Imogen Blood &
Associates

Review of Homelessness Services for Sefton Council: Evidence base

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Introduction

This supplementary report brings together the evidence base generated by the review of Homelessness and Rough Sleeping carried out by Imogen Blood & Associates for Sefton MBC between April and September 2023.

Our methods

Please see Appendix A for a list of professionals engaged within the review.

- A total of 32 professionals from the council, its statutory, voluntary sector and landlord partners were involved in 1-1 or small group interviews. Larger group discussions were also facilitated at two Homelessness Forum meetings (one in Southport, one in Bootle) – one focused on hidden homelessness, the other on people with very high and complex needs. Detailed notes were taken of each interview, and these have been systematically coded under thematic headings.

- This was supplemented by an online survey, with open text questions, and which was proactively circulated to wider services likely to be supporting those experiencing or at risk of homelessness. We received 27 responses to this during July and August, and these were incorporated into our thematic coding.

- Interviews with 40 people with lived experience of homelessness, carried out during face-to-face visits to a dozen services, including hostels, hubs, night shelter, food banks, and a soup kitchen during July and August 2023. We also made observations and involved frontline workers in conversations in some of these settings. The 40 included 8 women, at least 3 people under the age of 21 and 2 families. Most interviews were recorded (where residents consented) and transcriptions/ detailed notes made to support rigorous thematic analysis.

- A snapshot survey completed by keyworkers on the demographics, needs and circumstances of each individual resident in commissioned/ non-commissioned supported housing and emergency beds on July 13th 2023. 161 responses were analysed after data cleansing, including a response from 82% of commissioned beds.

- Analysis of quantitative data supplied by Housing Options/ statutory homeless figures, MainStay, and data supplied by support providers in order to attempt to understand the flows into and outcomes from homelessness services.

- Desk-based review of a wide-range of documents and datasets, which are summarised in Appendix 2.

- Production of an interim Equality Impact Assessment, which will be updated and produced as an accompanying output. Our proposed consultant and engagement approach was also written up and presented to the Sefton MBC Consultation and Engagement Panel in July 2023, and we will take this review back to them.

1. Lived experience engagement: key themes

1.1. Insight to inform prevention: hidden homelessness/ rough sleeping

Many of those we interviewed who had slept rough had done so out of sight (woods, water tank, public toilets, beach etc) rather than on the streets; they also reported a lot of '*homelessness behind the scenes – people crashing at each other's houses, using drugs, etc, until their money runs out'.*

> *"[Sefton council] need to think of the homelessness they don't see – those staying on people's couches and doorways – there isn't always the help there -a lot are stuck in a rut they can't get out of and may not know there is the help. The homeless count isn't really a count is it? People stay in bin sheds and stuff like that…. There is also a trust issue – people don't want to become another number."*

We heard examples of missed opportunities for earlier intervention (where a bit of support might have prevented escalation of issues), especially where people became homeless following relationship breakdown and were in or very close to work.

Barriers to accessing help:

- Not knowing which services are available or how to access them.
- Although many report a good service once they have accessed Housing Options, the phone-based entry point to the service is problematic for many.
- Being put off by the shared nature of the night shelter; lack of provision for couples to stay together.
- Not relating own circumstances (e.g., sofa-surfing) to 'homelessness'; one suggestion was to raise awareness via places of work
- Fears and assumptions about accessing services, e.g., that you will have to share your life story in detail, or that you might owe council tax, general lack of trust in authorities, etc.
- Local area connection rules acting as a barrier for those who have left their home area or are 'nomadic'
- Alternative accommodation only available in the north/ south of the borough
- Not willing to be found due to drug use, lifestyle, state of mind, etc.
- Lack of available accommodation and access to early advice, especially on release from prison.

What helps?

- Consistent, persistent, and supportive outreach work – finding where someone is staying, and gradually building trust, persuading them to seek help.
- The importance of welcoming and accessible hubs (especially Light for Life, but others too, like Venus, Excel and a range of CVS settings) help to mitigate barriers to accessing housing options.
- Workers across the system (e.g. police, work coaches, etc) who take a trauma-informed approach, ask about housing circumstances, and signpost correctly
- Peer networks – people often find out about services from others in a similar position.

1.2. Insights to inform prevention: evictions leading to homelessness

We heard a wide range of experiences of and triggers for eviction from general needs properties and were conscious that we were only hearing the individuals' side of the story. However, the data suggests that more could be done by social landlords, Sefton Council and in some cases the Police and criminal justice agencies, to prevent an escalation of people's housing problems. The following themes emerged from our analysis:

- Death of a tenant: bereavement emerged as a common trigger for homelessness, especially where it accompanied housing challenges (e.g. not being able to succeed to the tenancy or losing parents when young (e.g. late teens/ early twenties), but not young enough to be formally placed by the local authority, or being able to take over the tenancy but with no previous tenancy experience and support needs (developing or worsening in response to bereavement).
- Harassment (including racial)/ victimisation/ ASB or criminal activity – we spoke to people who had abandoned (or were at risk of doing so) due to the impact of neighbours' behaviour on them; sometimes this then led to disputes about rent arrears which could then act as a barrier to getting re-housed.
- Eviction processes – some people were traumatised by the way in which eviction processes had been carried out by social landlords, e.g. belongings (including papers and personal photographs) 'being dumped' on eviction; someone having to leave the home he had shared with his partner for over a decade following her death, 'with what I was standing up in'; a family for whom English is not the first language not even realising that a notice seeking possession had been issued or that they had run up rent arrears due to complex interactions between disability benefits and the benefit cap.
- People with long-term support needs not receiving adequate, if any, tenancy support in PRS or social tenancies, e.g.: '
  "*My last tenancy was private rented – I had a 'bit of an issue with the landlord' but because I got left to it without the support, obviously it just didn't' work*'.
  (care-experienced person with mental and physical health challenges).
  Some people described several cycles of coming through the homelessness system, being re-housed and then losing the property; some explained that they had been given an independent tenancy for the first time and felt they had not received enough – if any – support to manage this.
- Contested rent arrears built up during a prison sentence: one hostel resident explained that they had been imprisoned whilst also under notice of eviction; rent arrears had built up according to the social landlord (though he was under the impression these were being paid 'by the council') and it was now not clear how he could redress the situation and get back onto Property Pool Plus.
- Illegal eviction by private landlord: tenant was advised by Housing Options to remain in the property until the final order was received but they did not appear to appreciate the impact which harassment by the landlord was having on the tenant's mental health.

1.3. Provision of support (including supported housing)

1.3.1. Emergency beds

Steps have been taken to improve the quality of single emergency accommodation within the borough - for example, we visited the self-contained 'pods' provided by New Start in Southport and heard that the Southport night shelter had supplied only sleeping mats in the past, compared to the beds now provided. However, the shared nature of the night shelter provision in Southport continues to be problematic:

> *"In this day and age, I don't think you should have all these beds in one room – there is just one toilet and people are waking each other up all night – it doesn't feel safe (there are no panic buttons in here – there is CCTV going through to the night staff at Leyland House but the other week there was a fight in here at 3am and no one came, no one saw it happening on the CCTV, they just said in the morning 'we'll have to review the system')"*

We met younger people who had stayed within mixed age provision at the night shelter, *'sharing with much older people – big men!'*

The most frequent complaint of those accessing emergency beds related to only being able to access provision at night. People described the risk of getting drawn into daytime drinking and possible anti-social behaviour, of walking the streets non-stop with nowhere to go, or of trying to find shelter – in libraries, at the back of the bus station by the radiators, or in doorways. Those who had become homeless for the first time described this lifestyle as being particularly tough. One man with a long-term mental health condition who was using the night shelter when we visited explained:

> *"Today I just sat on a bench in the soaking rain on Lord Street for 5 hours – I am worried I might get pneumonia again."*

At the time of our visit to the Southport night shelter, the opening times had been put back from 6pm to 8pm (hopefully as a temporary measure) in response to complaints from new neighbouring luxury flats.

