

Housing and Communities

December 2018

Version 1

Draft Rough Sleeping Reduction Strategy 2019-2022



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Foreword

Tackling the growing problem of Rough Sleeping is a top priority for Swindon Borough Council. The issue of rough sleeping is multi-faceted and complex and therefore cannot be managed in isolation. As a Council we are committed to not only reduce the number of those sleeping rough but support them into appropriate services and away from Rough Sleeping altogether. I would therefore like to set out the Council's Vision and Aims, outlining the actions we will be taking to support this important piece of work.

Rough Sleeping is at the very sharp end of social exclusion. Thankfully, it affects a relatively small number of people but those people are amongst the most vulnerable in our society and we need to be doing more to help them. We cannot allow this growing issue to continue so working closely with our partners we must look at how we can reverse the current trend. It should be clear that whilst the Council fully recognises and applauds the invaluable work of all the agencies involved in tackling this issue over many years, I believe collectively we must revisit some of this work in order not just to meet the aims of the Council but far more importantly help and support those individuals that are in most need. With the support of our partners the Council proposes to deliver a multi-agency approach to achieve this.

The Government has recently published the Rough Sleeper Strategy (August 2018), with the aim through partnership working, to halve rough sleeping by 2022 and eradicate it completely by 2027. At the heart of the strategy there are 3 core strands - Prevention, Intervention and Recovery, all of which are embedded into Swindon Borough Council's strategy.

We acknowledge there has been an increasing number of individuals rough sleeping and the Council and its' partners have been busy working up initiatives to address this trend.

In January 2017, the Council was successful in a bid for Department of Communities and Local Government (DCLG) Rough Sleeper Grant Funding to work in partnership with Wiltshire and B&NES councils. This funding is specifically focussed to tackling the increasing number of evictions caused by Universal Credit with the main emphasis on preventing single people becoming homeless.

In January 2018, the Council set up a Temporary Winter Housing Provision that operated for 12 weeks to support those from the streets and into secure accommodation and independent living. Owing to the success of this project the Council has subsequently secured a site to continue this provision and will operate from November 2018 to March 2019.

I am also delighted to announce that Swindon has been allocated an additional £194,000 from the Government's Rough Sleeper Initiative Fund for 2018/19 and depending on its success will be awarded a further £250,000 for 2019/20. The initial funding will be used for initiatives such as Temporary Winter Housing Provision, a Housing First Model (12 units), Increased Floating Support, an Assertive Outreach/Inreach Service, a Homeless Project Co-ordinator and for Personalised Budgets.

This Strategy will form an integral part of the overarching Swindon Homelessness Strategy 2018-2021. We fully recognise that this is not a stand-alone strategy and is one element of addressing

Rough Sleeping in Swindon. This strategy aims to pull together all work streams and new legislation to provide a comprehensive and co-ordinated approach to deliver key objectives.

This strategy is also informed from the learning from recent engagement work led by our Clinical Commissioning Group (CCG) colleagues who during the autumn of 2018 met with people who are homeless or rough sleepers. The purpose was to hear directly from them about their experiences of using health care services, what is working well and to better understand the barriers they may be facing to get the care and support they need.

The learning from this work provides us all with rich insight from their perspectives and experience and has resulted in a programme of work to address the findings. Working in partnership with key stakeholders will be critical but central to the redesign will be the very people who are impacted.

This strategy is only the beginning and we will formulate an Action Plan to implement over the next few months so that we can embed the vision and aims which will be monitored and reviewed by all agencies, both statutory and non-statutory on an annual basis.

