out of homelessness.

4.7 Homelessness & Offending:

Street activity, such as begging, is becoming an increasing concern both nationally and in Stoke-on-Trent. It is a common perception amongst the general public that people who are begging in our towns and cities are also homeless. However, more recently this perception has been challenged

following a number of reports and news articles suggesting that a very small proportion of people arrested for begging are actually homeless. Of course the reality is that the relationship between street begging and homelessness is fairly complex. It can be argued that whilst homelessness and begging are inextricably linked, it is not necessarily the case that all beggars are rough sleeping. It is however true to say that begging is an indicator of poverty and so, whilst some street beggars may have a roof over their heads, it does not automatically follow that they are adequately provisioned and have no needs.

One of the primary concerns locally is around those people who are 'aggressively begging'. Begging in any form is an offence under section 3 of the Vagrancy Act (1824) and according to a Freedom of Information Request response in July 2016 from the Crown Prosecution Service; there were 2,365 arrests under section 3 of the Vagrancy Act (1824) in England during 2015/16. This represents a 36% increase in arrests since 2006/07, peaking at 3,071 arrests in 2014/15. Unlike rough sleeping, there are no national counts or estimates on the number of street beggars in the UK. Therefore, the data on arrests as a result of police action is likely to underestimate the true extent of the issue.

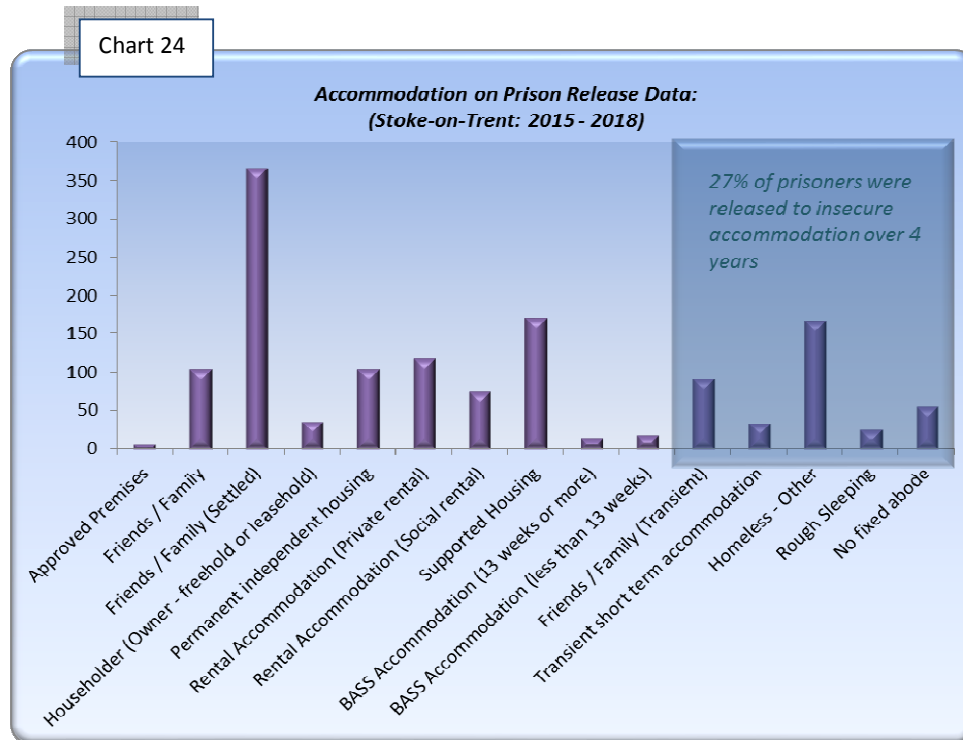
The Ministry of Justice published a Prisoner Crime Reduction Survey Report in 2012, which captured survey responses from a cohort of 1,435 adult prisoners across the UK who had been sentenced to between 1 month and 4 years in custody for a variety of different crimes. The survey posed questions relating to their accommodation status both prior to and on release from custody. The findings of the study revealed that 15% of the responding prisoners reported being homeless prior to their custodial sentence. A further 16% were living rent free in someone else's home or living with a family member, which are also potentially insecure accommodation arrangements and indicative of hidden homelessness.

The study also highlighted that people who were serving shorter sentences were generally more likely to have been homeless prior to custodial sentence. Of those who were homeless prior to their prison term, almost 80% were reconvicted in the first year after release, compared with less than half of those who did not report being homeless. 60% of responding prisoners believed that having a place to live was an important factor in stopping them from reoffending in the future and a significant 37% of them stated that that they need help to find a place to live once they were released. Moreover, the majority of those who needed help finding accommodation felt that they needed 'a lot' of help.

The data from the study also indicated that prisoners who had been sentenced to prison, probation or community orders on more than one occasion were more likely to need help finding accommodation upon release than those who were being sentenced for the first time. They were also more likely to have been homeless before entering prison.

What is not certain from the findings of the national prisoner survey is the extent to which these prisoners had other complex needs contributing to their offending behaviour. What is clear however is that targeted help with accommodation upon release may impact positively on reoffending rates.

The data in chart 24 categorises people’s recorded accommodation status upon release from prisons into Stoke-on-Trent over the last 4 years⁴¹. The chart highlights that 372 prisoners (27%) were released to insecure accommodation in Stoke-on-Trent during the time frame. The statistics show that of those, 176 people were released in 2018 alone. This indicates an increase in numbers within the last 12 months.



Source: Prison Release Data – DNLR & SWM Community Rehabilitation Companies

More widely across Staffordshire, there were a total of 619 people released to no fixed abode or into transient or very short term accommodation over the 4 year period from 2015 to 2018. Of those, a significant number (277 people) were released in 2018 alone, which reflects the increase in numbers seen in Stoke-on-Trent.

Data captured by the CRC also reveals that amongst the no fixed abode and transient accommodation releases, there were a total of 346 re-offences recorded across Staffordshire over the 4 year period from 2015 – 2018. That is to say that 346 people committed more than one offence during this time period⁴².

Of the 346 people committing more than one offence across Staffordshire, 195 were recorded in the Stoke LDU area and 85 of those within Stoke occurred in 2018 alone.

⁴¹ Figures provided by the DNLR & SWM Community Rehabilitation Companies do not include data from Featherstone or Stoke Heath Prisons, both of which also release prisoners into the area

⁴² Note: The count is of people rather than specific offences. As such, there could be one or several further offences which would still be counted as one.

There is currently no supported accommodation provision in Stoke-on-Trent, which is specifically designed for ex-offenders. Following a strategic review of single homeless, substance misuse and offender provision in 2012, all services were aligned to ensure that supported accommodation for homeless people in the city would also support ex-offenders. The findings of the review highlighted that the needs of homeless people and the needs of ex-offenders were broadly similar and as such, recommended that separate, offender specific accommodation was not a necessity.

Evidence from the performance workbooks submitted by city council commissioned service providers reveals that each year on average around 12% of people living services are involved with the criminal justice system in Stoke-on-Trent. Over the last 3 years, 9% of all people living in supported housing services were also open to Probation services, but a very small proportion were subject to MAPPAs arrangements.

Table 3:

	16/17		17/18		18/19	
Open to Probation whilst in service (NPS / CRC)	85	8%	119	10%	102	9%
Open to Youth Offending Team	6	0.5%	9	0.7%	6	0.5%
Support needs: offending (Not open to Probation)	28	2.5%	37	3%	20	1.8%
Total:	119	11%	165	13.7%	128	11.3%
• MAPPAs Level 1	3	0.2%	6	0.4%	5	0.4%
• MAPPAs Level 2	0	0%	1	0%	2	0.2%
• MAPPAs Level 3	1	0%	1	0%	2	0.2%
• Referred from Approved Premises	8	0.7%	18	1.4%	13	1.2%

It can be reasonably be deduced that no single intervention on its own will reduce or prevent homelessness. A system wide, integrated approach is needed to ensure that there a range of linked services available to meet the needs of those with highly complex needs, including those people leaving prison. A home is one of the key things required to support this group. Evidence suggests that simply having appropriate long-term accommodation can have a significant impact on those with complex needs, who are often the most socially isolated and excluded people within our communities.

4.8 Homelessness & Health

Homelessness and health are intrinsically linked, with each sector having a role to play in tackling the issues together. Evidence tells us that the health of people experiencing homelessness is significantly worse than that of the general population and the cost of homelessness experienced by single people to the NHS and social care is considerable⁴³. Chronic homelessness is characterised by tri-morbidity, which means they are more likely to suffer from mental ill-health, physical ill-health and

⁴³ Reference: 'The Impact of Homelessness on Health' (LGA 2017)

substance misuse and are less likely to access the health provision they need to. This combination of factors leads to high rates of mortality within the homelessness population.

It is a widely reported statistic that people who experience long term homelessness die on average 30 years before people who have had no experience of homelessness. Figures indicate that men and women from the long term homeless population are dying on average aged 47 and 43 respectively, which is a significant contrast to the national average age of 77.⁴⁴

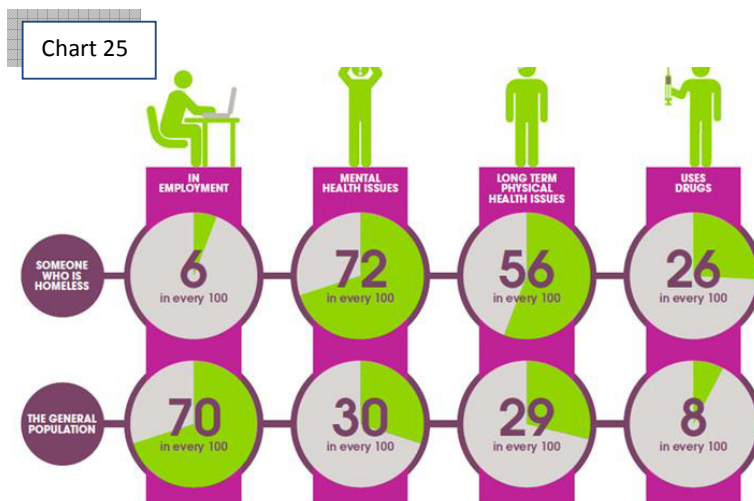
Findings from the Local Government Association paper around the impact of homelessness on health (2017) reveal how people who sleep rough and those who are chronically housed in insecure accommodation tend to face greater risks to their health and life chances. It is reported that death by unnatural causes is four times more common than average amongst rough sleepers and suicide is a substantial 35 times more likely. In addition, the prevalence of infectious diseases, such as tuberculosis, HIV and hepatitis C is significantly higher than in the general population. In addition, people who are dependent on alcohol and who are consequently admitted to hospital, often struggle to fully benefit from a medical detoxification programme upon discharge, due to having no appropriate accommodation. There is a significant amount of research in the field, which creates a strong evidence base, but also presents a variety of often conflicting figures and statistics around what the true 'cost' of homelessness is.