> *"Obviously we are all grateful for the roof over our heads but between 5 and 8pm, having to be out on the streets – this is the time we feel the most vulnerable, and tired, especially in winter".*

The daytime challenges are particularly problematic given the length of time some people are spending in emergency beds – for example, some reported stays of several months. Even where people were in self-contained pod accommodation, the daily packing away and storing of possessions, the time outside during the day, and the uncertainty of nightly accommodation was clearly taking its toll on people's mental and physical health.

1.3.2. Supported housing

Quality of physical accommodation

Overall, most interviewees seemed satisfied with the quality of the physical environment within supported housing. Some (both in congregate and dispersed settings) were very positive about the standard to which their accommodation had been presented and many in shared settings had access to self-contained facilities, which they valued. There were exceptions to this - one resident was extremely upset about a damp wall in their hostel room, which they said they had been complaining about for many months and felt was exacerbating breathing problems; and "poor property conditions" and issues with dirty needles were reported in one dispersed scheme. A lack of accessible accommodation is an issue, and we spoke to one man in his fifties who was staying in a young person's project, because it was the only ground floor room available, and he has mobility issues.

Experiences of communal settings

We were struck by the very high level of mutual support between residents within one small hostel setting; in another, residents felt that there was also a 'good atmosphere'. Some people were clear that they would ideally like to live in a shared setting with some ongoing support and supervision for as long as possible. Others reported negative impacts of noise, anti-social behaviour, others using drugs/ drinking or pressuring others to do so:

> *"Really hard [being in the hostel, given mental health challenges]. I have voices in my head and with all the noises it's just constant banging. My psychosis doctor said… this is not a good place for me to be. I need to be in my own flat, with my own living room, bedroom and own surroundings".*

We heard some concerns about the challenges arising from mixed hostel accommodation (raised by both women and men); yet were struck that there still does not seem to be accommodation available for couples.

For some people, the ban on visitors within shared settings was a key concern. Those interviewees living in dispersed housing generally valued having their own space.

Quality of support from staff

We heard much positive feedback about the support from individual staff members in supported housing, many of whom were felt to go 'above and beyond' to provide emotional and practical support and advocacy. One person described how a worker had provided lifts to stressful hospital appointments and 'chatted in the car'; another explained how their keyworker had helped him structure his time, re-kindle passions and skills to help him stay off alcohol. We heard positive examples of person-centred and trauma-informed practice and examples of how staff had supported people to access medical care, including providing reminders of appointments to a person with memory issues, or advocacy to another due to 'going from place to place and not getting proper treatment'.

However, the overall picture from residents and some of the operational partners we interviewed is that the quality and professionalism of staff is variable in some supported

housing schemes. For example, we heard some concerns about staff lacking people skills, empathy, knowledge, or motivation to help. There were some complaints: for example, of favouritism or lack of transparency in one setting, and concerns that the level of visiting support in one dispersed scheme was not adequate given service charges. Whilst long-standing night staff in some projects were praised for being 'very helpful'; in others, it was felt that they sat in the office watching films when they should be enforcing rules on noise and anti-social behaviour.

Many told us that they value the ad hoc support from staff in response to 'things that pop up'; however, some felt that they – or others - might benefit from a more structured and goal orientated approach. Some interviewees were concerned that "*most people will sit in their rooms and rot"* or *"treat the place like a luxury crack den."* A recurring theme was that staff should either provide more proactive challenge and support to those who are continuing to use substances, or there should be separate provision for those who are not (currently) using. Others wanted more specialist support, for example, from visiting mental health specialists – some had started to work with or were waiting to work with the in-house clinical psychologist, but it was clear to all that more capacity is needed in this service if it is to reach all those who need it. Others wanted access to skills training, meaningful activities, and opportunities to volunteer.

1.3.3. Floating support

We met individuals who were receiving support to live independently. At both Venus and the Light for Life hubs, we observed and heard about person-centred support relationships, which often went 'above and beyond'. For example, individuals who had past experience of trauma told us how much they valued:

- Being able to cook with support worker and eat with others at the hub, as they don't eat so well when alone;
- Staff arranging for the cremation and urn following the death of a beloved pet;
- *"Friendly atmosphere – will make a cup of tea, let people sit and chill, very relaxed environment. Help you to get things done."*

We observed a highly flexible and 'stickable' floating support which is not fully captured in Mainstay data, and probably falls out with commissioned interventions which are intended to be time-limited. Staff and people using services expected that ongoing support could and would be offered and accessed, which is positive but may not be sustainable within current resources.

1.4. Securing move-on/ settled accommodation

1.4.1. Housing needs and preferences

Unsurprisingly given the diversity of their needs and circumstances, the supported housing residents we interviewed told us they have different needs and preferences in relation to move-on.

The importance of location was key – either to be near to existing support networks (including people they provide support to, such as parents with care and support needs), or to avoid areas where they have history and make a fresh start, or due to court orders.

Some people were adamant that they needed their own individual tenancy:

> *"I don't want a shared house. I want my own space. While I'm doing this detox I want my own space so I can just do what I want when I want and I don't have to worry about anyone else. I don't want to end up where there's drinks and drugs'".*

Others were afraid of experiencing loneliness if they lived alone (and the impact this might have on mental health/ relapse into substance use, etc) and preferred to share, provided they have some control over who they shared with:

> *"I want to stay here in Southport, but maybe in a shared house with 3 of us from here (supported housing project)"*

Others were clear that they would ideally like to stay in a hostel or similar environment.

Several see the private rented sector (PRS) as the most realistic pathway out of supported housing for them, but as they are unable to work (due to high service charge costs) – are finding it difficult to save up for a deposit.

> *'I just wish I had a bit more freedom to be like, to have a job and all that. If that would have been the case then I probably would have been able to move out'*

Others reported bad previous experiences in the PRS, including poor quality accommodation (mould, fire damage, lack of heating, disrepair, etc), illegal eviction, and harassment. One described coming back into the homelessness system following an illegal eviction (which had a negative impact on their mental health). Social housing was felt by many to offer better quality affordable accommodation with security of tenure and meant you were '*in the system so you don't get forgotten about'*.

1.4.2. Barriers to accessing social housing

- **Supply and prioritisation**: many supported housing residents explained that they were now on Band B (rather than A, as some had been told – or expected – at the start of their stay). They reported coming in positions of over 100 or 200 in property bidding and felt stuck, especially given that they had worked hard to get this far within the pathway. Sometimes they saw people in emergency beds getting social housing offers more quickly (perhaps due to higher banding and more proactive support from HOT) and felt over-looked.
- **Lack of clarity**:
    - around how to contest or resolve barriers relating to former tenant arrears, especially where these resulted from imprisonment, abandonment due to victimisation, death of tenant, etc.
    - In relation to past offences – in one extreme case, someone explained that they are barred due to an offence from 40-50 years ago.