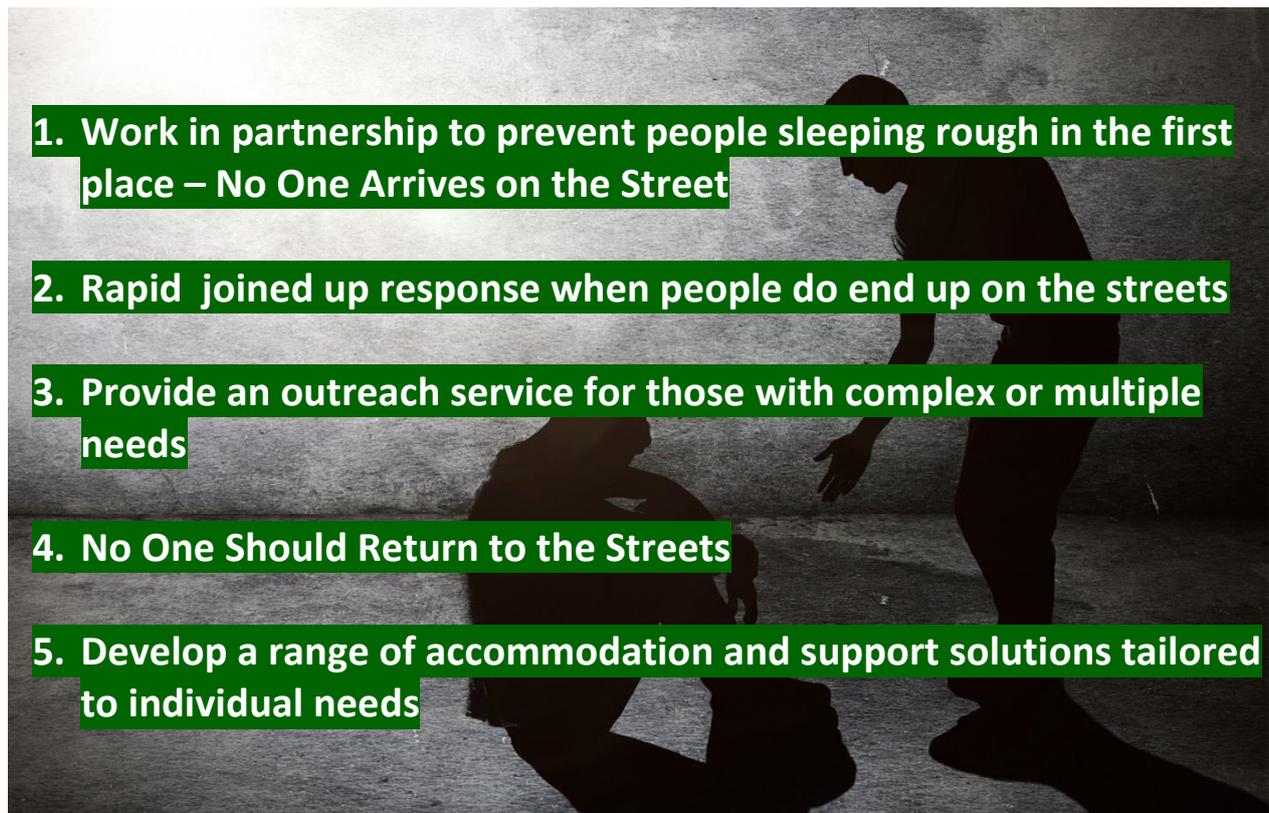
Vision and aims

What we want to achieve

In the November 2017 rough sleeper count, 45 people were recorded sleeping on the streets of Swindon, with the potential to rise during 2018, without appropriate and necessary intervention. Swindon Borough Council and its delivery partners are committed to reducing rough sleeper numbers by ensuring there are sufficient and effective policies in place, enabling people to access appropriate services and accommodation thus moving away from street Rough Sleeping altogether. The Council has worked with the Government's Rough Sleeping Initiative and its delivery partners to co-produce a range of funded interventions to meet the needs of rough sleepers in the area. The Council was delighted to have been awarded £194,000 for 2018-19 to fund the following services:

- A dedicated rough sleeping project co-ordinator – raising the prominence of initiatives to end rough sleeping and ensuring delivery of the programme.
- Set up Temporary Winter Housing Provision between November – March 2019
- 3 assertive rough sleeping outreach workers, focused on engagement with people on the streets, enabling reconnection and access to sustainable, supported accommodation.
- 12 units of supported Housing First accommodation.
- Specialist mental health training aimed at better equipping staff to work with and identify those most vulnerable and at immediate risk.
- Additional floating support to prevent loss of tenancies in the private rented sector.
- Establish a Day Centre 'one stop shop' to co-ordinate and integrate services in one location which cuts down on the need for people having to visit different services.

