

1 Who is at risk of homelessness and why

- 1.1 Homelessness is not caused by one single issue but by a complex mix of societal, circumstantial and personal factors that are often unique to the individual household.
- 1.2 The primary societal reasons people become homeless is because they have low levels of income and there are limited affordable housing options available.

In recent years there have been a number of reforms to the welfare system leading to a reduction in the amount of income a household receives in benefits. Alongside this, there has been a decrease in the availability of the most affordable kind of housing (social rent) whilst an increase in the amount of housing in the private rented sector. This has put pressure on many households ability to secure or sustain their accommodation.

Homelessness from the private rented sector has increased considerably over recent years and currently half of all people approaching the local authority as homeless in Nottingham are doing so because they have to leave their Private Rented Sector tenancy.

- 1.3 Sudden or significant changes to circumstances can also increase the risk of homelessness. Examples of this include: relationship breakdown, bereavement, release from prison, unplanned admission and discharge from hospital, migration from abroad and escaping domestic violence.
- 1.4 The pressure from societal factors (1.2) and changes in circumstances (1.3) are amplified considerably when individuals have personal support needs such as mental health issues, traumatic and chaotic backgrounds / histories / living patterns, learning disabilities, physical disabilities and health illnesses and conditions. The ability to be resilient to societal and circumstantial pressures is reduced and people with support needs are at far greater risk of homelessness as a result.

2 Homelessness in Nottingham

Like most other areas in the country (particularly cities) homelessness in Nottingham has been increasing over recent years.

- 2.1 In 2016-17 there was an average of 19 approaches to the local authority (Housing Aid) per day from new households requiring assistance as homeless or threatened with homelessness (4400 total households). There is currently no national indicator which records presentations to local authorities and so direct comparisons with other areas are not possible. However, press reporting in October 2017 suggested that a person was approaching Manchester City Council as homeless every 20 minutes; our analysis shows this to be one household every 25 minutes in Nottingham. The number presenting to Nottingham City Council has remained relatively stable over the past few years. However, this should not be taken as an indication that levels of homelessness are not increasing as service capacity caps the number of people that can be seen and people can be unwilling to present to the local authority (especially if they think it will result in an outcome they perceive as negative, or if they have other emergency options they can call upon in the short-term e.g. sofa surfing).

Of the approaches to Nottingham City Council in 2016-7, around two thirds were single

people and one third families. Of the single people, two thirds were males, one third were aged under 25 and one quarter were from a Black or Minority Ethnic background. Of the families, three quarters were single parents and nine out of ten of those were female. One parent families were younger and two parent families were more likely to be from a BME background.

2.2 Support needs

One fifth of all households presenting to Housing Aid are assessed as having support needs that require a supported accommodation solution and they were referred to the Homelessness Prevention Gateway (the service that facilitates access to supported accommodation)

Mental health issues are significant amongst our homeless population. Interim findings from research commissioned by Nottingham City CCG and undertaken by Sheffield Hallam University in 2017 has found three quarters of all homeless households have mental health issues and almost two in three of those people have at least one diagnosis of a serious mental health condition

The complexity and multitude of support needs is increasingly evident amongst single homeless people. Opportunity Nottingham report that levels of complexity amongst its beneficiaries are far greater than anyone expected at the outset of the programme and although they work with 25% of the most chaotic people there are hundreds of others who would benefit from support

2.3 Rough Sleepers

The number of rough sleepers in Nottingham was 43 at the last official annual count in November 2017. This was a 23% increase from the previous year and the number has more than trebled over the past two years.

2.4 Homeless applications and temporary accommodation

Almost one quarter (23%) of presentations to Housing Aid result in a statutory homeless application (1005 in total and about half of those are accepted for rehousing). This is monitored nationally; however there is considerable variation in the proportion of applications taken following homelessness presentation across the country. This is because there is currently inconsistency in the amount and type of prevention and relief services each area offers to its local population.

The number of people in temporary accommodation (to whom the council has a statutory duty to house) has significantly increased over the past three years. Prior to 2014-15, Nottingham City Council had successfully maintained zero use of Bed & Breakfast as temporary accommodation for a number of years. However, by mid-October 2017, the number of households accommodated had peaked at 140. Evidently commissioned provision had become no longer sufficient in meeting the demand. However, in November 2017 a task group was set up to develop and implement an action plan to reduce the demand for and use of B&B. The focussed activities have so far successfully reduced the figure of households in B&B by almost two thirds (65% reduction) to 49 households at the middle of January 2018. However, we anticipate a seasonal uplift in demand in the early months of 2018.