Homeless Link research indicates that the average total financial cost of each homeless person equates to around £26,000 each year⁴⁵. Within this figure, the Crisis research; 'Better than Cure?' published in 2016, estimates that the annual cost to the NHS of a person being homeless for more than 3 months equates to around £4,298 per person. Moreover, the cost to mental health services averages out at a projected £2,099 per person. The health cost projections within the Crisis report are based on a sample of 86 homeless people and their average use of services. Social disadvantage is not recorded in mainstream medical records, which coupled with the low numbers in this study gives reason to assume that these estimates may well be different at a local level.

The financial cost of homelessness to the public purse is only one factor in the equation. The data within chart 25 demonstrates some of the human costs of homelessness, in other words how homelessness can impact on the individuals experiencing it. The figure shows that those who are homeless are significantly more likely to be unemployed, have substantially poorer mental health, have greater incidence of long term physical health needs and use drugs more readily than the general population and although these figures are on a national scale, the trends are relevant at a local level.

⁴⁴ www.crisis.org.uk – National single homeless charity

⁴⁵ [Homeless Link](#) – Understanding the impacts of homelessness



Source: [Homeless Link](#)- understanding the impacts of homelessness

As indicated in [Chart 15](#) in this review, the prevalence of mental health reported within the rough sleeping population of Stoke-on-Trent is around 86% with the proportion of those people with a diagnosed condition falling considerably short of that figure.

A national study by BioMed Central Public Health in 2014 revealed that mortality rates from respiratory infections is 7 times greater amongst the homeless population, which is then compounded by the high prevalence of chronic respiratory diseases, high rates of tobacco smoking and use of illicit drugs.

Increased mortality rates and the impact of homelessness on people's mental and physical health notwithstanding, the national Homeless Link health audit (2014) confirmed that people who experience homelessness also tend to live extremely unhealthy lifestyles, which can in turn exacerbate existing health issues and lead to longer term problems. Based on interviews with 2,500 homeless people, the report reveals that 77% of the homeless population smoke; 35% eat fewer than two meals a day and two thirds consume more than the recommended amount of alcohol each time they drink.

A lack of access to community based health care services or appropriate preventative and responsive treatment specifically for homeless people generally leads to increased pressures on unscheduled care services such as Accident & Emergency (A&E) and ambulances. Evidence suggests that people who are homeless (including those who rough sleep) attend accident and emergency departments roughly 8 times more frequently than the general population. The cost of an attendance at A&E can vary immensely depending on what the presenting need is, however the standard official average is estimated to be around £124 per person.

In 2018/19 a total of 377 people of no fixed abode attended the University Hospital of North Midlands at Stoke Accident & Emergency Department a total of 613 times. Of those 377 individuals, 99 of them attended on more than one occasion, with one person attending 25 times in the year.

The evidence suggests that of the no fixed abode cohort attending the department, just over half of the attendances are attributable to just 26% of the patients⁴⁶.

Further analysis of the dataset reveals that during the same time period, 190 people of no fixed abode were admitted to the hospital on a total of 260 occasions, costing the NHS an average of £1915 per person. Similarly, the evidence indicates that of all the non-elective admissions that year, just over 40% of the activity was attributable to 23% of the patients.

The primary reasons behind the A&E attendances from this population are highlighted in the table below alongside the indicative costs of the attendances.

Table 4		
Diagnosis / Description of presenting factors at A&E (2018/19)	Number	Cost
Poisoning (including overdose)	124	£15,709
Laceration	55	£7,564
Nothing abnormal detected	45	£4,729
Contusion/abrasion	44	£4,867
Psychiatric conditions	35	£3,203
Respiratory conditions	33	£4,119
Dislocation/fracture/joint injury/amputation	33	£4,956
Sprain/ligament injury	32	£3,422
Cardiac conditions	26	£4,500
Local infection	24	£3,157
Gastrointestinal conditions	17	£2,868
Head injury	16	£3,020
Diabetes and other endocrinological conditions	14	£2,040
Other vascular conditions	10	£1,494
Diagnosis not classifiable	9	£1,114
Social problem (includes chronic alcoholism and homelessness)	9	£777
Gynaecological conditions	9	£947
Urological conditions (including cystitis)	9	£1,134
Muscle/tendon injury	9	£1,001
Central nervous system conditions (excluding strokes)	8	£1,291
Dermatological conditions	7	£753
Infectious disease	7	£1,207
Soft tissue inflammation	6	£700
Ent conditions	6	£683
Foreign body	5	£378
Ophthalmological conditions	5	£378
Cerebro-vascular conditions	4	£888
Burns and scalds	4	£350
Septicaemia	2	£455

⁴⁶ Data provided by Midlands & Lancashire Commissioning Support Unit (2019)

Obstetric conditions	2	£266
Facio-maxillary conditions	2	£160
Visceral injury	1	£307
Vascular injury	1	£307
Total	613	£78,744

The table highlights that the most common reason by a large margin is poisoning (including overdose). This reflects the findings in [Chart 15](#), which reveals the high levels of drug use within the homeless and rough sleeping population in Stoke-on-Trent. Of particular additional note from table 4 is the prevalence of 'nothing abnormal detected', amounting to 45 of the attendances and costing the NHS almost £5,000 last year.

Table 5 highlights the most common diagnoses upon admission to the hospital amongst the no fixed abode cohort. The data shows that following the high levels of attendance at A&E with issues related to poisoning and overdose, there is also a subsequently high volume of people being admitted for treatment of those issues.

Diagnosis on Non-Elective Admissions to UHNM (2018/19)	Number	Cost
Adverse effects and poisoning - poisoning	39	£19,008
Problems due to trauma and injuries	32	£49,434
Neurological - Other	24	£20,324
Mental Health Disorders - Substance Misuse	23	£18,050
Problems of the Respiratory System - Other	18	£37,912
Neurological - Chronic Pain	14	£7,781
Problems of the Skin - Other	14	£26,617
Maternity and Reproductive Health	11	£26,038
Adverse Effects and Poisoning - Violence	8	£9,373
Problems of the Gastro Intestinal System - Upper GI	7	£11,622
Mental Health Disorders - Other	7	£5,255
Problems of Circulation - Other	7	£18,395
Problems of the Genito Urinary System - Other	6	£8,828
Problems of the Musculoskeletal System	6	£29,681
Infectious Diseases - Other	5	£11,082
Problems of the Gastro Intestinal System - Lower GI	4	£4,760
Problems of the Genito Urinary System - Renal Problems	3	£11,896
Endocrine, Nutritional and Metabolic Problems - Diabetes	3	£4,778
Adverse effects and poisoning - unintended consequence of treatment	3	£4,138
Problems of Respiratory System - Obstructive Airways Disease	3	£6,163
Problems of the Gastro Intestinal System - Other	3	£8,646
Problems of Circulation - Coronary Heart Disease	3	£6,413
Problems of Circulation - Problems of Rhythm	2	£1,939
Problems of the Genito Urinary System - Genital Tract Problems	2	£1,141

Problems of Hearing	2	£1,013
Mental Health Disorders - Psychotic Disorders	2	£1,502
Conditions of Neonates	2	£1,798
Other: Miscellaneous	2	£900
Disorders of Blood	1	£1,913
Problems of Circulation - Cerebrovascular Disease	1	£4,279
Endocrine, Nutritional and Metabolic Problems - Endocrine	1	£494
Mental Health Disorders - Organic Mental Disorders	1	£2,179
Healthy Individuals - Other	1	£460
Total	260	£363,812

Following a visit to Accident & Emergency or a hospital admission, homeless people can sometimes be discharged to inappropriate or insecure places or even discharged back onto the streets. Not surprisingly, a discharge from hospital directly to the streets often leads to worsening health problems, increased use of emergency departments and in many cases, repeat hospital admissions, creating a 'revolving door' effect for many people. In order to support colleagues in hospitals with a greater understanding of the issues relating to homeless people, the local authority and the Rough Sleepers Team have been attending a Clinical Commissioning Group (CCG) led hospital discharge planning meeting on a regular basis. This meeting pinpoints where there are challenges in the discharge processes currently and puts actions in place to resolve those issues. In addition, there has been some joint work with the Harplands Hospital to re-launch the Hospital Discharge Protocol which was first developed in 2011.

There is a wealth of knowledge and research surrounding the intrinsic links between homelessness and the adverse impacts that it has on a person's health and wellbeing. There have been some notably positive inroads established in terms of joint working between the sectors over the last 12 months. However, challenges still remain at an operational level. Ultimately, the aim is for all public services and voluntary sector organisations to work together in a way that recognises the personal needs, strengths and assets of each individual. There is also further work to be done to establish the most effective pathways for those people with multiple needs and longer term health conditions, who often encounter the 'revolving door' effect, alluded to earlier.