- **Lack of choice**:
    - With pressure to accept direct offers, for example, *"if you win a bid and do not accept it, you are taken off; if they give you a direct offer, you cannot turn it down, even if it really isn't suitable".*
    - Social housing flats which people felt they could realistically bid for were sometimes of poor quality or in low demand areas. One person explained they were contacted for a viewing but "I *wouldn't put a stray dog in there, it was disgusting….. I presume the six people above me on the list had viewed and refused".*
    - Lack of accessible (ground floor or lifts) flats for those with impaired mobility; sheltered accommodation was felt to be an option where people are over 55, though we heard one case study of the challenges of accessing this where there is a history of problematic drug or alcohol use.
    - Lack of properties in the areas people want to live – some people wanted to settle in Southport but reported very few social tenancies becoming available; others wanted – or were willing - to move to Liverpool but reported this being very challenging, due to lack of local connection or high demand.
- **Lack of support:**
    - Need for tenancy support to follow from supported to general needs – reports or previous personal experiences of tenancy breakdown (or in one case, death by overdose) attributed to lack of support, created very real fears about being '*left*'.
    - Lack of furniture and white goods – many people had lost all their possessions, and general needs properties were typically let unfurnished and un-carpeted. One person described how it was subsequently 'difficult to settle and make a home' in her new flat.

1.4.3. Assistance to secure settled/ move-on accommodation

As in the findings of the snapshot survey, the lived experience interviews revealed a mix of residents – some with multiple and complex needs, and different levels of capacity to change, and others with minimal support needs who are facing significant housing barriers. Some of this latter group were keen to work to save for deposits and were restricted in doing so in their current placement; some found living alongside others with support needs (especially drug and alcohol users) very stressful. This diversity requires a proactive, highly personalised and – given the housing supply problems outlined above – tenacious and creative approach to move-on planning, which did not appear to be happening consistently across the supported housing pathway.

Some people explained that they had received help to bid for properties from hostel staff, but others were frustrated and felt this could be more proactive:

> *"I've asked loads of times about paperwork so I can start bidding online, but nothing has happened."*
>
> *"It would speed things up if they were 'more proactive in helping you' with move-on"*

Some people in some settings were aware that Property Pool Plus staff had been in to provide advice and support, but weren't clear whether or when this would happen again.

There was a sense from some that getting on Property Pool Plus and starting to bid for properties was something that would start as they approached the 'end' of 'the 18 months'. Those who were at or beyond that stage were then concerned about '*whether you've got much choice really….'.* One person who had been at a hostel for two years was worried about being "*pressured by [their supported housing provider] to move into a shared move-on house where there is minimal supervision*", increasing risk of relapse. One person, who has a mobility scooter, reported having to make his own arrangements to move to another scheme, with minimal notice and concern for welfare, because his 'time was up'.

An interviewee living in a shared dispersed property said they were happy sharing with others 'from different walks of life, all 'very low risk''. A support worker visited weekly for a chat and, although in the future the individual would like to have their own space, maybe meet a partner and 'settle', the current arrangement "feels like it is basically permanent". They are on PPP, but do not bid often and are unsure of their band – the interviewee suggested there was not much push on this from support workers.

One floating support worker described a case of a person who has settled well in '*an area that most other people would not be prepared to live in'*, following considerable support over the years. The tenancy is, however, linked to the support offer and this has come to an end (the client has formally removed their consent for support), so the person now needs to be moved on. *"Why would you move someone who is settled - I can't fathom that? Why could the tenancy not be 'flipped' to general needs?"*

In contrast, there was huge praise for the Riverside Dispersed Families model, in which a flat which had been furnished to a very high standard would be 'flipped' into general needs at the end of the period of support. This security of tenure had been a key factor in helping the single mother we interviewed to settle and heal from a traumatic private tenancy.

Some of those who had not entered the supported housing pathway praised the support they had received from Housing Options: the HO worker **'***just kept phoning round and checking the lists for me and putting my name down against different properties that I could apply for'.* Others described positive interactions with Housing Options workers at the start of their supported housing journey, but ongoing support and oversight did not seem to continue once in the pathway. Another person – living in a hostel – gave positive feedback about the move-on support they had received from their Probation Officer.

1.5. How are pathways/ services functioning within wider systems?

People with lived experience provided examples in which their access to a range of other services was working well for them, including where this had been facilitated by their supported housing scheme. However, these experiences were not consistent and there were plenty of examples where access was proving difficult, or where there appeared to have been a breakdown in communication between agencies.

We heard some positive (alongside some less so, covered in section below) feedback on CGL's delivery of alcohol and drug services, for example:

- One interviewee told us they valued the fact that CGL carry out face to face 1-1 appointments (at Bosco), that he had had the same worker for two years, and could speak openly to them about drug and alcohol use;
- Another echoed the genuine sense of care they experienced from CGL;
- A couple of interviewees felt that Subutex and Acamprosate prescriptions were working well for them and had helped them stay off Heroin and Alcohol respectively.
- We also heard that CGL pops into the Venus hub to meet clients

However, residents attending the Excel hub were more critical of access to drug and alcohol services, suggesting that appointments could be offered at the hub or other locations in Bootle, rather than requiring people to travel to Southport. Given access challenges, they experienced CGL as being "*too quick to threaten you with, 'we're gonna stop your script'*" where face-to-face or telephone appointments were missed. Some questioned the lack of service offer for those who are actively using.

Access to suitable mental health support was felt to be problematic for some; we heard familiar feedback about barriers to mental healthcare for those using drugs and/or alcohol, and concerns about superficial or prescription-based responses to mental health challenges. However, there were some positive examples of people who had started to access support from the specialist clinical psychologist attached to the supported housing pathway and/or when support workers had helped them to access valued external support. One interviewee explained how critical it was to get specialist support in order tackle the trauma and mental health issues underlying drug use and offending:

> *"This is something I have needed for a long long time – to get the niggly bits out and see what the basis of all this is….. since I've been [in supported housing], I've been able to sort all this out, [key worker] has helped get me in with the doctor, so I am on meds for my anxiety".*

Several interviewees told us of a range of community-based support they had received and valued, ranging from the Big Onion community project (for a Maths course), Ambition Sefton (for drug and alcohol clinic), to Life Rooms (for activities). Some were concerned that these were not widely and consistently advertised to people experiencing homelessness/ living in supported housing.

One hostel resident with multiple and complex needs described how he has 'a lot of workers', including social worker, probation officer, drug and alcohol worker and psychologist. He described challenges around no longer receiving the care package he needs within the hostel: there is an assumption that he is receiving 'care' from hostel staff but they cannot help him with washing, cutting nails, etc. Despite this lack, he felt that some aspects of multi-agency coordination are working reasonably well. His keyworker coordinates and reminds him of appointments and several of the workers come to the hostel to see him. The social worker 'is in the background', but has been communicating with the Housing First team, who are currently assessing him.