As stated in 2.1, presentations have remained relatively stable in the last few years, so it is pertinent to ask why a situation has been arrived at in which the use of B&B has increased to such a level. There are a number of reasons for this, including the reduction in budgets to support preventative services; an increase in acceptances leading to a permanent rehousing duty (without the supply of accommodation available to meet this); and the significant shortage of other forms of temporary accommodation. In order to meet its

statutory duty to shelter those being considered under the homelessness legislation, B&B has unfortunately often been the only option.

2.5 Homelessness Prevention and Relief

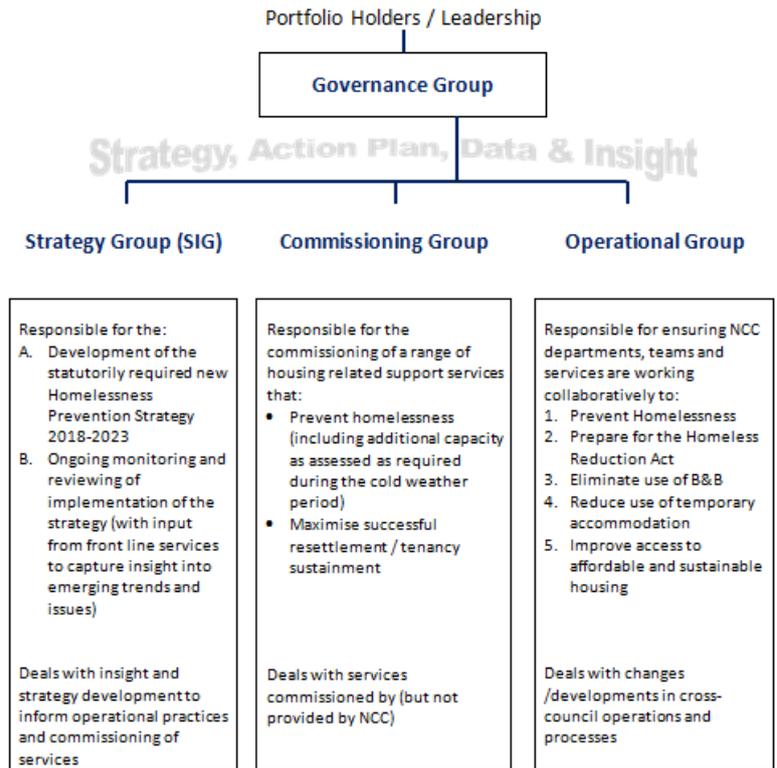
Over half of the households presenting at risk of homelessness in 2016-17 were supported by the local authority to remain in their accommodation or to move to an alternative property without experiencing a period of homelessness. Nottingham City Council was one of the first local authority areas to fully implement the government's homelessness prevention tool kit and in 2010 was a leading authority in the delivery of interventions. However, over time the impact of government funding cuts and the changing nature of the housing market has made delivering preventative more of a challenge. The most recent data indicates that although the Nottingham rate of prevention is still above the regional and national average, we now rank sixth out of the ten comparable local authority areas. However, the recent reintroduction of projects focussing on prevention and relief should mean we see uplift going forward and will support our transition into a fully preventative system which meets the requirements of the Homelessness Reduction Act.

The table to the right shows the proportion of homelessness prevention or relief activity in each area per 1000 of the population. When records began in 2009-10 the Nottingham rate was the highest of all of the comparative areas. However, we see that over time, the rate in Nottingham has decreased to the sixth out of the ten comparable local authority areas in Q3 2017.

| | 2009-10 | 2012-13 | 2015-16 | Q3 2017 |
|-------------------|-----------|--------------|--------------|-------------|
| England | 7.7 | 9.09 | 9.28 | 2.22 |
| East Midlands | 9 | 10.4 | 9.20 | 2.24 |
| Birmingham | 3 | 17.66 | 18.39 | 5.45 |
| Bristol | 14.1 | 18.85 | 22.87 | 5.59 |
| Derby | 12.1 | 15.03 | 10.24 | 1.93 |
| Leeds | 1.9 | 9.37 | 25.47 | 7.63 |
| Leicester | 16 | 18.2 | 20.18 | 7.28 |
| Liverpool | 3.6 | 6.23 | 8.52 | 1.73 |
| Manchester | 11.3 | 25.82 | 7.92 | 1.99 |
| Newcastle | 33.7 | 31.04 | 30.84 | 10.38 |
| Nottingham | 38 | 33.94 | 25.52 | 2.51 |
| Sheffield | 5.7 | 3.84 | 9.75 | 1.74 |

3 How we identify and support households at risk of homelessness in Nottingham

3.1 There is a clear governance structure in place for the strategic and operational approach to preventing and tackling homelessness in Nottingham (see chart to right).