5. The Impact of National Policy Change:

Section 4.3 of this review makes reference to several potential causes of a person's homelessness, including the relevance of the complex interplay of a person's individual circumstances in the period leading up to the loss of accommodation. National research indicates that levels of homelessness experienced in Great Britain today have been greatly influenced and shaped by public policy choices including the supply of housing; spend on welfare and eligibility for housing assistance⁴⁷.

⁴⁷ Crisis Report – Everybody In: How to end homelessness in Great Britain (2018)

5.1 The Impact of Welfare Reform in Stoke-on-Trent:

The history of social welfare in the UK dates back to medieval England, with several voluntary and church led organisations putting various measures into place to deal with the poor, the sick and the destitute. The modern Welfare State was introduced in 1948 and built on the public's new hope for reforming the nation. It followed William Beveridge's earlier paper of 1942, which identified five key issues which would need to be overcome on the journey to reconstruction; poverty, disease, ignorance, squalor and idleness. The 1948 Welfare State reformed the established Victorian poor laws to ensure a government led social welfare system that protected people in times of financial hardship, to create a health service that was free for everyone and to provide good quality housing amidst the creation of new towns.

Due to changing economic circumstances and government policy over the years, the Welfare State has evolved quite significantly from its original intentions. In 2010, the reduction of the overall Housing Benefit budget across the country was central to a package of welfare changes aimed at decreasing public expenditure. The Welfare Reform Act (2012) was enacted to create more incentives for people to get into employment through assurances that 'work always pays' and that the 'benefits trap' where people find themselves worse off once they enter into a job, will no longer be an issue for people seeking employment.

Several changes were implemented, which have caused notable gaps to emerge between the maximum Housing Benefit entitlement and market rents across the UK, particularly when attempting to access the private rented sector.⁴⁸ Changes included;

- Restricting Local Housing Allowance to four-bedroom properties
- Setting weekly Local Housing Allowance caps for each property size
- Setting Local Housing Allowance rates at the 30th percentile of rents in an area rather than the median level
- Extending the Shared Accommodation Rate (SAR) to most single people under the age of 35, instead of 25

In Stoke-on-Trent there are currently 35,073 persons of working age in receipt of welfare benefits, which equates to around 22% of the working age population and ranks the city with the 31st highest number of people receiving benefits of the 326 districts in the country⁴⁹. This figure compares to an average of 16.4% of the population of England.

As outlined in section [3.2](#) of this review, approximately 3.5% of the adult population in the city are claiming unemployment benefit, with a total of 10,440 people now claiming Universal Credit, a figure which has increased significantly since the 4,994 claimants recorded in November 2018.

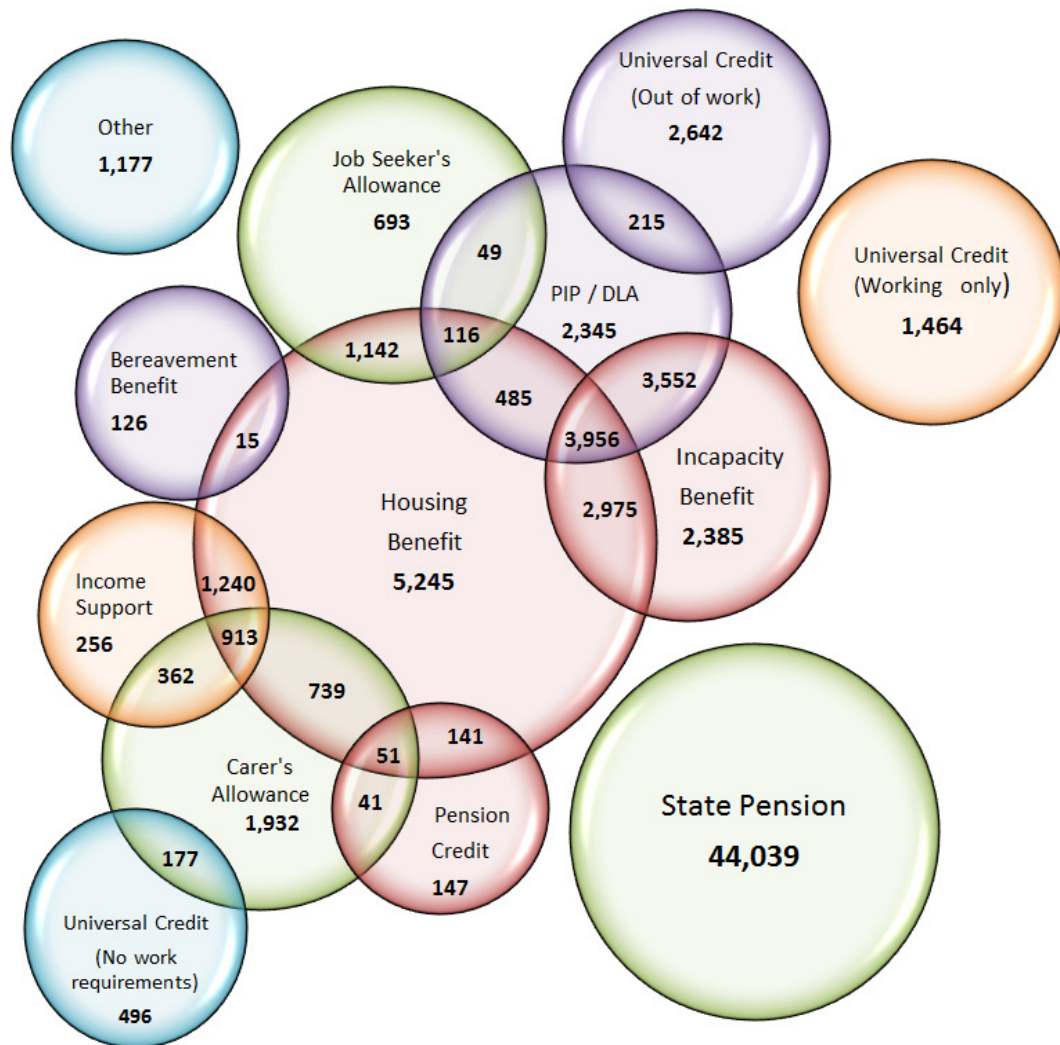
Chart 26 shows the approximate numbers of people claiming individual benefits and the different combinations of benefit claims in Stoke-on-Trent.

⁴⁸ Crisis Report – Everybody In: How to end homelessness in Great Britain (2018)

⁴⁹ Figures correct in June 2019

Chart 26

**Numbers of benefit claimants
Stoke-on-Trent (November 2018)**



Further analysis of people claiming State Pension reveals that roughly 25,000 of them (58%) claim their state pension in isolation, but there are 18,000 people (42%) who claim their state pension in combination with other benefits, for example there are 7000 people (16%) who also claim DLA / PIP / Attendance Allowance and a further 2,200 people (5%) adding pension credit and housing benefit to their welfare income.

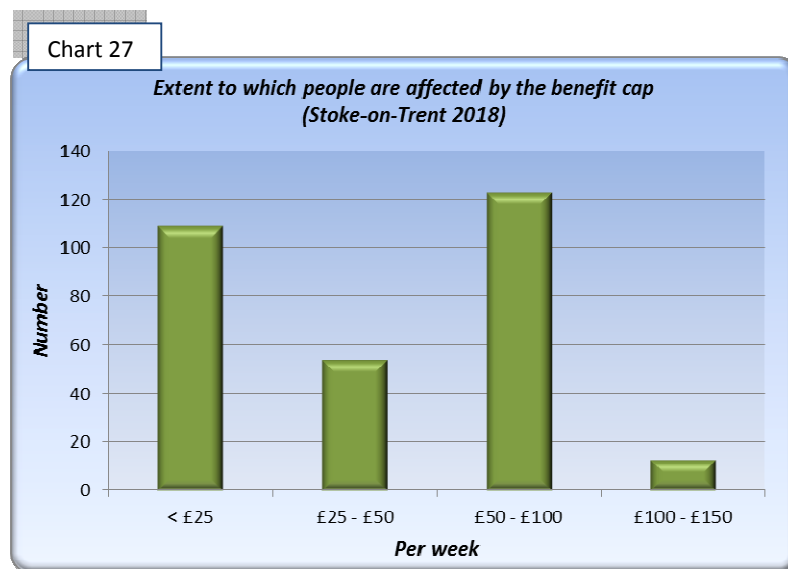
In 2013, the total amount of certain welfare benefits that a household could receive was restricted by Government, becoming known as the 'benefit cap'. Since 2017, the cap threshold has been set at £20,000 per year for families (outside of London) and £15,410 for single people.

In Stoke-on-Trent between 2014 and 2018, the number of households affected by the benefit cap varied from a low of 74 in August 2014 to a high of 346 in August 2017, before falling to 301 in

August 2018. The current figure for Stoke-on-Trent is approximately 20% greater than the national average and ranked the 55th highest out of 324 English districts. Of the 301 restricted households:

- 207 are single adults with dependent children and 89 couples with dependent children
- 161 are in the social rented sector (126 Local authority and 34 Registered social landlord)
- 137 are in the private rented sector

The data in chart 27 highlights the extent to which households have been affected by the benefit cap in Stoke-on-Trent. The data shows that the majority of people are restricted by between £50 and £100 per week.



The consequences of the benefit cap have been mitigated to some extent via the use of Discretionary Housing Payments (DHPs) both locally and on a national scale. DHPs are a limited resource that can be allocated, usually for a short period of time, by local authorities if someone experiences a gap between their rent and their housing benefit. Due to rapidly increasing demand for this limited resource, many local authorities across the country have placed additional conditions on its use, for example a requirement to be looking for work or for people to meet some of the gap themselves. This approach has led to the development of a 'postcode lottery' where some authorities are unable to help people affected by the benefit cap, who cannot move into work to avoid the impact.

In Stoke-on-Trent, no such measures have been imposed on the use of DHPs, but there has always been an expectation locally for people to try and resolve some of the issue themselves. The overall budget available for DHPs locally has decreased by 25% over the last 2 years.