Another interviewee with very complex healthcare needs described how Light for Life and the hospital in-reach worker are helping him to access hospital for regular outpatient treatment from his hostel, since he does not want to be an in-patient due to his heroin addiction. He greatly values the support he receives from his GP (who has received training from Light for Life to develop a trauma-informed service):

> *"The doctor here I see, he is great – he just saw me today – no appointment – I just went in – he is fantastic and wants to know ins and outs, not just what is wrong with you but what is going on – he knows how I ended up here, about my circumstances – he is interested – not many GPs are like that – St Marks it's great. The difference is attitude".*

Despite these positive examples at the interface between health and homelessness, there were nevertheless some very concerning reports of system failure, sometime resulting in safeguarding risks at the point of discharge from psychiatric or general hospital. For example, one interviewee describes being sectioned under the Mental Health Act and, he thinks due to a lack of beds in the psychiatric hospital, he was brought instead to the sit-up: *"It destroyed me. It's hard work."*

Another explained that he was placed in a hotel on discharge from hospital as his previous dispersed property needed deep cleaning due to dirty needles, etc. He reported that Adult Social Care are reluctant to do an assessment, arguing that if he can stay in a hotel on his own, he is sufficiently independent.

One floating support provider gave an example of a client who had successfully detoxed from alcohol but is now homeless. The support provider cannot find a GP who will accept the person as a patient due to their substance use history, despite chronic conditions. They could not cope with remaining abstinent in a hostel and is instead sofa-surfing temporarily with a family member. Despite advocacy from the support provider, they have been banded E on Property Pool Plus because they do not have a current alcohol issue and are staying with family. The floating support worker felt *"you do everything you can and then you're blocked"*. However, our interview with Property Pool Plus workers suggests that this is the sort of case which could be re-assessed on the grounds that it does not fit neatly into existing policies and might be successfully challenged. Support workers seeing Property Pool Plus as 'gatekeepers' may be acting as a barrier to this sort of case-by-case approach.

1.6. Individuals' ideas for how to improve services

Housing related: Temporary options

- Self-contained sleeping spaces in night shelter

- Access to warm, safe, rest spaces, activities and storage during the day for those using emergency beds – could be via a one-stop shop/ hub setting if not possible to stay in shelter/ pods.

- More alignment/joint arrangements between local authorities across the Liverpool City Region to explore opportunities for people who live in temporary accommodation in Sefton can move to areas over the border into Liverpool. At present relocation is difficult, as Liverpool City Region councils have different policies and processes, around e.g., funding, entitlements (and people who bid out of area are automatically treated as a Band E).

- Take a more experimental approach to hostel models, trial running different services: e.g.
    - Hostels designated for those who want to be abstinent/ more controlled drinkers/ users and more of a 'wet hostel'
    - Have a hostel where you pilot a different approach: '*Changing the rules – learning. Figure out what's wrong'.*

Housing-related: Settled options

- More proactive assistance to access settled/ move-on housing from supported housing

  "I think they need more housing people here to help people because some people get told one thing then they're getting told another ……. To know what they're talking about and show you how to do it and how to do the bidding and to do this….. I've never used [a computer] - I don't know.'

- Improved access to social housing, especially for those 'stuck' in hostels:
  'The council should be concentrating on (getting) us out. And then other people can use the service. People are staying for too long'.

- More of a range of supported housing options:
    - More shared options for people with low level needs and risks with light touch support
    - More Housing First
    - Places like Bosco House where you could live permanently, getting help from staff and other agencies and being with other people

Support related

- More proactive support and challenge for those actively using substances whilst in supported housing: Hostel providers should '*push people more to engage with support*'; '*They should have a permanent drug worker here*'

- More counsellors/ mental health specialist staff visiting hostels and hubs

- More opportunities to do meaningful activities during the day, especially to use or develop skills to get employment; this includes sharing information more consistently about community facilities and resources

- Include Housing Options within hub settings, so they can be accessed face-to-face (the HOT team have recently recruited an outreach worker, whose role is to support people across commissioned settings – though this is limited to those with no assessed prior need).

2. Quantitative data: key findings and commentary

In this section, we present headline findings from the supported housing snapshot survey, supplemented by data from the most recent MainStay report (July 2022 – June 2023).

Our original intention had been to use a model that we had previously devised to illustrate the flows in and out of the principal elements of the homelessness system. The purpose of the Model is to do the following:

- Illustrate clearly where in the system log-jams or difficulties may be occurring
- Provide the basis to run scenarios on the implications for other parts of the system if this is resolved or performance is improved
- Provide the basis for a calculating the likely scale of interventions required

At the moment we do not feel able to complete this Model. This is due to some outstanding questions about how to interpret the data collected. This is mostly to do with the substantial amount of work going on around homelessness prevention, but which is difficult to pin down in terms of sufficiently accurate numbers. To a lesser extent how the referrals to supported housing fit with the exercise of the Authority's HRA duties, and what actually happens to the people referred and not placed, is also significant. These are two areas where traditionally any work on running scenarios would focus, so this uncertainty is significant. Some of this could potentially be resolved with a little more time, but it is likely that some of it requires some tweaking of the current information collection processes. We strongly believe however that it is worth the investment of time to maximise the value that can be obtained from the data collection, and that the flows model could help provide a reporting template that would allow for the streamlining and integrating of the different data sources.

In partnership with the Sefton Supported Housing Group, we conducted a snapshot survey of those staying in homelessness supported housing within the borough on July 13th 2023, to generate detailed data about demographics, support needs, partnership working and the movement of individuals into, between and out of supported housing provision. The basic format and many of the questions were used in our recent national research on supported housing for National Housing Federation[1], which enables us to benchmark with a national dataset of over 2000 individuals.

Keyworkers were asked to complete the survey for each resident they support asking for their understanding of the person's circumstances. The snapshot including those in non-commissioned (i.e. move-on) and emergency beds (where people were sufficiently well-known to staff) being provided by the four commissioned providers. Engagement with this exercise was high and, after data cleansing, there were 161 responses. This equated to a response from 82% (135) of the 164 commissioned bedspaces, plus a further 8 responses from emergency beds and 18 from non-commissioned.

[1] Research into the supported housing sector's impact on homelessness prevention, health and wellbeing Carried out by Imogen Blood & Associates and the University of York for National Housing Federation, March 2023

2.1. Profile of those in current supported housing provision

2.1.1. Demographics

36 (22%) of those for whom a survey response was completed are women; there were no known non-binary people, though one response was marked 'other' in relation to gender. The age breakdown of respondents is shown in the following chart. Given what is known about the life expectancy and health needs of those experiencing long-term homelessness[2], the relatively high proportion of residents (57, or 35%) who are aged 46 and over is striking. At the other end of the spectrum, there are also a significant number of younger people (18 x 18–25-year-olds), given the lack of a currently, clearly defined pathway for this group. Three of this age group were in New Start Leyland Road (the project designated for younger people) and another in a New Start crash bed; four were in Bosco Lodge and the remaining nine were in dispersed properties.

5. Which age group does the individual currently fall into?

	Answer Choices	Response Percent	Response Total
1	18-25	11.18%	18
2	26-35	23.60%	38
3	36-45	28.57%	46
4	46-55	28.57%	46
5	56-65	6.83%	11
6	Over 65	1.24%	2
		answered	161
		skipped	0

The numbers of residents from black or minority backgrounds (8, plus a further three where the keyworker is unsure) represents a total of 5-7% of all residents. This is in line with the 2021 Census findings[3] that 4.2% of Sefton's residents are from non-white ethnic backgrounds.