3.2 Local authorities have a statutory obligation to produce a Homelessness Prevention strategy setting out how they intend to prevent homelessness from occurring in their area. The current Nottingham strategy is available [here](#) and will be updated in April 2018 by the Homelessness Prevention Strategy Implementation Group (SIG). The strategy is informed by an annual review of homelessness to report the current trends and emerging issues locally. Additionally, every three years Nottingham City Council reviews the provision of services commissioned through housing related support funding and also within a three year cycle, the Homelessness chapter of the JSNA is updated which assesses needs against service provision, identifies gaps in knowledge and makes recommendations for commissioners to consider. The Homelessness JSNA was last updated in October 2017 and is available [here](#) for further information. All pieces of work include a significant amount of stakeholder consultation and data and insight research in order to allow us develop an accurate picture from the front line services as well as from people with lived experience of what is happening locally and what action needs to be taken to address the issues.

- 3.3 Services are provided across the city to identify and respond to people at risk of homelessness. For example:
- Welfare rights, debt advice and budgeting services are available to help maximise income to make housing more affordable.
 - Independent Living Support Services are linked in with households who need support to sustain their living arrangements.
 - The Safer Housing team ensures landlords in the private rented sector are providing accommodation that is of a safe and suitable standard.
 - Social Housing providers have large networks of officers who regularly interact with tenants and can identify signs of risk and be on hand to support people. For example, to support a tenant to escape domestic violence, Nottingham City Homes (NCH) will make a management recommendation and rehouse the household within their own stock. NCH also work with other Registered Providers (RPs) of social housing to support them in facilitating resident transfers to alternative accommodation.
 - Preventative services at Housing Aid, including:

- The Homelessness Prevention Gateway, assisting people who have support needs and are unable to live independently into direct access and longer term specialist supported accommodation (largely commissioned by Nottingham City Council)
- The Nottingham Private Rented Sector Assistance Scheme, facilitating access to accommodation in the private rented sector
- The Sanctuary Scheme, installing security measures and providing support to enable survivors of domestic abuse to remain safely in their accommodation
- The Rough Sleepers reablement service identifies and supports people who are street homeless into accommodation (including through reconnection to their area of origin). The Homeless Health Team provides practical healthcare, assessment, treatment, advice and support via drop-in clinics and outreach to those who are homeless

4 Developing systems and services

- 4.1** The Homelessness Reduction Act (HRA) received Royal Assent in April 2017 and is due to be implemented in April 2018. It will bring new requirements for local authorities to support more people earlier to escape the risk of homelessness. It also brings a new duty upon the wider public sector (including health and social care) to identify people with a risk of homelessness and refer them for support.

In preparation for the HRA officers are currently working on the redesign of processes at Housing Aid and the way they interact with wider systems of services and support. A communications plan will be rolled out from early 2018 onwards. Already scheduled is a public health forum on 14th February 2018 and a themed meeting of the Health and Housing Partnership Group on homeless on 5th April.

The HRA will introduce new monitoring requirements which will allow local authorities a greater understanding of homelessness in their areas and how to target early interventions.

- 4.2** Following the recent review of homelessness, Nottingham City Council has proposed to maintain a commitment to investing in early intervention activity to prevent homelessness from happening.

This includes realigning Independent Living Support Services (ILSS) with personalised assessment of need and targeting the support towards people living in the private rented sector. The Council is also further developing the strategic coordination of existing and enhanced services for private sector tenants and landlords including:

- Early intervention dispute resolution service
- More options to help people access and move accommodation
- Selective licensing proposals including plans for tenant liaison officers responsible for identifying support needs and signposting to support

- 4.3** Nottingham City Council is protecting spend on rough sleepers enablement services in order to tackle to growing numbers of people who are street homeless in Nottingham and additional winter measures are currently being delivered under the Nottingham City Extended Cold Weather Provision Plan to ensure that rough sleepers are protected from the risks to their health and wellbeing.

- 4.4** Nottingham City Council has also been working with partners to further develop proposals to bring forward a mixed economy of provision of supported accommodation and change the way it is provided to young people and people with multiple and complex needs. This would involve shifting the focus of support to young people to prioritising safely returning home and

into education, training and employment and moving towards delivery of a 'housing first' approach to those with multiple and complex support needs. We have also been successful in securing a development grant from the Life Chances Fund to consider how social impact bonds can be used in the provision of accommodation for young people and rough sleepers who frequently use emergency healthcare services.