The table below shows the amount of DHP spend for the financial year 2018/19, highlighting what the money was spent on against the reason the person needed the payment.

Table 6:

	Benefit Cap	Spare Room Subsidy	LHA Reform	Mixed reasons	Other ⁵⁰
To help secure and move to alternative accommodation (e.g. rent deposit)	£2,682	£16,126	£11,604	£410	£53,729
To help with short term rental costs while the claimant secures and moves to alternative accommodation	£2,748	£32,320	£27,203	£0	£22,315
To help with short term rental costs while the claimant seeks employment	£13,031	£30,734	£34,975	£1,350	£18,967
To help with on-going rental costs for disabled person in adapted accommodation	£0	£4,000	£413	£0	£1,196
To help with on-going rental costs for a foster carer	£255	£0	£722	£254	£0
To help with on-going rental costs for any other reason	£42,698	£116,362	£122,478	£3,826	£129,732
Total	£61,414	£199,542	£197,395	£5,840	£225,939

The table highlights how most of the local DHP spend last year was needed due to welfare reform changes, amounting to £464,191 or 67% of the budget. Of equal note is the concentration of spend to mitigate against the impact of the spare room subsidy and Local Housing Allowance changes, with the total spend amounting to £396,937 or 57% of all DHP spend last year.

Stoke on Trent began to move towards Universal Credit full service from mid-June 2018 and of the total Universal Credit claimants across the city, 2,192 are local authority tenants which equates to roughly 12% of all Stoke-on-Trent City Council tenants being in receipt of Universal Credit⁵¹. In order to counter the anticipated increases in rent arrears, Stoke-on-Trent City Council made use of the Landlord Portal as an early intervention tool and as a way of applying for an Advanced Payment Arrangement (APA) with the DWP so that rent is paid directly to the council. The results of this intervention have been largely positive locally, with levels of local authority rent arrears not increasing substantially in line with increased claims for Universal Credit. Recent figures show that 30% of the UC claimants in local authority tenancies are currently in rent arrears and the overall number of local authority households in rent arrears remains largely in line with the number before the roll out of UC in the area, which indicates that the impact of UC locally on local authority housing tenants has been minimal.

⁵⁰ Non welfare reform related reasons

⁵¹ Figures correct in June 2019

Notwithstanding the relatively positive outlook in terms of local authority rent arrears in Stoke-on-Trent; wider research shows that welfare reform is having a disproportionate impact on families with children, ethnic minorities, working age tenants in all social housing and women generally, with the greatest financial losses said to be within the most deprived areas of the country.⁵²

There are an estimated 14,000 people in the process of transitioning from Disability Living Allowance (DLA) to Personal Independence Payments (PIP) in Stoke-on-Trent. Figures show that around 28% of reassessed PIP claims are refused initially; with a 67% average success rate at appeal (some organisations within the city have a much higher appeal success rate). The process tends to have a detrimental impact on people's mental health and anxiety levels, with people claiming the system is oppressive and that the claim forms are restrictive.

In August 2018 Stoke-on-Trent City Council's Corporate Services Overview and Scrutiny Committee produced a report; The Human Impact of Welfare Reform which aimed to understand the true affects that the reforms were having on people in the city and the preparations taking place to support people with Universal Credit roll out.

The report collated qualitative information from interviews with the following local agencies providing support to families on low incomes in the city:

- Citizens Advice Bureau (including Potteries Gold)
- Co-operative Working Group
- Department of Works and Pensions
- Hardship Commission
- Saltbox (including Money Matters)
- Stoke-on-Trent Foodbanks
- Voices
- Wider Welfare Reform Group
- YMCA

Many of those interviewed stated that the changes to benefits have both increased homelessness and negatively impacted on homeless people in the city, which reflects the general findings of the national Crisis research referenced in this section. Interviewees cited particular difficulties for homeless applicants for benefits in obtaining Identification, keeping documents secure and opening a bank account.

A fifth of working aged households in the city contains nobody in work. It is indicated within the Hardship Commission report (2015)⁵³ that many people facing financial hardship in the city do not have access to sufficient and adequate information about which benefits they are entitled to claim, with recent figures estimating that there is around £94m of unclaimed benefit per year in Stoke-on-Trent.

⁵² Credit: "Reflections on research into the impact of welfare reform" (2019 - Presentation): Dr Richard Machin

⁵³ A Qualitative Study of Poverty Related Hardship in Stoke-on-Trent (July 2015) – RRR Consultancy Ltd.

Evidence suggests that there is a direct link between financial hardship and co-occurring health problems, including increased levels of anxiety and other forms of mental ill-health. Yet there is a lack of strategic inter-connection in policies. It is argued that investment in social welfare is a far more effective way of helping people cope with their poor health than sole investment in psychological therapies for example. The theory being that relief of a person's financial stresses can often improve people's health recovery times exponentially.⁵⁴

It has been reported locally that rising levels of homelessness and general hardship has had an impact on the city's libraries, which have seen an increased use of the building as a warm place to shelter with some people staying all day in the facility. In addition to the provision of books and access to computers for benefit claims, libraries also encourage people to take small steps towards building confidence and re-engage with society.

Government has yet to formally assess the impact of its welfare regime, however recent Crisis research⁵⁵ suggests that greater investment is needed in Universal Credit as a 'crucial safety net' to prevent low income households from becoming homeless following a period of unemployment or other personal disaster, which reflects the original intentions of the 1948 Welfare State model. The report reveals how people increasingly feel that the welfare system no longer provides adequate security in times of need because it does not accurately reflect the real cost of living.

5.2 The Impact of the Homelessness Reduction Act (2017) in Stoke-on-Trent:

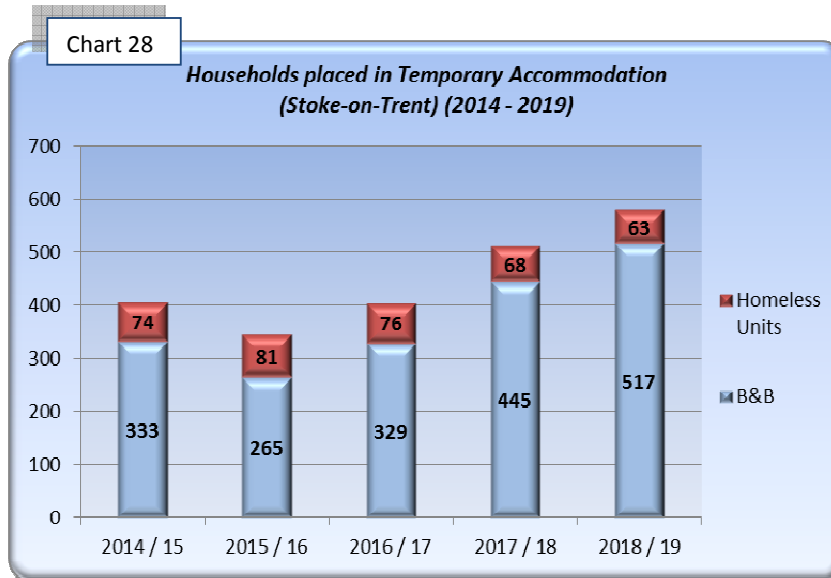
A Local Government Association survey⁵⁶ revealed that the Homelessness Reduction Act (2017) has led to more households in England being placed in temporary accommodation, as well as increasing the burden of bureaucracy for councils. Increases in temporary accommodation use cause administrative costs, which take resources away from other intervention and prevention work. A year on from the implementation of the Act, eight out of 10 councils said that the number of people presenting themselves to the authority as homeless had increased and there was an increase in the number of placements in temporary accommodation in 60 percent of councils.

Chart 28 shows that in Stoke-on-Trent the number of households being placed in temporary accommodation has been increasing since 2015/16 as a result of a series of changes in legislation, particularly the definition of priority need. In 2018/19, there were 580 households placed in temporary accommodation, representing a 12% increase on the previous year and a substantial 40% increase since 2015. The majority of those (86%) were initially placed in Bed & Breakfast accommodation.

⁵⁴ Credit: "Health Inequality and the Welfare State" (2019 – Presentation): Prof. Mark Gamsu

⁵⁵ Crisis Report – Everybody In: How to end homelessness in Great Britain (2018)

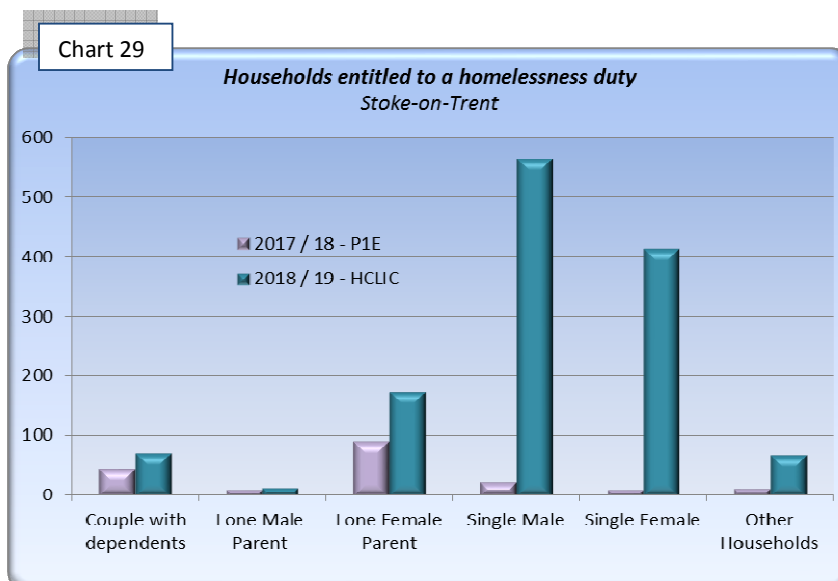
⁵⁶ <https://www.local.gov.uk/about/news/lga-councils-warn-rise-temporary-accommodation-use-homelessness-reduction-act>