We have established Five strategic priorities to help us deliver our ambition:



Achieving our ambition

Without moving from our ambition to end rough sleeping in Swindon, our approach will focus on key deliverables and how they will enable us to meet our overall target. What we will do is set out in more detail below.

- 1. No One Arrives on the Street - Work in partnership to prevent people sleeping rough in the first place**
 - Create a new, specialist frontline prevention service for single vulnerable people at risk of rough sleeping to assist them through intensive engagement and finding alternative housing solutions.
 - Develop our awareness and understanding of the causes of rough sleeping in Swindon, those groups most at risk, and options to address this.
 - Work with partners to develop a rapid assessment and intervention framework to identify and provide a range of alternative pathways to prevent people spending a night on the streets.
 - Work with institutions such as prisons, young offender institutions, hospitals and the armed forces to ensure people have sustainable plans in place before they leave.

- Work with social and private sector landlords, advice providers and adult social care to help people to manage their tenancies and better improve their life skills.
- Develop a joined-up approach by promoting the services that are available in Swindon, working closely with organisations such as the police, probation service, NHS, adult social care and other housing providers.
- Work with our partners to explore commissioning options for this work, and with local businesses to consider ways they can help.

2. Rapid joined-up response when people do end up on the streets

- Work with individuals to develop and agree a personalised pathway plan as early as possible.
- Ensure that Care Act Assessments are carried out for older and frail people sleeping rough.
- Work with partners to explore options to commission a Day Centre / Multi-agency hub.
- Work with partners to develop a new information sharing protocol to simplify and streamline the process.

3. Provide a sustainable outreach service for those with complex or multiple needs

- Provide every individual who sleeps rough with a personalised support plan that helps them reconnect with society and build their lives.
- Work with health and social care partners to explore options for an integrated health model for homeless people.
- Provide support to those individuals with no connection to Swindon by reconnecting them (where it's safe to do so) where they have a local connection and access to services.
- Explore an outreach service provision to follow the current 18 months funding.

4. No One Should Return to the Streets

- Access to a range of appropriate services and affordable housing options, if required, to enable successful move on from rough sleeping and into independent living.
- For those with lower support needs: a focus on advice and financial assistance, e.g. rent deposit and rent in advance) to access a property, support into employment and a lower level of on-going tenancy support.

- For those with medium support needs: provision of accommodation with effective floating support tailored to individual need.
- For those with high and complex needs: provision of *Housing First* and long-term supported housing with appropriate multi-agency support.

5. Enable the provision of sustainable housing solutions

- Develop a strategic approach to work with our housing provider partners, specialist service providers and private landlords to increase the supply of homes available for single people.
- Ensure individuals who are housed are appropriately supported to manage and sustain their tenancy.

Developing Swindon's Housing First Model

Housing First is considered highly effective in ending Rough Sleeping among people with high and complex needs, but it does not constitute a solution to single homelessness, or rough sleeping, in itself. The international evidence shows that *Housing First* services need to be a part of an integrated homelessness strategy to be truly effective.

There is strong evidence that *Housing First* can end Rough Sleeping among people with high and complex needs, typically achieving sustained housing for at least one year for around eight out of every ten people *Housing First* services work with. *Housing First* has delivered very similar results in North America, Europe and the UK. However, outcomes in respect of addiction, mental health, physical health and social and economic integration can be more variable for *Housing First*.