In addition, we are supporting a bid from the Sheffield Hallam University Centre for Regional Economic and Social Research for funding to research the impact of homelessness on the health and wellbeing of families.

- 4.5** Increasing the supply of accommodation, both temporary and permanent is critical to reducing and eventually eliminating the numbers of households in B&B. A project group meets weekly to work through plans to oversee and drive this, and it is being achieved primarily by the acquisition by Nottingham City Homes of a number of homes for use as temporary accommodation, and by a significant expansion of the Nottingham Private Rented Assistance Scheme (NPRAS). NPRAS works with private landlords to broker a supply of private rented homes guaranteed by a bond scheme. These homes can be used either as a homelessness prevention solution, or to discharge a full homelessness duty.

5 Risks, gaps and solutions

- 5.1** Although as a city partners work collectively and positively to make sure we know the issues in our local area and how we should best respond to them, this is in an increasingly challenging context of growing need and increasing demand on services.

5.2 System of prevention

The implementation of the new duties under the 2017 Homelessness Reduction Act from April 2018 will see the need to assess and provide support options to more people at a much earlier stage. However, government has released a limited amount of funding for only two years to enable councils to adapt to the new duties and there are concerns that this will not be sufficient resource to allow for local authorities to effectively deal with the new burdens. Locally, our ability to deliver prevention activity has been restricted by reduced resources in recent years. It will take time to build services back up to levels previously delivered and we must ensure that the transition back to a system of early intervention allows us to continue to effectively respond to people who are currently experiencing homelessness.

Furthermore, it is evident that effectively preventing or responding to homelessness takes more than providing a roof over someone's head. Without the supporting infrastructure to help people overcome the issues they are facing the likelihood of successful resettlement is reduced. We must ensure that homelessness services and housing solutions are not used as a safety net for people who are not being supported earlier or sufficiently elsewhere. There is a need for collective consideration of systems change to deliver a holistic approach to intervening early to prevent homelessness from occurring or being repeated in the future.

The Council and its partners on the SIG have been preparing for the implementation of the Homelessness Reduction Act, and the new Nottingham Homelessness Prevention Strategy will enshrine the enhanced principles of prevention it brings.

5.3 New duties on public sector bodies

The Homelessness Reduction Act also introduces a new duty (from October 2018) for all public bodies (including Health, Social Care, DWP, Criminal Justice etc.) to refer people who are at risk of homelessness for support.

It is important that the sectors are knowledgeable in how to identify risks and the local systems and pathways to support. We must also ensure that relevant information sharing agreements are in place so that information held by the referring organisation can be shared to support the following assessment of need and personalised action plan. The SIG will seek to develop the necessary information and pathways in order to support the new duty to refer.

5.4 Lack of specialist provision

It seems apparent that as specialist accommodation and services are decommissioned or reduced in the health and social care system, there is a corresponding rise in the number of homeless people with high level support needs (often diagnosed mental health conditions alongside a multitude of other needs such as substance misuse). If there are challenges in supporting a person in one part of the system, this should not mean that they become homeless and a housing problem. Rather the system of support should be reviewed to ensure it is effective in meeting the needs of all the people who need it.

If someone with multiple and complex support needs is accommodated in homelessness provision the expectation of support is via a housing-related support worker who is not necessarily adequately trained and in an environment not necessarily conducive to meeting the presenting needs.

A joined up approach to assessing need to inform required levels and type of provision of accommodation and specialist support would optimise sustainability of housing, reduce crisis and emergency use of services and add protection against safeguarding risks. It would also limit instances of people being placed in inappropriate provision that does not provide support at their level of need but is used because it is simply the only option available. As above, the new strategy will have this as a key objective.

5.5 Reliance on the Private Rented Sector

Half of all homeless households in Nottingham have had to leave a Private Rented Sector tenancy. However, the Private Rented Sector is also often the solution sought for homelessness as the limited supply of social housing means that it is increasingly the only available tenure for many people in housing need.