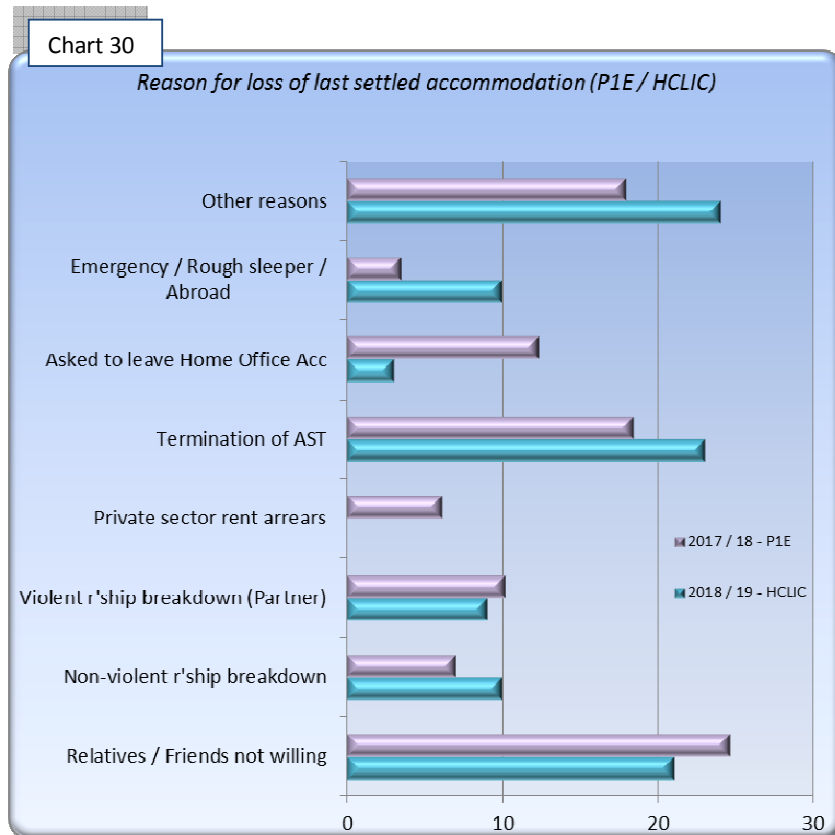
The HRA has fundamentally changed the type of interventions and the make-up of households entitled to assistance with homelessness. Analysis of P1E data from 2017/18 compared with HCLIC data from the first 3 quarters of 2018/19 reveals that following the implementation of the HRA, the city council has accepted a prevention or relief duty for 1128 households and made only 14 acceptances under the main homelessness duty. This compares to 189 households being accepted under the main homelessness duty during 17/18.

This substantial reduction in main duty acceptances highlights the increased levels of prevention and relief work that has been undertaken during the last 12 months, leading to significantly fewer households having to rely on statutory assistance from the local authority within the provisions of s193 of the Housing Act 1996, as amended by the Homelessness Act 2002.

Chart 29 demonstrates a significant shift in the type of household being assisted by the local authority following the implementation of the HRA.



The data shows that substantially more single adults are entitled to assistance within the provisions of the Homelessness Reduction Act. The extended eligibility for homelessness assistance has had a consequential impact on the common reasons recorded for people losing their last settled accommodation. “Loss of a private rented sector tenancy” and “family and friends unwilling to accommodate” remain the two most common reasons for people losing a tenancy, but there is an increase in other reasons recorded.



With only 3 quarters of data from the first year of the HRA available for analysis, the annual figures are not yet certain. What is clear however is that the Act has significantly increased the volume of people who are entitled to assistance with their housing circumstances, which is having a profound effect on levels of temporary accommodation use and staff resources.

6. Homelessness Prevention:

The Homelessness Reduction Act (HRA 2017) came into force in April 2018, putting an important focus on the prevention of homelessness. As part of the legislation, local authorities have a greater responsibility to support those who are homeless or at risk of homelessness and in order to support authorities to address those responsibilities, the government has made £72.7m available nationally up to April 2020 through the new burdens funding stream.

Recent research into the initial impact of the Act suggests that since its inception, the HRA has created an “assessment process”, which has changed the outlook of homelessness teams, orienting them towards prevention; however, it does not address the main underlying causes of homelessness⁵⁷.

The availability of effective prevention initiatives can be far more cost effective than a reactive response to a crisis situation. The challenge for the local authority is to find the right balance between the need to make immediate savings in services and investment in measures which will result in long term savings. As indicated throughout this review, homelessness can frequently be predicted and in those cases, should never be inevitable. Nobody should be forced to leave their home or an institution like prison or hospital with no accommodation options available to them.

Analysis of local P1E statistics since 2013 (table 7) shows how prevention activity in Stoke-on-Trent has increased each year leading up to the implementation of the HRA 2017.

Homeless Prevention activity (P1E)		2013 / 14	2014 / 15	2015 / 16	2016 / 17	2017 / 18
Remaining in existing home	Mediation	14	13	5	10	23
	Conciliation - Home visits etc.	6	6	6	7	1
	Prevention Fund	4	1	5	11	28
	Debt Advice	116	142	100	185	191
	Resolving HB Problems	9	20	61	17	12
	Resolving Rent / SC Arrears	96	124	69	114	162
	Sanctuary Scheme	0	4	11	12	25
	Crisis Intervention	5	1	3	2	13
	Private sector negotiation / advocacy to remain	23	34	40	51	39
	Other assistance to help remain in social / private	84	70	54	89	64
	Mortgage arrears intervention or mortgage rescue	54	56	27	23	21
Total remaining in existing home:	411	471	381	521	579	
Alternative accommodation found	Hostel / HMO - with or without support	59	87	79	66	76
	PRS – incentive e.g. bond, rent in advance etc.	82	88	64	72	64
	PRS - No Incentive	43	46	38	57	58
	Friends / Relatives	7	8	9	14	11
	Supported Accommodation	34	35	31	53	63
	Existing LA tenant - transfer	39	39	24	33	12
	Part 6 offer - LA / RSL	184	397	401	385	426
	RSL outside part 6 nom	16	56	59	64	53
	Low cost home ownership	1	1	2	2	0
	Other	0	1	0	2	1
Total cases - alternative accommodation found:	465	758	707	748	764	
TOTAL PREVENTED	876	1229	1088	1269	1343	

⁵⁷ LGIU Homelessness Commission – Final Report (June 2019)

Homeless Relief activity (P1E)		2013 / 14	2014 / 15	2015 / 16	2016 / 17	2017 / 18
Alternative accommodation found	Hostel / HMO - with or without support	9	12	9	18	16
	PRS - incentive e.g. bond, rent in advance etc.	4	7	6	11	13
	PRS - No Incentive	5	8	6	4	2
	Friends / Relatives	1	2	0	2	1
	Supported Accommodation	9	6	6	6	6
	Existing LA tenant - transfer	0	2	2	0	6
	Part 6 offer - LA / RSL	13	32	34	68	48
	RSL outside part 6 nom	3	2	2	11	3
	Low cost home ownership	0	0	0	0	0
	Other	0	1	0	0	0
TOTAL RELIEVED:		44	72	65	120	95

The data in table 7 shows that there were 1343 prevention cases and 95 homelessness reliefs completed in 2017/18, which represents increases of 35% and 53% respectively during the 5 year period following 2013. Historically, the offer of accommodation within the provisions of the Housing Act 1996 s.193, Part 6 has consistently been the most common option for both preventing and relieving homelessness⁵⁸, with the provision of debt advice and resolution of debt issues becoming increasingly utilised. It is clear from the P1E data that the local authority has relied on a multitude of different options when trying to prevent or relive homelessness, with the vast majority of households being found alternative accommodation.

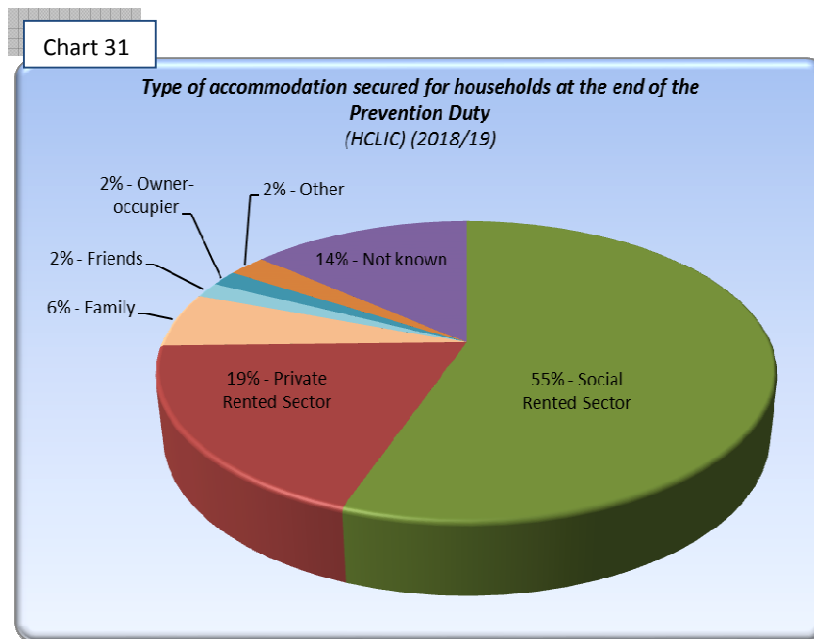
The HCLIC return reveals that 1313 households (91%) who approached the local authority for assistance with homelessness were owed either a prevention or relief duty during the first 3 quarters of 2018/19. Table 8 shows the activity that was undertaken by the local authority, which secured accommodation (alternative or existing) for more than 6 months.