5 residents (3%) are known by staff to identify as LGBTQ (and in a further 11 cases, workers were not sure).

[2] For example, the mean age of death for those identified as homeless was 45 for men and 43 for women in 2021, ONS (2022) Deaths of Homeless People in England and Wales

[3] Sefton Local Authority - 2021 Census Area Profile 2021 Census Profile for areas in England and Wales - Nomis (nomisweb.co.uk)

Most residents (126, 78%) are either from Sefton originally or have lived here for many years. At the time of the snapshot, there were just 3 residents who were known to have been placed in temporary accommodation, prison or another institution in Sefton and stayed on (this was raised as a concern at the Homelessness Forum). The remaining 22 (14%) had moved into the borough for other reasons over the past few years.

2.1.2. Support needs

The levels of health conditions amongst Sefton supported housing residents appears high, even when compared to the national benchmark from our National Housing Federation research, as below, though there were some small changes to language in our Sefton survey.

Disability / health condition	Sefton %	National benchmark %
Physical disability / Physical disability and/or sensory impairment	23.14	**14.75**
Sensory impairment	3.31	
Long term physical condition / Other long term health condition	27.27	**21.84**
Learning disability / cognitive impairment / Diagnosed learning disability	16.53	**8.14**
Autistic spectrum disorder / Diagnosed autism / autistic spectrum disorder	10.74	**3.16**
Diagnosed mental health condition / Diagnosed mental illness	75.21	**52.59**
History of problematic substance abuse	61.25*	**49.71**

We analysed findings to explore levels of complexity amongst the Sefton residents. We identified the following numbers of residents experiencing indicators of complexity, according to their keyworkers:

Factor	Number of residents categorised in this way
They have a formal mental health diagnosis but their condition is considered fragile and subject to rapid deterioration or change	26
Long history of uncontrolled substance misuse and not currently motivated to address this	29
They regularly experienced domestic abuse in the recent past (or are doing so currently)	13
They have been convicted in the past of offences that include at least one serious offence involving violence, sexual assault, sexual grooming or trafficking	22
Was formerly a looked-after child OR Was a looked after-child prior to taking up residence	17
They have had a lengthy or cyclical experience of homelessness	44

The relatively high proportion of people who are described as having a 'lengthy or cyclical experience of homelessness' (44, or 27% of total) is striking.

We then considered the extent to which these indicators of complexity overlap for individuals. The following table shows the results:

Complexity Score (i.e. number of above factors)	Number of service users
0	61
1	65
2	21
3	12
4	2
5	0
6	0

100 (62% of all residents) have at least one indicator of complexity, with 14 (9% of all residents) having 3 or more.

We asked keyworkers to identify which types of support each resident currently needs (and whether they need this to an extent, or significantly) from a list of seven categories. As shown in the table below, the most frequently identified was, "Assistance to convince landlords that they would make good tenants".

Current needs for assistance from supported housing, snapshot survey 13/7/23, n=161

20. Which of the following describes the assistance they currently need from the supported housing scheme? This is referring to the needs for assistance from the supported housing staff as of now, not as of when they entered the supported housing scheme.				
Answer Choices	**Not something they currently need**	**Something they currently need to an extent**	**Something that they need significant assistance on**	**Response Total**
Assistance to develop the independence skills required to manage in independent housing	28.75% 46	45.63% 73	25.63% 41	160
Assistance to overcome social isolation and lack of confidence in order to manage in independent housing	33.75% 54	46.88% 75	19.38% 31	160
Close supervision or monitoring of their health or state of wellbeing	30.19% 48	49.06% 78	20.75% 33	159
Assistance and advocacy to access wider services	29.56% 47	48.43% 77	22.01% 35	159
A safe and secure environment to afford them protection from exploitation / abuse	52.80% 85	21.74% 35	25.47% 41	161
The mutual support of other service users	57.86% 92	27.04% 43	15.09% 24	159
Assistance to convince landlords that they would make good tenants	21.88% 35	42.50% 68	35.63% 57	160

20. Which of the following describes the assistance they currently need from the supported housing scheme? This is referring to the needs for assistance from the supported housing staff as of now, not as of when they entered the supported housing scheme.		
	answered	161
	skipped	0

We gave each resident for whom a survey was completed a support need score[4] and categorised these into low, medium, high or very high[5], producing the following results:

Support need score (see footnote for explanation)	Number of residents	% of total
Low	51	32%
Medium	57	35%
High	38	24%
Very High	15	9%
Total	161	100%

It is not unreasonable to assume that those scoring 'low' (1.5 or less in terms of need for assistance) do not still need to be in supported housing, though they may have needed this when they moved in. This was almost a third of those in supported housing on the snapshot date.

Of all respondents, staff felt that 18 individuals were felt not to be in the appropriate setting – around half because needs are too high; around half because needs are too low. We met residents who might fall into both categories during our fieldwork.

2.2. Flows into, between and out of supported housing

The survey findings confirm significant movement between different types of emergency and supported housing (which is also evident in the Mainstay move-on data, see below), and a relatively high number (22 people, 14% of all respondents) who have come directly into the scheme from prison, some but not all into the 8-bed specialist offenders' hostel.

In terms of people's housing histories, 28% have lengthy or cyclical experiences of homelessness; 28% have been mostly settled/ with family – the remainder a mix of institutions, prisons, insecure housing.

The MainStay report suggests that:

[4] This was calculated by giving a person a score of 1 if the need for assistance was categorised as significant, and a score of 0.5 if there was some need for assistance but not significant. There were 7 aspects of life where we identified that need for assistance was relevant – the maximum score was therefore 7.

[5] Scores of 0-1.5 were classed as "Low", 2 to 3.5 as Medium and 4-5.5 as High, and 6 to 7 as Very High

- A high proportion (56%) of those assessed for supported housing are not placed in that year
- The number of referrals made to different accommodation projects following assessment has been reduced (from 3159 in 2021/22 to 1397 in 2022/23) which suggests a less 'scattergun' approach. 14% of these referrals are rejected, most commonly because risks and/or needs are too high (107 out of 181 rejected referrals).
- 177 people were waiting for a supported housing placement in a snapshot at the end of July 2023 – they were on an average of 1.76 different waiting lists.
- The average waiting time is 26 days but there is huge variation from scheme to scheme (from 4 days to 84 days).

This suggests considerable unmet demand for supported housing, presumably with those who are on waiting lists for placements using emergency beds, rough sleeping, making their own arrangements (e.g. sofa-surfing, etc).

Out of all respondents, 70% of people are felt to be ready to move on to more settled long-term housing; a third of all residents are ready to move on but finding a suitable move-on option is proving difficult, for a range of reasons.

We asked staff to summarise the challenges in an open text box; frequently occurring themes included: problems finding a property in the area in which a person wants or needs to live in (9 people); need an accessible/ adapted or extra care property (7 people); arrears or offending history acting as a barrier (7 people).

21 of the 74 (28%) individuals in Tier 2 accommodation (where the ambition is for people to move on after 12 months) had been in their current placement for more than 12 months. This group had a range of complexity and support need scores[6]; all bar 2 were felt ready to move on with the barriers facing them appearing to relate to accessing suitable settled housing.