There are a number of underlying principles that separate *Housing First* from other forms of more traditional housing. These include:

- *Housing First* provides rapid access to settled, independent housing, often using ordinary private rented or social rented housing.
- Access to housing is not conditional, i.e. someone using *Housing First* does not have to be assessed as 'housing ready' before housing is offered
- Housing, treatment and support are separated, i.e. someone using *Housing First* is not required to show treatment compliance, or changes in behaviour, once they are housed
- Support is provided using an intensive floating service, which visits people using *Housing First* at home, or at agreed venues, and provides case management, practical and emotional support. Caseloads per worker vary by service, but will typically be between three to eight individual service users at any one point.
- There is an emphasis on ensuring that the possibility of positive change in someone's life is clearly conveyed, without any requirements being set in relation to behavioural or other changes, often referred to as a recovery orientation in *Housing First* services.

Importantly *Housing First* models vary across the UK as one size does not fit all locations. Swindon will adopt a collaborative approach with statutory and non-statutory services in

establishing a model that compliments and sits alongside a range of accommodation options for Swindon's Rough Sleepers.

This strategy is committed to adopting a local *Housing First* model, however we acknowledge that there is a challenge to funding as this has been adopted as a pilot following grant funding from the Rough Sleeper Initiative allocation.

It is important to recognise *Housing First* as a health and wellbeing intervention as well as a housing service. Funders and commissioners across health, public health, criminal justice and social care should consider *Housing First* as a model of supporting people with complex needs.

Partnership approach

Rough sleeping is the worst manifestation of homelessness and although it only affects a relatively small number of people it can have far reaching consequences for those individuals. The issue is multi-faceted and complex and the Council cannot tackle rough sleeping alone. The Council believes that by working effectively with its partners and other stakeholders such as health, criminal justice and job centre plus it can deliver a multi-agency approach across the whole community thus ensuring the needs of those sleeping on the streets are fully met.

We want to develop a consistent town wide approach to prevent rough sleeping. We know that Swindon is fortunate in that it has a caring and tolerant population with many of its patrons already providing support for those sleeping rough by offering funding via personal donations and charitable work. For example, volunteering at local projects. We would like to build on that commitment.

As a committed Council, we want to make sure that all those seeking to help rough sleepers are doing so in a way that leads to sustainable solutions - that help encourage people to engage with services to move away from rough sleeping completely. Success in preventing rough sleeping and in particular entrenchment requires all services promoting the same consistent message - a single offer of support focussed on minimising the risk of those getting into crisis and spending time on the streets in the first place.

All those involved with rough sleeping are asked to pledge their support to the vision, partnership working and priorities of this strategy to support people away from the streets. It is hoped that services will sign up to their own Homeless Charter to demonstrate their commitment to an agreed set of shared outcomes.

HOSTS (Homeless Organisations Standing Together in Swindon)

HOSTS was re-established in 2017 to bring together all organisations / bodies that are working to coordinate the needs of Rough Sleepers and non-statutory homeless people. HOSTS is represented by a wide range of services, agencies and the voluntary sector that support those at risk of homelessness or rough sleeping. HOSTS can offer a comprehensive framework of interlocking services, accommodation and support to prevent and reduce rough sleeping:

Settled accommodation	Volunteering, training and employment		Money advice
Education, skills and qualifications		Faith groups	Mental health services
	Substance addiction treatment and recovery	Street outreach	
Emergency accommodation	Health and wellbeing		Housing advice
Counselling and therapy	Welfare rights	Immigration	Drop-in services

This approach will only achieve its full potential if the agencies involved work together to achieve a shared vision.

What is rough sleeping - General

Rough sleeping is defined by the Government as:

People sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designated for habitation (such as barns, sheds, car parks, cars, derelict boats, stations or 'bashes.' (A 'bash' is a makeshift shelter often comprised of cardboard boxes.)

Why do people sleep rough?