Homeless Prevention activity (HCLIC)		2018 / 19
Activity that resulted in accommodation being secured for 6+ months:	Accommodation secured by local authority	140
	Helped to secure accommodation found by applicant – financial payment	19
	Helped to secure accommodation found by applicant – no financial payment	20
	Negotiation / mediation / advocacy to prevent eviction or repossession	39
	Financial payments to reduce rent, service charge or mortgage arrears	17
	Supported housing provided	14
	Negotiation / mediation work to secure or return to family or friend	18
	Other	30
	No activity – advice and information provided	12
Total cases where alternative accommodation secured:		309

⁵⁸ Part 6 offer relates to the offer of an introductory tenancy with the local authority or an assured tenancy through nomination with a Registered Provider.

68% of households found alternative accommodation during 2018/19, which represents a slight shift in the balance compared to previous years, where alternative accommodation had been found on average in 58% of cases.

Chart 31 highlights that the majority of households (55%) are secured accommodation in the social rented sector and only 19% in the private rented sector, which could be a reflection on the affordability issues that can arise when looking to access the private sector. However, the social rented sector is still commonly explored by the local authority as the first choice option for most people, which would also account for the trend. The continued development of the private rented sector offer is critical to ensuring adequate supply in the future.



7. Resources to Meet Demand:

In September 2017, the National Audit Office summarised the financial support aimed at tackling homelessness up to 2020 through the Ministry for Housing, Communities and Local Government (MHCLG). It revealed that the Department has committed a total of £754m between April 2016 and March 2020 including various local government financial settlements, £72.7m new burdens funding and a grant to replace the temporary accommodation management fee previously paid by the DWP. In addition, the £50m Homelessness Prevention Programme was developed to encourage innovative approaches to homelessness prevention amongst local authorities. The investment also included a £20m Private Rented Sector Access Fund, which was aimed at relieving rough sleeping but could also assist homelessness prevention / relief work and reducing the use of temporary accommodation.

7.1 Homelessness Prevention Fund:

Stoke-on-Trent City Council receives an annual Homelessness Prevention Fund from the MHCLG. The fund is not specifically ring fenced to 'homelessness'; however the Department expects that local authorities will use the resource as intended, to prevent homelessness. The grant allocation for 2018/19 is £649,393, which represents an overall increase of 5% since 2016/17. There are a range of services currently commissioned or supported through the Homelessness Prevention Fund and many of those projects are in turn supported in part by other funding streams:

7.1.1 *Rough Sleepers Outreach Service:*

The Rough Sleepers Outreach Service is jointly commissioned by Stoke-on-Trent City Council and Newcastle-under-Lyme Borough Council and offers help and support to those sleeping rough within the boundaries of Stoke-on-Trent and Newcastle-under-Lyme. The service team undertakes outreach work activity across both local authority areas.

The support provided aims to help rough sleepers move off the streets with a view to finding and securing permanent accommodation and to access other appropriate services where required including; health, financial and services that will help to enhance living skills through promotion of healthy lifestyles. The service promotes and adheres to the "No Second Night Out" (NSNO) standard approach, aiming for no-one to spend a second night out on the streets.

Additional funding was received in 2018/19 from MHCLG Rough Sleepers Initiative. The additional investment enabled a Rough Sleepers coordinator role to be created with the aim of increasing the effectiveness of the existing service and taking a wider coordination role for of all services involved with those rough sleeping. Additional outreach provision has also been put in place. The team can now provide a more flexible approach to outreach including evening staff and extended hours over the weekend. A 24/7 answerphone service is available to ensure referrals can be made at any time.

7.1.2 *Citywide Citizen's Advice Service:*

There are three key elements that make up the Advice Service including; generalist, debt and money advice and independent housing advice. Access to each element is via drop in sessions at the Citizen's Advice main office in Hanley or at various 'hub' outreach locations across the city including local centres and libraries. The service can provide help and advice in relation to a number of areas including some legal issues, tax assistance, benefits entitlement, debt and financial capability.

The service is geared towards helping individuals to resolve complex debt or housing issues themselves that may otherwise result in the individual and/or their family becoming homeless or destitute. Support with housing and money issues can include help with; illegal eviction, disrepair, assistance and representation with warrants of eviction, claims for possession, Debt Relief Orders and help with welfare benefits.

7.1.3 Young Person's Emergency Bed Space & Rebuilding Families:

These services are part of the wider YMCA youth campus service. The emergency bed is a dedicated single unit of accommodation at the YMCA Foyer Edinburgh House, which is used on an emergency basis for 16-17 year olds who have nowhere safe to stay that night or for a short-term period whilst more secure arrangements are agreed. In addition, the Rebuilding Families service is a relationship building and mediation service for individuals aged 16-25 years to help them build positive relationships with friends and family and/or to facilitate return to the family home where appropriate.

7.1.4 Furniture Provision:

The service provides essential furniture to those who are homeless or threatened with homelessness, to help them set up home or maintain their tenancy. Customers are often people who are experiencing poverty or entrenched social issues and have limited resources and assets available to enable them to furnish the accommodation themselves.

The furniture provided can be new or recycled items donated by the general public, which would otherwise go to landfill. Through the contract, the service offers households in need, several essential items of furniture such as bed frames, mattresses, wardrobes and sofas. In addition, customers can also choose to purchase extra furniture from the warehouse at a reduced cost if they so wish and in some cases, the service will donate items of non-essential furniture to families who are particularly in need. The service also offers volunteer opportunities for people to gain work experience and improve aspirations and confidence.

7.1.5 Migration Support Service:

The Refugee, Asylum and Migration Service is jointly funded through three different funding streams within the city council; the Homelessness Prevention Fund, the Housing Related Support and the Community Cohesion budgets. There are two elements to the service;

1. Integration support for Asylum Seekers, Refugees and other legal migrants:

Integration support is provided for between 6-10 weeks following a positive decision regarding a person's immigration status. Specialist support is provided to enable and help people to successfully integrate into the community and includes, but is not limited to;

- Assistance to access appropriate employment, training and volunteering opportunities
- Assistance to access school places where applicable
- Assistance to access GPs and other health services
- Assisting new Refugees to access college and training where applicable
- Support to integrate with the local community e.g. accessing community / faith groups and children's centres
- Arranging need assessments through Social Care services
- Liaising with the Asylum Seeker and Refugee Health Teams with regard to health issues, GP services, hospital appointments etc.
- Working with the local Authority and other services to assist families, made destitute by

removal of section 95 funding

- Signposting to appropriate support services to enable customers to maintain their accommodation/tenancies

2. *Legal advice for Asylum Seekers & Refugees:*

The provision of legal advice and guidance for Asylum Seekers and Refugees includes, but is not limited to;

- Appealing section 95 decisions;
- Mediation with providers of asylum accommodation as required;
- Accessing immigration solicitors as required;
- Ensuring people receive the services they are entitled to throughout the Home Office decision making process;
- Assistance with permission to work requests;
- Making homelessness applications as required;
- Initial assistance with documentation related to benefits and ensuring people receive the services they are entitled to, having received new Refugee status;
- Working with social housing providers and private landlords to make and manage applications for housing following attaining refugee status;
- Completing SET (Protection Route) forms for refugees who wish to apply for Indefinite Leave to Remain;

7.1.6 *Hardship Fund:*

The Hardship Fund is a small amount of funding that can be used in a range of bespoke circumstances to prevent homelessness. Each case put forward to use the funding is assessed on merit by Housing Solutions staff and can be used if there is no other resource available to prevent homelessness from occurring.

The Hardship Fund is primarily used in cases where the applicant is likely to be owed a priority need under the homelessness legislation. Requests are discussed with housing staff that can offer guidance on use of the budget and authorise payments. Examples of what the pot can be used for include;

- Boarding payments to keep someone in the home until a solution is found. This is for a maximum of 4 weeks with the aim of avoiding bed and breakfast accommodation.
- Rent in advance
- Security deposit payments
- Administration fees
- One off rent arrears payments
- Travel costs
- Purchasing white goods

This funding is open for all Housing Needs Officers, who are encouraged to be creative, whilst keeping in mind that payments should aim to prevent homelessness and avoid bed and breakfast accommodation use wherever possible.

7.1.7 Winter Provision:

The provision of shelter for rough sleepers in severe weather is not a statutory duty, even when conditions are life threatening. However, there is a humanitarian obligation on local authorities to do all they can to prevent deaths on the streets and for their partners and the public to support these efforts.

Each year Stoke-on-Trent City Council reviews Severe Weather Emergency Provision (SWEP) in partnership with neighbouring authority Newcastle under Lyme Borough Council and works in partnership with the commissioned Rough Sleepers Outreach Service to ensure that there are appropriate arrangements and provision in place to protect anyone rough sleeping, whilst cold weather conditions exist and payments are made from the Homelessness Prevention Fund to support the delivery of the SWEP initiative.

The development and agreement of a SWEP protocol aims to ensure that a clear procedure is adopted by all partners when SWEP is triggered and so that every effort can be made to engage with, vulnerable individuals to make sure they can access appropriate accommodation and support at this time. The SWEP protocol operates outside of the usual Homelessness eligibility and entitlement and is only applicable to those who do not have any other forms of accommodation available to them.

7.1.8 Bond Guarantee Scheme:

The Bond Scheme was introduced in 2010 in Stoke-on-Trent and helps people to secure a private rented sector (PRS) tenancy. The purpose of the Scheme is to make accommodation within the private rented sector a viable option for people in the city. It is available for people on low income with a housing need to help support them to find somewhere to live; the bond is used to secure the property to act as a deposit.

Once the customer has been accepted on to the scheme, they are encouraged to start their search for a suitable property to rent. The person must search for their own property; the service can provide help if required, depending on the vulnerability/needs of the person. The property must be affordable, in line with the local authority housing allowance and meet the needs of the person/household. The Bond Officer becomes involved once a property has been found.

7.2 Supported Accommodation (HRS):

In addition to the initiatives and services commissioned using the Homelessness Prevention Fund, the city council also commissions a range of housing related support services to meet some of the diverse needs of vulnerable people facing homelessness in Stoke-on-Trent. At the time of writing this review, there were 573 units of housing related support commissioned, of which 501 were accommodation based units and 72 were floating support or resettlement units.