The average length of stay of the 75 residents in dispersed properties (including 18 non-commissioned) was 417 days, with 10 residents having been in situ for more than two years (4 of whom were in non-commissioned units). Again, there was a range of complexity and support scores amongst dispersed residents; however, **59 (79%) of all those in dispersed were felt to be ready to move on**, though this was reported to be proving difficult for 26 of them.

We received 18 responses from people in non-commissioned, four of whom had been in their current accommodation for over 4 years – one for over 9 years! 14 have diagnosed mental health conditions, and we observed that in other local authorities, this sort of medium-long stay, low level mental health accommodation sometimes sits within mental health commissioned pathways. Interestingly half of the people in non-commissioned did

[6] A third of them had no complexity indicators; the remainder had 1-3; 7 had low support needs scores, 8 had high or very high support needs scores.

not seem to need any of the different types of intensive housing management listed, despite presumably claiming HB for intensive housing management.

Those deemed ready to move on (in all settings) have a significantly longer mean length of stay (410 days) compared to those not yet deemed ready to move on (191 days). This fits with the theory that people's support needs are addressed over reasonable length of stay in supported housing. However, it is interesting to note that the required 'dose' of supported housing may be much lower than the current stay and pathway design would suggest. For example, 45 of those who are deemed ready to move on have been in supported housing for less than 6 months.

Data from the recent Mainstay report for Sefton (covering the period July 2022 – June 2023) suggests that, of the 214 people moving out of commissioned supported housing during the year:

- 53 (25%) were either evicted or abandoned/ lost contact (similar number of each)
- 51 (24%) moved to settled/ independent housing (including 24 to an RSL; 12 to a PRS and 15 to 'independent housing', which we think may mostly be non-commissioned move on provided by commissioned providers.
- 70 (32%) seem to have moved to some other form of supported housing – some to a higher or lower tier, some to 'short' or 'long' term housing – 59 of these were within MainStay
- 9 moved to care home/ sheltered/ rehab or psychiatric inpatient setting

This means that approximately 1 in 7 (around 50 of approximately 350) of those placed or already in supported housing during the year were supported into settled housing.

It is encouraging that the actual number of evictions has halved (from 51 in April 2021-March 2022 to 25 in July 2022 – June 2023), and this supports providers' claims that they have been able to work more collaboratively to manage moves between their services. However, the *proportion* of move-ons ending in eviction, abandonment or loss of contact has only marginally reduced (from 28% to 25%) between the two time periods, and it is worrying that this is smaller (albeit only slightly) than the proportion moving to settled/ independent housing.

2.3. Supported housing residents' access to partnership working

Our snapshot survey asked keyworkers how many agencies individuals should be working with, whether this access was in place and working well or, if not, whether they felt this was due to inaccessibility of the service or unwillingness to engage on behalf of the individual.

The following table summarises these results; the right-hand column shows the combined response for partnership working 'proving difficult' or the service is needed but is 'not easily accessed'.

Agency	Number for whom this is relevant	Proportion where this is working well	Proportion where there may be a problem with the service
Mental health service	89	48%	33%
Substance misuse service	86	35%	33%
Learning disability service	20	35%	50%
Other NHS professional	70	66%	23%
Leaving care service	8	25%	38%
Domestic abuse service	14	7%	36%
Probation service	37	84%	16%
Job Centre Plus	73	75%	16%
LA Housing Options	60	72%	23%
Adult social care	26	50%	27%

It is positive to note that around half of those who do need mental health services and adult social care services are felt to have effective partnership working in place, despite huge pressure on these services nationally. We have compared the results with those of our national dataset for the National Housing Federation, and were struck by:

- Low level of sub-misuse cases where partnership is working well;
- High number of cases where other NHS professionals are considered relevant;
- Poor levels of partnership with Leaving Care, Domestic Abuse and Learning Disability services, though this is in line with the national findings;
- Good working relationships with Probation and Job Centre Plus is also in line with the national findings, but still feels significant;
- Good working relationships with Housing Options is notable – and in stark contrast to the national picture that we found, where Effective partnership working with local authority housing options teams was reported to be in place for just 27% of transitional supported housing residents, compared to 72% in Sefton.

In the Sefton survey, keyworkers reported that each resident needs partnership working with an average of three external agencies, demonstrating how important these partnerships to the effectiveness of supported housing.

2.4. Analysis of Sefton's statutory homelessness statistics, 2021-23

We reviewed the official homelessness statistics for Sefton Council ('H-CLIC') as published by Department of Levelling Up, Housing and Communities for the 2021/2 and each four quarters of 2022/23. We separated data for single households from that for families and compared all figures against regional and national averages. We present here the key headlines from this analysis, drawing out implications, anomalies, and areas for further investigation.

Overall volume of duty cases

The total number of duty cases in Sefton is much lower per thousand households than is the case regionally or nationally – in 2021-22 this was 6.28 in Sefton, 13.03 in the Northwest, and 11.3 in the Rest of England. However, the rate of increase between 2021-2 and 2022-23 is much greater in Sefton – 34% year on year as opposed to 8% regionally and 5% nationally. – which is borne out in the feedback from HOT frontline staff.

Data supplied by Light for Life (see following section) indicates that 0410 cases were dealt with in their Southport homelessness prevention hub in a 6-month period alone. There are several reasons as to why it is difficult to interpret this data precisely, but it is very likely that if the Light for Life data was included in the statutory figures, then these would at least be directly comparable to the national average in 2022-23.

Light for Life appears to be playing a key role in reducing the volume of duty referrals coming through to HOT, but **it is important that these figures are included, otherwise there is a risk that Sefton might appear to have a lower incidence of households at risk of homelessness than other areas which may reduce the business case for additional funding.**

Household type

In 2021-22, the proportion of duty cases that were single person or childless couple households was significantly higher in Sefton than national or regional averages, but in 2022-23 it was very much in line. In 2022-23 there were 807 single households homeless or at risk of homelessness in Sefton and the majority of prevention duty cases (60%) and relief duty cases were single people or childless couples.

Referrals from other agencies

Referrals account for 25% of assessments in 2022-23 – much higher than regional or national figures. A high proportion of these are from agencies that do not have a duty to refer as such – 40% in 2020-21.

This a positive indication of the extent to which other agencies are integrated into the homelessness system, though the qualitative feedback from HOT is that they receive a lot of referrals, and these are not always timely or sufficiently detailed.

Proportion of cases presenting at prevention stage

The % of duty cases that are prevention appears low at 25% in 2022-23. This is much lower than regional or national proportions – at 44% and 48% respectively. The number of prevention duty cases has not increased between the two years. But again, the work done by Light for Life might well impact on this.

Causes of threatened homelessness

The number of prevention duty cases resulting from the imminent ending of private sector tenancies has doubled between 2021-22 and 2022-23. This now accounts for over 50% of prevention duty cases and is the main cause of people being threatened with homelessness.

Outcomes from prevention cases

The number of prevention duty cases closed with accommodation secured for 6+ months was marginally lower in Sefton (46%) (after taking out withdrawn applications) than is the case regionally or nationally.