The reliance on the Private Rented Sector has put pressure on many households' ability to secure or sustain their accommodation because:

- a) The level of rent charged in the private rented sector is market driven and therefore increasing year on year meaning low income households compete for the accommodation with students and professionals.
- b) The security of tenure in the private rented sector is much lower than social housing. A tenancy term can be as brief as six months and if the landlord chooses to terminate the tenancy, they can do so with no reason or warning other than a two-month notice period (if they follow the correct procedure).
- c) The standard of accommodation in the private rented sector can also vary significantly as we know from the evidence that we hold that landlords are not always complying with required legislative standards. This can mean that people are living in accommodation that is detrimental to their health and wellbeing.
- d) Single people under the age of 35 are expected to share housing in the Private Rented Sector. As a communal and changeable environment, this is not always a suitable option especially when people have specific health and wellbeing needs.

Tenants in the Private Rented Sector are much more isolated from support than those living in social housing. There is no system provided by the landlord to identify issues and provide or facilitate support. Therefore, there is an amplified need for partners across other sectors to maximise opportunities of contact with private Rented Sector tenants to ensure their needs are appropriately recognised and responded to. In recognition of this, we now have

officers within Housing Aid specifically tasked with intervening on behalf of tenants and working with landlords to prevent eviction. The Council's Safer Housing and Licensing and Compliance teams, who are regularly going into PRS homes also have a key role to play in supporting tenants.

5.6 Hospital discharge

A task group of partners from the health, housing and social care sectors have recently renewed a [document providing guidance](#) to the protocol for the hospital discharge of people who are homeless.

There is further work needed to embed the guidance within the strategic health systems. A barrier to the successful implementation of the protocol is the lack of available and suitable supported housing for people who are considered to be medically fit for discharge. Housing, health and social care sectors should collectively consider the benefits that could be achieved from combining funding to deliver step down provision that seeks to enable positive and sustainable recovery. One significant issue affecting the success of the protocol is that people who have No Recourse to Public Funds are not eligible for housing provision which has received any public funding or subsidy. The only option here is referral to charities which are independent of public funding.

5.7 Risk of financial hardship

Nottingham will become a full service area for Universal Credit in June 2018 which could introduce difficulties in access, see weeks of delays until households receive payments and require a new way of households managing their finances that has caused a significant increase in the amount of households getting into rent arrears in the areas where it is already live. Social housing providers have been gearing up for this for some time now in order to ensure that tenants are fully aware of the change and their responsibilities and to minimise the risk of evictions. Information is being shared with private landlords for them to better understand the changes which UC brings and to support them to continue to house people in receipt of benefits.

Health and social care professionals should be equipped by means of tools and training to identify people at risk and effectively refer them into a coordinated system of assessment and support. The model of "social prescribing" is a sound basis for making the connections between health and housing and addressing the risk of homelessness. There needs to be further work to explore the knowledge required by the health sector to facilitate this effectively and a reciprocal approach for housing professionals to access social care and health systems when those needs are evident amongst residents and service users.

5.8 Limited supply of suitable accommodation

There are also likely to be continuing limitations in the availability of social housing – both as move on accommodation and in the provision of specialist supported accommodation (including temporary accommodation). The four-year 1% rent reduction imposed by central government from 2016 has reduced projected income and affected providers' confidence and ability to build new homes; whilst the uncertainty about the future funding of supported housing has had a similar effect. As recognised elsewhere in this report, the Council has stepped up efforts to increase the supply of accommodation available to people at risk of homelessness and who become homeless, particularly by making better use of the private rented sector. The emerging housing strategy for the city has as its highest priority the delivery of more new homes across all tenures, with the new build programme of NCH in partnership with the Council the main way in which new affordable housing supply is coming through. Whilst it is over simplistic to suggest that merely increasing the supply of new homes will solve the problem of homelessness, if there are more homes available it will undoubtedly have an impact. Even if they are not directly allocated to a homeless household new homes can bring about churn in the existing stock.

It would be useful to have discussions across sectors and take a partnership approach to the delivery of alternative models of psychologically informed, affordable and sustainable accommodation (such as Housing First) to ensure that appropriate provision of housing is available and intrinsically interlinked with the support an individual requires.

5.9 New risks to health

Increasing use of New Psychoactive Substances is a worrying factor amongst rough sleepers, many of whom who are displaying increasing complexity in their behaviour and needs. There is a requirement for partners across sectors to consider the long term investment in psychologically informed services under a Housing First model to support people with multiple and complex needs effectively and in a way that can be sustained. Partners are drawing upon national evidence to research and trial local delivery models. Health and social care need to be fully engaged in this process.

6 Further information

- 6.1 This briefing note has been informed by the [Nottingham City Homelessness Prevention Strategy](#) and the [Homelessness chapter of the JSNA](#). Further information on risks is available within a [recent paper](#) submitted to the Adult Safeguarding Board Business Management Group.

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