Table 9			
Housing Related Support Services:			
Service Type:	Service name:	Primary Support Category:	Number of units
Hostels	90 Hope Street	Single & Homeless (although there is also provision for couples and people with dogs)	35
	Vale Street Life House	Single & Homeless (MHCLG also funds 5 emergency beds within the scheme)	51
Accommodation based housing related support services	Furlong Court	Substance Misuse / Complex Needs <i>(Self-contained block accommodation)</i>	18
	Supported Housing	Single Homeless <i>(Dispersed units & Block accommodation)</i>	107
	Julia House	Domestic Abuse <i>(Refuge accommodation)</i>	11
	Edinburgh House	Single Young Homeless	95
	Rothesay Court	Homeless Families <i>(Self-contained block accommodation)</i>	21
	Catherine Court	Teenage and Single Parent Families <i>(Self-contained block accommodation)</i>	11
	Supported Lodgings	Single Young Homeless <i>(includes 3 emergency placements)</i>	15
	Partnership Mental Health	Mental Health <i>(Includes long term and short term services)</i>	137
Floating Support Services	Blue Mountain	Refugees & Asylum Seekers <i>(Floating support & Advice Services)</i>	FS = 17 units Advice = 518 p/a
	Rothesay Court	Homeless Families <i>(Resettlement units from Rothesay Court)</i>	7
	Catherine Court	Teenage and Single Parent Families <i>(Resettlement units from Catherine Court)</i>	4
	Julia House	Domestic Abuse <i>(Resettlement units from the refuge)</i>	4
	Partnership Mental Health	Mental Health	40

7.3 Temporary Accommodation:

Stoke-on-Trent City Council currently utilises three different types of temporary accommodation including;

- 18 units of council owned accommodation including a mixture of houses, flats and bungalows across the city (Homeless Units);
- Bed and Breakfast (B&B) accommodation at three different hotels / guest houses across the city
- 4 emergency bed spaces commissioned via the YMCA, Brighter Futures & Salvation Army

The use of homeless units is viewed by the City Council as a more appropriate option for temporary accommodation than bed and breakfast hotels, but they are not always available or the most practical option and so in most cases bed & breakfast is accessed first. In 2018/19, the majority of placements (86%) initially went into bed and breakfast accommodation.

There have been several legislative changes over recent years, which have impacted on the use of temporary accommodation, not least of which being the implementation of the Homelessness Reduction Act 2017. As referenced within section [5.2](#) of this review, the number of households being placed in temporary accommodation has been increasing since 2015/16 as a result of a series of changes in legislation, particularly the definition of priority need. In 2018/19, there were 580 households placed in temporary accommodation, representing a 12% increase on the previous year and a substantial 40% increase since 2015. As a snapshot figure at the time of writing this review (October 2019), there were 20 people placed in Local Authority Homeless Units and 17 people in Bed & Breakfast accommodation across the city.

When making placements into temporary accommodation, the Housing Solutions staff try to consider education and health requirements wherever possible, such as ensuring people are close enough to a pharmacy if there is a need to collect a daily prescription.

As part of the Government's Rough Sleeping Initiatives (RSI) programme, Stoke-on-Trent has benefited from the presence of floating support practitioners, whose objective is to help people to sustain and / or maintain their accommodation after moving on from temporary accommodation or supported housing. An additional function of the floating support practitioners is to reduce levels of repeat homelessness by offering one to one support for people in temporary accommodation.

The RSI funding secured by the Council also helped to ensure that additional temporary accommodation was available via hostels and faith groups for rough sleepers over the winter period, with the Salvation Army hostel providing five additional temporary beds with extra staff capacity from September 2018 to March 2019 and Stoke Churches Night Shelter providing nine emergency bed spaces from December 2018 to March 2019. This provision was led and managed solely by volunteers.. The funding was used to provide meals to people accessing the service and to cover utility costs as the shelter was open every night of the week.

Resource secured through the MHCLG's, Cold Weather funding enabled the Night Shelter provision to extend beyond their normal weekend opening times, to offer a 7-day per week service. Brighter Futures helped support Stoke Churches, providing support staff to extend opening times and days.

RSI funding via the Council also enabled Brighter Futures, to arrange additional training for volunteers providing support for rough sleepers and homeless individuals, helping increase their skills, knowledge and awareness around homelessness and rough sleeping issues and areas including; health and safety and safeguarding.

7.4 Housing Solutions Service:

Stoke-on-Trent City Council employs 15 permanent and 2 temporary full time equivalent Housing Needs Officers within the Housing Solutions Service. 2 of the Housing Needs Officers work specifically with people who are street homeless, which involves working closely with the Rough Sleeper's Team and carrying out housing assessments outside of the office environment.

The Housing Solutions team carries out a wide range of prevention and relief work including;

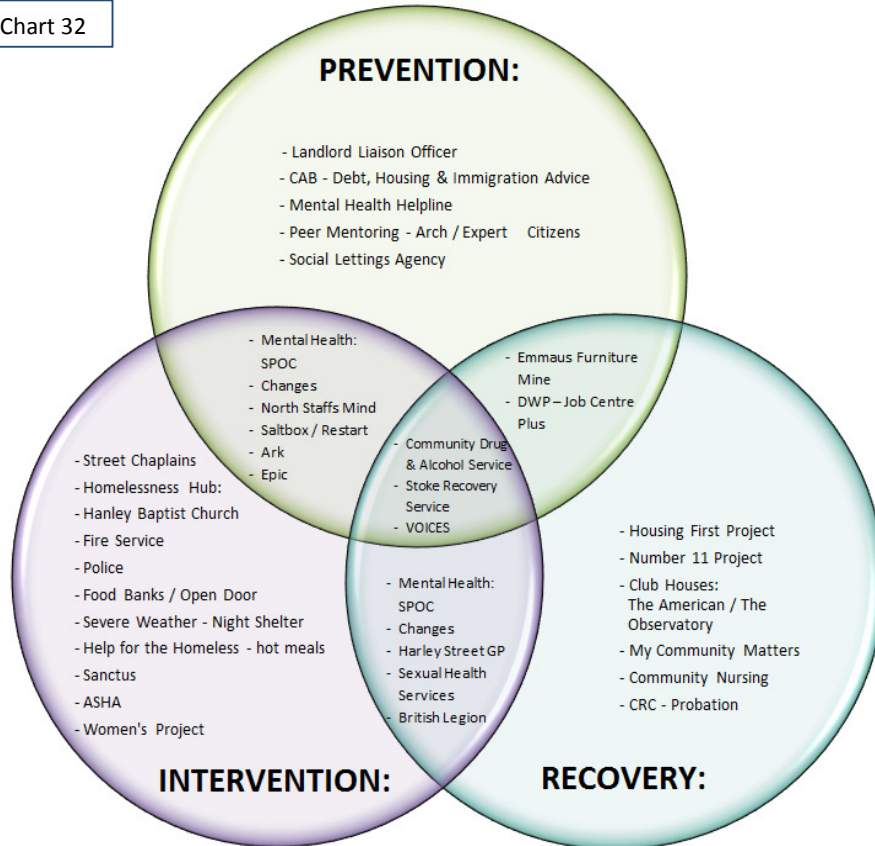
- Delivery of the Bond Scheme, as outlined in section [7.1.8](#) of this review;
- Management of the city council's waiting list and nominations into Registered Provider properties;
- Provision of housing needs and homelessness assessments
- Development of personal housing plans as required within the new Homelessness Reduction Act
- Provision of mediation between people in housing need and their landlords, mortgage lenders, social services or friends and family as appropriate
- Working closely with support agencies and providers across the city to secure more supported accommodation as needed

This is not an exhaustive list of activities undertaken through this resource. The team is flexible when responding to people's needs, as people's circumstances can vary significantly.

7.5 Additional resource within the city:

In addition to the initiatives outlined in this section of the review, there are a range of other services and initiatives also in operation across the city for people experiencing or facing homelessness. Chart 32 depicts some of the additional provision available:

Chart 32



8. Future Homelessness & Rough Sleeping:

The difficulties of quantifying the true extent of homelessness in the city are exacerbated further when looking to predict future levels of homelessness. There is a general acceptance both nationally and locally that vulnerable people are facing greater challenges in accessing suitable and secure accommodation as the impact of governmental policy changes continue to filter through. Given the evidence presented within this review, there are some key areas of challenge facing Stoke-on-Trent over the coming few years:

Challenge 1: Provision of appropriate Support Services:

One of the primary challenges for Stoke-on-Trent from the previous Homelessness Review in 2016 was around the requirement for flexibility, personalisation and systematic change within service provision and that organisations should be at the forefront of service planning in the future.

Despite continued reductions in financial investment from the city council since the last review, Stoke-on-Trent has managed to retain a good range of service provision and other resources for homeless people and those experiencing other forms of hardship, with many services demonstrating excellent partnership working, their efficiency and value for money. However, the reality is that

support services are stretched to a point where further reductions in funding can only lead to being unable to support those who need the services most.

One of the challenges facing the city moving forward will be around ensuring that the most vulnerable people in society are supported in the most effective way and at the right time. In addition, where a risk of homelessness is identified and can be prevented, there is sufficient provision available to prevent that crisis.

Challenge 2: Appropriate Housing Provision:

One of the fundamental elements underpinning the reduction of homelessness and rough sleeping is the provision of appropriate and affordable housing. The current Housing Strategy in Stoke-on-Trent recognises the imbalance between demand for housing and the availability of suitable housing options and seeks to drive growth and enhance the housing offer in the area so that a wider demographic can find the home that meets their aspirations.