The reasons for becoming homeless and sleeping rough will differ greatly from person to person. However, there are some common risk factors that make it more likely that a person could end up sleeping rough. These include:

- family conflict and/or relationship breakdown resulting in loss of accommodation
- leaving institutions such as care homes, prison or the armed forces
- mental health problems
- Substance misuse, both drug and alcohol dependencies.
- dual diagnosis (mental health problems combined with substance misuse)
- financial problems (e.g. losing employment and/or being evicted)
- Physical health problems

- having no recourse to public funds (including those who live in one area but travel to another area to work)
- refugees or people seeking asylum

Many people who sleep rough display multiple risk factors, which can mean their needs are more complex and difficult to resolve.

What impact does rough sleeping have?

Sleeping rough has a significant impact on the individual concerned, the wider community and local economy.

For the individual

- The health needs (and associated costs) of people who sleep rough are disproportionately high. Nationally it's estimated that rough sleepers are eight times more likely to use hospital inpatient facilities than the general population.
- There's a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst rough sleepers. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis).
- The average age of death for a homeless male nationally is estimated to be 47 years old and 43 for women compared to 77 for the general population.
- People who sleep rough are less likely to integrate with society and gain meaningful employment.

For the community

- Fear and perception of crime amongst the community is increased.
- An area can become less inviting and attractive.
- Rough sleeping is often associated with begging, although not all beggars are rough sleepers (and vice versa). However, a high prevalence of rough sleeping can act as a magnet for professional beggars and other forms of anti-social behaviour

For the economy

- Many rough sleepers bed down close to town centres which can have a negative impact on retailers and other businesses which can result in them moving away from the area.
- Local people may choose to go elsewhere for their shopping and leisure, taking their custom to other areas outside Swindon.

- A negative impact on those visiting the area.

Rough Sleeping in Swindon

Health and Well Being

It is well acknowledged that the health and wellbeing of people who experience homelessness is poorer than that of the general population and experience the most significant health inequalities. The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk.

It is not uncommon for the longer-term homeless population to live with at least two or more co-morbidities for example diabetes and heart disease, very often because of poor diet, smoking and alcohol consumption. Therefore, accessing health care services in a timely, accessible and flexible way is of the utmost importance.

Representatives from Threshold, a charity for the homeless in Swindon, attend the Clinical Commissioning Group's (CCG's) Patient and Public Engagement Forum and, in May 2018, raised concerns regarding homeless people and the issues many of them faced when trying to access or use healthcare services.

Experiences included being discharged from hospital back to the streets and not being able to afford to pay for prescriptions. One account even told how a gentleman had to sell his watch to pay for medication. With consent, the CCG reviewed and investigated each case and there was much to learn from the investigation. The CCG made a commitment to work in partnership with local stakeholders to build a better understanding of the homeless population, spend time with them and hear their first-hand accounts of living on the streets.

During one week in September 2018 staff from the CCG met people who were homeless or sleeping rough in a range of settings; the big breakfast, night shelter, fulling station and walking around Swindon early in the morning to see where people slept in tents and car parks. Discussions were held in groups or one on one.

What did we hear and see?

We heard loud and clear that we need to remember that not all homeless people are drugs users or alcoholics. It can take just one thing to tip someone into being homeless. Relationship breakdown was a key theme.

For many we spoke with shared their personal stories as children where sexual abuse and living in a house where they witnessed domestic abuse was common. At least 5 of those we spoke with had been a looked after child. Having their own children put into care because of their own situation was shared by several people. There is plethora of evidence that links the consequences of adverse childhood experiences to mental health and homelessness. We witnessed this firsthand.

Bereavement following the death of someone close led at least two people that we met to live on the streets. Neither were seeking help.

Knowing where to go for help if they had a health problem did not appear to be an issue, the walk-in centre was cited as a good place to get information. Although many were registered with a GP, some chose to attend A&E, indicating that you can be seen a lot quicker and its open 24/7.