Only 20 prevention duty cases were closed as a result of existing accommodation being sustained in 2022-23. This is lower proportion of cases closed with accommodation secured for 6+ months than is the case regionally or nationally – 21% as opposed to 33% and 31%. Although we understand from the qualitative feedback some of the challenges of mediation, especially with private landlords at the current time, **trying to improve this should be a key focus where it is safe and desirable to do so.**

Use of social housing to meet duties

Social housing tenancies are being used to help meet homelessness duties – with 54 households in social housing tenancies at the end of prevention duty as opposed to 19 when the duty was established. An additional 180 social housing tenancies were created as a result of relief duty being successfully completed, whereas only 20 households had previously been accommodated in a social housing tenancy. Nevertheless, the proportion of social housing lettings that goes to households described as homeless (as set out in CORE statistics for 2021-22 – presented at end of this section) was lower in Sefton proportionally than is the case regionally or nationally.

Despite the reported challenges accessing social housing locally, this suggests a relatively high churn in social housing (with 27 actual or threatened evictions from social housing causing presentations and these additional new tenancies created as a result of duties being completed). The importance of tenancy sustainment and multi-agency wraparound support where needed to minimise future turnover is clearly in the business interests of social landlords as well as the interests of tenants and HOT.

Causes of actual homelessness

The main reason for relief duty cases was as a result of family or friends no longer being able to accommodate the household or as a result of non-violent relationship with partners – this was 49% of relief duty cases in 2022-23. The number had increased significantly between 2021-22 and 2022-23 – 194 to 375.

67 households were homeless as a result from release / discharge from institutions without accommodation being secured. This is an improvement on the previous year, but still a sizeable group.

46 people were accepted as a homeless duty case as a result of eviction from supported housing in 2022-23, which is very similar to the number the previous year. This is comparable to regional and national proportions, but again highlights the importance of finding sustainable accommodation for members of this significant group, given the likelihood that many are at risk of ongoing cycling around the system, with increased risk over time of deteriorating mental and physical health.

Outcomes from relief duty

305 relief-duty households were found accommodation for 6+ months in 2022-23, which is very similar to the previous year, but proportionally this involves a reduction from 64% to 48% of duty cases closed. This performance is still better than regional or national averages.

270 relief duty cases ended without any clear result in 2021-22. It is presumably not known what happens to these households. The number in this position had doubled from 2021-22. We would recommend that HO works to better understand what is happening to these households who lose contact, especially at relief stage, and whether/when and how they come back through the system again. **This might be explored within the forthcoming case audit.**

According to the published statistics, relatively little use was made of supported housing to meet duties, with only 17 supported housing placements used to meet relief duty in 2022-23. This is proportionally a third of the rate at which supported housing is used regionally and nationally. It is very unclear however as to how this relates to the high numbers of supported housing referrals going through Housing Options as recorded on Mainstay. It may be that these cases are not also being recorded on Jigsaw.

Sefton also appears to have a very low proportion of main duty assessments that lead to a main duty being accepted. In 2022-23 this was 20% in Sefton, but 58% regionally and 69% nationally. **This might benefit from further case auditing (whether internally or by Shelter) to identify any patterns here (are they being less discriminating about who they assess, for example or more stringent in decision-making?).**

It is also striking that the 57 acceptances led to only 26 households actually accepting a housing offer. We heard a lot of qualitative feedback relating to the location of housing not working for people, given very different communities and housing markets in Southport and Bootle. One explanation may be that if people are being given a once-only direct offer, they might reject it on these grounds.

2.5. Additional local data on prevention and relief activity

We understand that Light for Life carries out a considerable amount of activity to prevent and respond to homelessness, particularly in Southport. Some of this work is funded by Housing Options, and prior to the introduction of the Homelessness Reduction Act, we understand that Light for Life was authorised to carry out assessments on behalf of Housing Options. Since then, Light for Life offers a free phone from which people can call HO to be formally assessed. They explain that only refer to HOT in those cases where they believe a full duty assessment is owed, or as a final option where their own interventions have been unable to prevent or relieve homelessness.

More recently, Light for Life has recorded its activity on hub referral forms, and the past six months of data (from end of January to end of July 2023) was included in the annual MainStay report for Sefton. Using Light for Life's further explanations of data categories used in their reports, we have attempted to separate work which might be described as 'Relief' from that which might be described as 'Prevention'. Some of the latter may effectively be 'Pre-prevention', i.e., working with people who are more than 56 days away from threatened homelessness. Further caveats in interpreting this data are that the 449 support forms refer to 412 individuals, and it is not possible to distinguish single households from families. Although Light for Life records onward referrals, it does not formally record other outcomes. However, it is clear that there is considerable activity here and that, at least some of this work should be captured within the statutory returns.

Light for Life activity category	No. support forms	Assumed breakdown of referrals to HOT
Homelessness Relief		
Homeless tonight	50	
Outreach support	3	
Rough sleeping	14	
Total relief	**67**	**67**
Homelessness prevention		
Threatened homeless	33	**33**
Tenancy support	112	
Property Pool Plus application	71	
Housing advice	61	
Benefits	10	
Follow up	2	
Total prevention	**289**	
Activities which may be either or neither		
Crisis support	22	
Ongoing support	26	

Health & Wellbeing	5	
Other	19	
Unknown/ blank	21	
Total other	**93**	
Grand total	**449**	**100**

Unfortunately, there is no formal reporting on outcomes from these interventions, though anecdotally Light for Life feel they have a high rate of success in preventing or relieving homelessness.

2.5.1. Homelessness Prevention Trailblazers

Sefton also receives additional resources from the Combined Regional Authority through the Homelessness Prevention Trailblazer initiative. A total of 5 years funding has been granted (up to 2025/26) and in 2022, the service reported a total of 538 referrals, of which 474 have been engaged and 231 have sustained their tenancy – a success rate of 49%.

Two workers are currently employed by LCRCA and embedded within Sefton HOT's Early Intervention and Prevention Team. They have access to funds which can be used to pay off rent arrears, if the (social) landlord agrees to contribute and the tenant agrees to conditions. The workers also help to mediate with private landlords to see if they can stop S21 evictions and can link into other professionals to tackle a range of issues from housing disrepair to children with unsupported special needs.

NB – we have requested up-to-date data from the team and hope to include this in our finalised version.

2.6. CORE data on social housing lettings

IBA extracted the following data for 2021/2 from the COntinous REcording of Social Housing in England (CORE) dataset[7], which a relatively low proportion (compared to regional/ national averages) of lettings to those assessed by the local authority as homeless, given due preference as a result of homelessness or moving from temporary accommodation. The figures for 2023/23 were not available at the time of writing.

[7] https://app.powerbi.com/view?r=eyJrIjoiNDk1N2U4YjktNTNmZS00YTQ5LTljYmItMjlkZDRkY2E5NTJjIiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9

CORE data categories	Sefton	NW	England	% all lettings Sefton	% all lettings NW	% all lettings England
Social housing lettings	1,399	40,181	253,266			
Lettings where LA had assessed as homeless	182	7,104	41,984	13.01%	17.68%	16.58%
Lettings where classed as homeless but not assessed	74	3,635	22,333	5.29%	9.05%	8.82%
Lettings where reasonable preference due to homelessness	124	5,765	29,653	8.86%	14.35%	11.71%
Lettings where people have moved from direct access hostel	28	570	2,534	2.00%	1.42%	1.00%
Lettings where people have moved from bed and breakfast	8	687	3,314	0.57%	1.71%	1.31%
Lettings where people have moved from any other TA	39	2,910	25,254	2.79%	7.24%	9.97%

2.7. Rough Sleeping

Despite a 26% increase in *national* rough sleeping estimates from autumn 2021 to autumn 2022[8], Sefton reported no rough sleepers in the borough in either the 2021 or 2022 official snapshot counts[9]. The official statistics on *Support for People Sleeping Rough in England*[10], (which have only been published to March 2022 at the time of writing), show only 1 or 2 people per month in Sefton who were 'sleeping rough or at risk of sleeping rough who are in emergency or temporary accommodation'. This had reduced significantly from the peak of 119 being accommodated in June 2020, at the start of *Everyone In*.