In October 2018, the Government lifted the cap on local authority Housing Revenue Account borrowing. The cap was lifted to enable local authorities to make a meaningful contribution towards solving the national housing crisis. At that time, Stoke-on-Trent City Council already had development plans underway to build approximately 800 new homes but following the lifting of the cap, there is now a six year plan in development to either directly deliver or facilitate delivery of almost 4,700 new homes in the area by the end of 2024/25, of which around 1,300 will be deemed affordable, including affordable home ownership options.

In line with the plans already underway within the city council, there will be challenges around further engagement with social housing providers in developments and ensuring that housing is the right type and size and is in the right locations to meet the needs of the population in Stoke-on-Trent.

Challenge 3: Prevention of Homelessness for Vulnerable Groups:

Young People:

Population projections estimate that the next 20 years will see the general population of Stoke-on-Trent increase and there are indications that the demographic will remain largely similar to now, with a prevalence of younger people and people aged over 65. There is widespread concern on a national and local scale that amongst all the vulnerable groups, young people still face the greatest impact of welfare reform, housing accessibility, sanctions and reduced employment opportunities, making them particularly vulnerable to hardship and homelessness.

This is particularly poignant for Stoke-on-Trent when coupled with the prevalence of young people in the area and the evidence suggesting that a journey into entrenched rough sleeping and complex needs often begins before a person is 16 years old. It is critical therefore, that the local authority and its partners prioritise the delivery of appropriate service provision for all young people and Care Leavers in the city, ensuring that services are equipped to interrupt cycles of disadvantage before they escalate.

People experiencing severe and multiple disadvantages:

Evidence within this review reveals that there is an increasing number of people facing severe and multiple disadvantages both nationally and in the city. Historically, service provision has been commissioned according to specific client groups, which by definition excludes those people with needs crossing several of those categories. As such, it remains a reality in Stoke-on-Trent that these groups of people circulate the support services with no real progression into independent living.

The challenges for the city council and its partner agencies across the area are firstly, to take steps to better address the underlying issues that lead to the development of severe and multiple disadvantages and secondly, to establish more appropriate pathways of support once in the system. This review alludes to an increased potential for success when there is capacity enough to have smaller numbers of people on staff caseloads, encouraging more intensive support work as dictated by the individual.

Challenge 4: Engagement with Health:

Whilst the health of the homeless population continues to present a significant challenge both nationally and locally, engagement with health services in Stoke-on-Trent has improved significantly in recent years. For example, there are plans to re-instate the previously known, Community Matron for the Homeless, which has historically had a positive impact on the overall health and wellbeing of homeless people across the city. In addition, there is a greater level of partnership working between health and other agencies particularly around rough sleeping, discharges from hospital, attendance at meetings and access to primary healthcare services.

However, as projections anticipate further increases in homelessness and in particular, the levels of 'hidden homelessness', it follows that there will be a greater demand on health services over the coming few years. This review highlights a need for continued flexibility and further systematic change within all support agencies in the city, none more so than health organisations. GP practices, hospitals, mental health establishments and other health services need to gain an improved understanding of the specific health needs and vulnerabilities within the homeless population and they will also need to work more flexibly to meet upcoming demand. Greater emphasis on joined up working will help to achieve the objectives set out by Public Health England around reducing health inequalities associated with poor housing and homelessness.

9. Conclusions & Next Steps:

Homelessness is a devastating and multi-faceted phenomenon, which can frequently be predicted but should never be inevitable. Nobody should be forced to leave their home or an institution like prison or hospital with no accommodation options available to them. Homelessness in all its forms remains a political priority at both a national and a local level in Stoke-on-Trent with levels predicted to continue to increase exponentially over the coming decade.

This review highlights the complexities associated with homelessness in terms of the associated risks, the range of health and social needs of those experiencing homelessness, the challenging housing market and economy that exists currently and changes to the benefits system, all of which combine to make it increasingly difficult for local authorities to support people.

There are just over 18,000 council owned homes and around 8,000 properties owned by Registered Providers in Stoke-on-Trent. There are currently 2,663 live applications on the Housing Register, of which approximately 862 are considered to be in greatest housing need. Of the total 113,000 dwellings across the city, the majority (90,258) are within the private sector and just over 20,000 of those occupied dwellings are privately rented. Whilst the volume of properties across the area might be satisfactory, they are not always of a type or quality to meet modern expectations. There is a lot of work underway through the city council's Housing Standards Team and investment from Government grants to improve the quality, accessibility and sustainability of accommodation within the private sector and as social housing is becoming increasingly difficult to access due to former rent arrears or historic issues with tenancies, it is fast becoming the only option for many people.

Whilst there is a plethora of data on rising homelessness, much of this relates solely to people who are known to services because they have made an application to their local authority for assistance. As a result, much of the information on the numbers of people/households that are homeless, is likely to be an underestimation of the true scale of the issue as it does not capture those 'hidden homeless' who sofa surf.

A crude analysis of statutory figures from within this review suggest that single White males aged between 25 and 34 years old with a mental health need and/or issues with substance misuse are most at risk of some form of homelessness in Stoke-on-Trent. There is evidence to suggest that women's homelessness is often under-reported, although HCLIC figures show a clear increase in single females approaching as homeless during the last 12 months. Reports from Crisis, St Mungo's and Homeless Link have highlighted the hidden nature of female homelessness, with many women fleeing from abuse leading up to their homelessness.

Other causal factors that have been shown to feature in people's experiences of homelessness in Stoke-on-Trent include involvement with the Care system and living with family or friends, however the most significant contributing factor for people in the area is the loss of a private rented sector tenancy, a trend which is also reflected at a national level.

The cause of a person's homelessness is much broader than the loss of a tenancy and the information within this review suggests that indicators like this are simply a measure of the event immediately preceding the person becoming homeless, rather than the root cause. There is evidence to suggest that the true cause of homelessness actually lies in a much more complex mix of adverse experiences, often but not exclusively from the person's childhood, financial hardship and national policy changes such as welfare reform.

As indicated throughout the latter sections of this review, the impact of homelessness can be quite different between households and something which often requires interventions that are responsive

to the differing routes into and out of homelessness. There is a common acceptance that experiences of homelessness have a significant impact on a person's health, particularly their mental health, and in many cases there is also some substance misuse issue present. Whilst these issues are often present, they can be both a cause and effect of an experience of crisis. For example, misuse of substances can often be a way of self-medicating against a much deeper trauma in a person's life. What is clear from this review is that the key impacts of homelessness relate to cost; the cost to the public purse is evident from the information presented within earlier sections of the review but moreover, the human cost of experiencing a crisis like homelessness can be much longer lasting and can be a difficult cycle to get out of.

The Local Government Information Unit (LGIU) Homelessness Commission Final Report (June 2019) states that without significant strategic funding, the systems in place under the Homelessness Reduction Act will remain procedural. They will result in an improved assessment process but with no real outcomes because sustainable and affordable housing, mental health services, addiction services and other infrastructure is required to address the root causes of homelessness

The review highlights the number of cases locally where homelessness has been prevented or relieved, as recorded on the new HCLIC reporting system and there is a good range of service provision available within Stoke-on-Trent that can help vulnerable people. There are a number of positive interventions outlined in the review, which are promising in terms of reducing and preventing homelessness but no single intervention alone will solve the complex issues surrounding all forms of homelessness. A whole system, integrated approach is needed to tackling homelessness, which should include both statutory and non-statutory stakeholders, including those with lived experience in order to ensure that services developed meet the needs of those who require them.

The narrative must change so that it encompasses all forms of homelessness. We need an approach that addresses the real, underlying issues, because just trying to tackle the problem we can see will not work.

9.1 Key emerging themes:

In line with the Government's Rough Sleeping Strategy (2018), there are three key emerging themes which are also pertinent to Stoke-on-Trent and are therefore critical to modelling homelessness service provision over the coming years.

9.1.1 Prevention:

The prevention of homelessness is centred around an understanding of the issues that lead to homelessness and rough sleeping and providing timely support for those at risk. Evidence within this review indicates that a whole system approach is needed in order to address the issue.

This review reveals that people who are already in acute poverty are predicted to be greatly affected as welfare reforms continue to manifest and that the gap between the rich and the poor is becoming greater.

There is a wealth of data available to be able to predict when homelessness will occur and there is a lot of prevention activity already undertaken within the city as outlined in section [6](#) of this review. The loss of a private rented sector tenancy remains the most common “cause” of homelessness, although there are often several other factors at play in the lead up to a crisis point, including financial hardship, traumatic experiences and / or substance misuse.

The concept of preventing homelessness is well developed across the country, but gaps still exist that stop some people getting the help they need when they need it most. The costs of homelessness are well documented and as such, investment in effective homelessness prevention services is a cost effective as well as humanitarian opportunity.

9.1.2 Intervention:

The provision of effective intervention services is key to ensuring that for those people who have to experience homelessness, their crisis is dealt with swiftly, effectively and with options that are tailored to their individual circumstances.

There is currently significant investment within Stoke-on-Trent from central Government via the Rough Sleeping Initiatives into effective interventions for people who are street sleeping. However, this investment is time-limited.

This review reveals the importance of appropriate and affordable accommodation and support services for people experiencing all forms of homelessness

9.1.3 Recovery:

Supporting people who have experienced a crisis, such as homelessness, to find a new home and rebuild their lives is a critical element of recovery. There are often also many other facets to a recovery process including financial stability and physical or mental health and wellbeing.

This review suggests that investment in an effective recovery process is paramount and can lead to the prevention of repeat homelessness. In addition, there is evidence within this review to suggest that an effective pathway is required for those people with multiple needs and longer term health conditions, particularly when requiring hospital care.

Integrated, community based models of support are often an effective mechanism to break the cycle of homelessness. The success of provision like this in Stoke-on-Trent will require robust working partnerships across all sectors.

9.2 Next Steps:

The information and findings highlighted within this review will feed into the production of the Homelessness Strategy 2020-2025.

Following on from this, the Homelessness Reduction Board will lead on the development of a dynamic Homelessness Action Plan in order to make progress towards resolving some of the issues highlighted throughout this document.