Charging of mobile phones can be a challenge, therefore, if they wanted to ring for help or to get an appointment without a charged mobile is difficult. Not having English as your first language can be a problem when trying to make appointments.

It was unsurprising to hear that their mental health was one of the biggest issues. Depression was the most frequently used word when discussing mental health. Many would like to see mental health services and drug and alcohol services working together more and offer greater flexibility in their service offer.

One gentleman we met was in poor physical health, suffering from leg and foot ulceration. This, we heard was not uncommon. Dressing the wounds themselves and with whatever, they could find. This is clearly a concern, including a potential underlying undiagnosed medical condition.

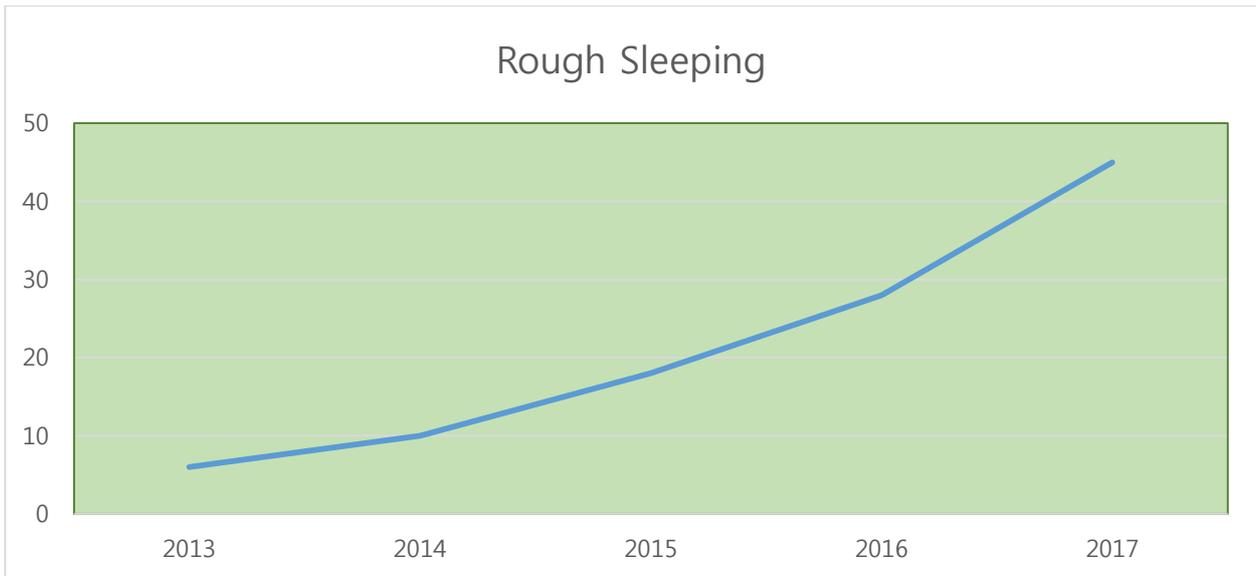
One young man sleeping in a car park was found gripping on to his insulin. A Diabetic, who was able to say how he monitored his blood sugar and was confident when and where he would seek help if he was concerned. His insulin had been stolen many times and this was his main worry.

Some felt they were falling through the gaps because services were not able to offer continuity of care, especially when they have temporarily moved out of the geographic boundaries of a service, including short stays in prison.

What's the scale of rough sleeping in Swindon?

Figure 1: Statutory rough sleeper return figures (taken in November each year)

Year	2013	2014	2015	2016	2017
Confirmed number of rough sleepers	6	10	18	28	45



The Council has established a Rough Sleepers Panel that has been in operation for over 10 years that forms the basis of a co-ordinated response to support individuals Rough Sleeping.

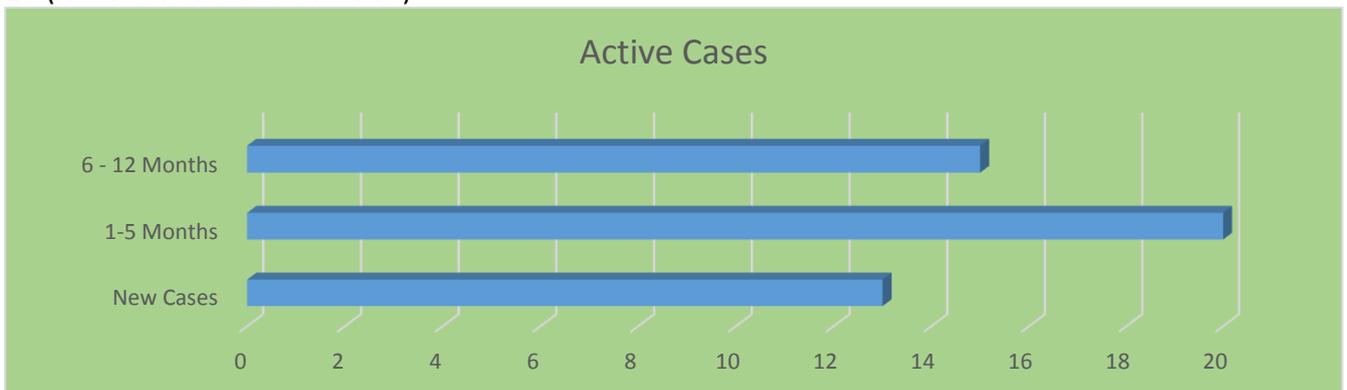
Additional Swindon data from the Rough Sleeper Panel (April 2018)

There were 48 individuals discussed in the March 2018 Rough Sleeper Panel.

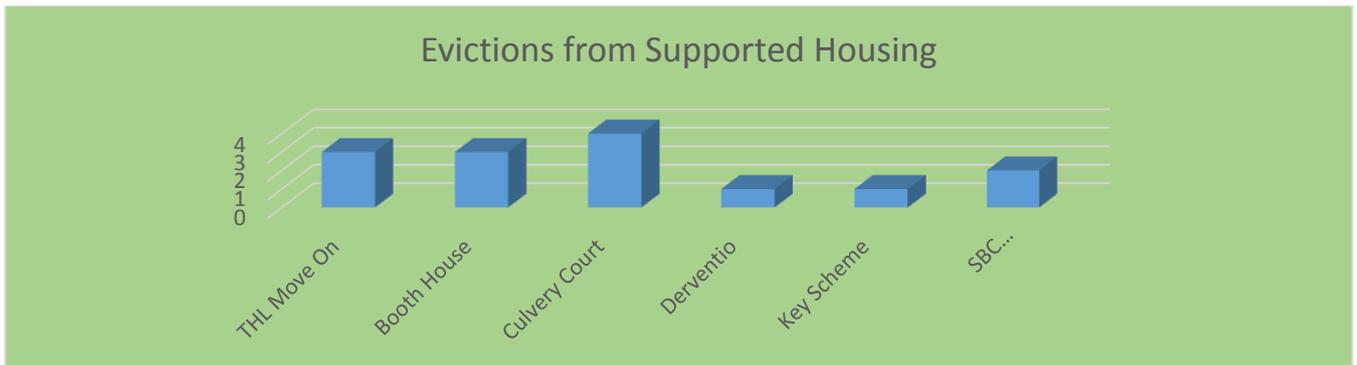
15 (Active 6 months ago)

20 (Active between 1-5 months ago)

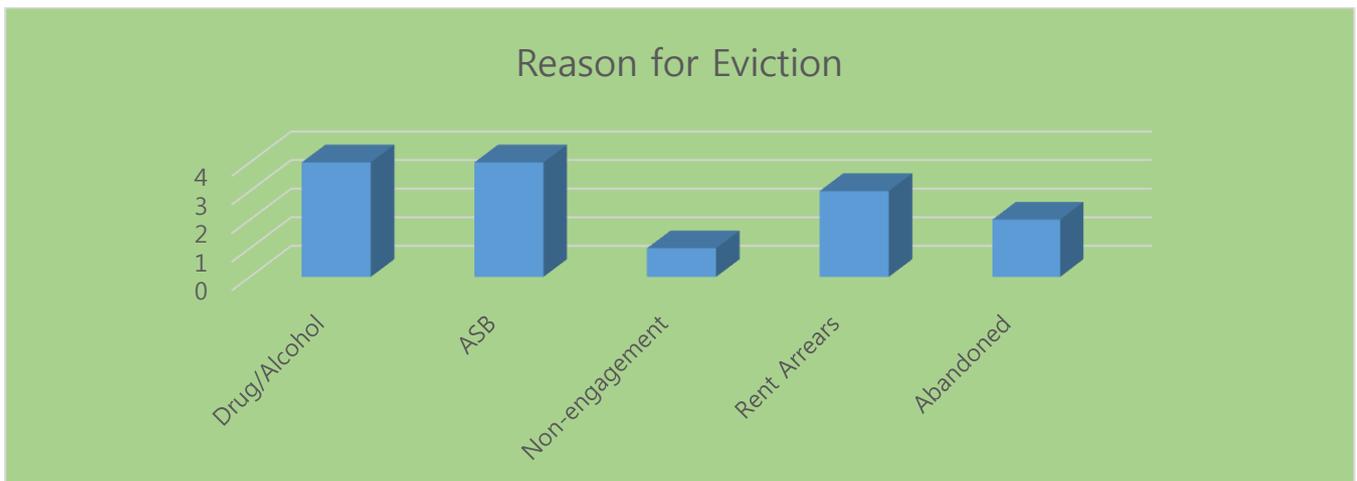
13 (Active in the last 6 months)



Of those 48, 14 have had accommodation within the last 6 months from which they have been evicted (this does not include those evicted from independent accommodation)



Reason given for eviction:



Of those 14 three were given a secondary reason for eviction - Aggressive Behaviour (1), Non-payment of service charge (1) and Alcohol use (1)

Length of time homeless

Of those 48 discussed, 27 have been in a cycle of Rough Sleeping and rough sleeping intermittently for a period of 4 months or more. Of these 18 have been homeless for more than 1 year*. Only 17 have been homeless for 3 months or less

*Has spent no more than 3 months in a row in accommodation that could be considered settled within this time.



In order to plan and deliver solutions the Rough Sleeper Panel provides evidence where there are four main categories of rough sleeping identified in Swindon –

Category	Description
1. Lifestyle	Where alcohol and substance misuse makes rough sleeping a lifestyle choice. Unwilling and/or unable to engage with appropriate agencies to work with their addictions.
2. Intermittent	Individuals who by day appear to be sleeping rough, but do have access to shelter via family, friends or own tenancy etc. during the night.
3. Revolving Door	Those who have slept rough in the last 12 months and have returned to the streets after a period of accommodation, such as assured shorthold tenancies, licences and supported accommodation.
4. Beggars	There has been an increase in begging activity across Central Swindon.

Evidence demonstrates that most of the Rough Sleepers in Swindon fall into Lifestyle and Revolving Door, we recognise that we need to break the barriers and the cycle of repeat Rough Sleeping.

As part of its commitment to prevent homelessness and rough sleeping, the Council is working in partnership with Local Agencies to deliver an Outreach service to rough sleepers. The service provides a combination of outreach support and locations where people can access help.

Governance & how this strategy will be delivered

An action plan will be developed following agreement of the strategy and will be owned by the Council and partners in Swindon. The action plan will be a plan for all agencies that are committed to tackling Rough Sleeping and not a plan just for the Council. It will be reviewed on a regular and continuing basis throughout the life of the strategy by partners and reported to senior managers and Swindon Borough Council's portfolio holders who are responsible for homelessness and rough sleeping.