However, Mainstay data for July 2022 – June 2023 shows considerable recorded activity in relation to actual or potential rough sleepers during that year. For example:

- 48 individuals were referred to (46 of whom were accepted) by the Light for Life Rough Sleeper service;
- 7 of those assessed via Mainstay for a supported housing placement were reported to be rough sleeping (6 of whom had local area connection to Sefton) and a further 76 (of whom 70 had local area connection) who were felt to be 'at risk of rough sleeping'.
- Accommodation placements were then made to 2 people who were rough sleeping and 79 who were 'at risk of rough sleeping'.
- 14 people referred to the Light for Life hub in Southport over the six months from January 2023 with rough sleeping as a presenting issue
- A total of 361 individuals appear to have accessed the borough's single people's emergency beds over the 12 month period, though this number may be lower since it is likely that some may have accessed more than one service.

2.8. Emergency and temporary accommodation usage

Note that the returns take a snapshot of households in temporary accommodation at the end of each quarter; here we show averages or trends within the absolute numbers, or percentages which show the average across the whole year.

- The quarterly snapshot suggests an increasing trend in the numbers of households placed in temporary accommodation in Sefton. There were an average of 56 households during the snaphots, but the numbers increased steadily from 48 in Q1 to 68 in Q2.

The council's formal returns for the year 2022/3 show some striking differences in Sefton's use of temporary accommodation, compared to both regional and national patterns.

[8] DLUHC (2023) Rough sleeping snapshot in England autumn 2022, Official statistics
[9] Table 1, Rough sleeping snapshot in England – autumn 2022, tables, published by DLUHC at https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2022
[10] DLUHC (2022) Research and analysis: Support for people sleeping rough in England, March 2022

- Households accommodated in TA in Sefton are less likely to have children (34%) than in the Northwest (54%) or rest of England (42%), which feels like a positive, though there are between 5 and 12 households with children in Bed & Breakfast accommodation in each of the four snapshots.

- Sefton is relying more on nightly paid or Bed & Breakfast/ hotels for temporary accommodation than regional or national averages. On average, 72% of those in the four snapshots were in this kind of accommodation in Sefton, compared to 29% regionally and 35% nationally. Sefton's use of accommodation leased from the private sector is almost non-existent (2.7%), compared to 37.1% in the rest of the Northwest.

- We understand from HO that it has been challenging to recruit and retain PRS landlords, but we know from work in other areas that there is still an appetite for guaranteed rent, minimum hassle, medium-term (e.g., 3 year) lease arrangements, though this may need to be somewhat above LHA rates (or include other incentives) given the current gap between these and the market value. **Sefton HO does not currently have a dedicated post working to broker relationships with landlords, market-test different offers with them and this feels like an oversight, given the council's spending on nightly accommodation and the challenges people (especially families) face when living in nightly accommodation where it is often not possible to store or cook food.**

- It is also striking that nearly three-quarters of those in temporary accommodation (72% on average, reaching a high of 84% in Q4 of 2022/23) were classed as *Interim: pending enquiries, intentionally homeless, review appeal, awaiting referral* – this is more than twice as high as the regional and national average. The reasons for this require further exploration, perhaps during case audits. Whilst it is positive to see that the council is providing accommodation on an interim basis, it will be important to understand what is delaying these decisions or referrals. The figures suggest minimal use of 'Hostels, including reception centres, emergency centres and refuges' which might have explained the size of this group (single people in night shelter/ pods, etc awaiting hostel placements or Property Pool Plus offers). **We would advise further investigation of this by HOT.**

Night hub placement data is reported within the most recent MainStay report (July 2022-June 2023). The total number of individuals is recorded by service, suggesting that there may be a total of 361 individuals accessing all services over 12 months. However, we know from our lived experience interviews that some people spend time in more than one service, and it is not possible to work out this 'overlap' from the data as presented.

The data does confirm the qualitative feedback from lived experience that some people are staying a very long time in emergency beds, especially in Southport, where the longest lengths of stay are 95 days (Leyland Rd Night Shelter) and 80 days (Leicester Street Crash Beds).

3. Homelessness-related needs and groups

This section brings together quantitative and qualitative data collected and reviewed to understand the 'homelessness-related needs', building on a list supplied in S.2.15 of the Homelessness Code of Guidance for Local Authorities, DLUHC.

3.1. Domestic abuse

The council published its Domestic Abuse Needs Assessment in summer 2022. The assessment highlights the lower proportion of people being assessed by HOT under the Homelessness Reduction Act who are known to have lost their last home (assessed under relief duty) due to domestic violence (in 2022/23 H-CLIC data this was 8.1% in Sefton compared to 16.4% in the North West) and at risk of doing so (assessed under prevention duty) (5% in Sefton compared to 7.3% in North West). The reasons for this are unclear, but it is hoped that the new dedicated domestic abuse housing specialist in HOT will be able to gain greater insights into these patterns and ensure that people are receiving the entitlements, services and signposting to specialist support which they need.

The Needs Assessment also highlights the current gap in refuge provision within Sefton which is planned to be met by the development of a new facility. As part of the Homelessness Review, IBA also had sight of a draft pathway for women with complex needs, including those experiencing domestic abuse and other forms of coercive control. Continuing to develop this pathway should be a priority for the council.

3.2. Gypsy Traveller Roma communities

The council published its Gypsy and Traveller Accommodation Assessment in October 2022, based on 35 interviews or proxy interviews with community members and 7 with other stakeholders in the second half of 2021 identified a total of 44 GTR households in Sefton; and a need for a total of 38 additional pitches over the next 5 years.

3.3. Care leavers

According to national published statistics, 35 children had ceased to be looked after by Sefton MBC in the year 2021/22[11].

Our interview with the Leaving Care team suggests that numbers may have increased since then – there were around 52 seventeen-year-olds reported to be in care at that time (28th

[11] Children looked after in England including adoptions, Reporting year 2022 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)
Extracted from cla_number_and_rate_per_10k_chi

July 2023). Between 5-10 of them were estimated to require a housing support option in future, though this would presumably repeat annually.
In the year 2022/3, official homelessness statistics suggest that 24 care leavers aged 18-20 were assessed as being owed either a prevention or relief homelessness duty by the council. This had increased somewhat from 17 in the previous year.

This seems to support the qualitative feedback that care leavers are most at risk of homelessness, not at the point of leaving care but within a year or two of that point when, as one respondent suggested, some have failed in their original accommodation and have now 'burned all their bridges'.

Although the annual flow of young people from local authority care with housing and support needs seems manageable, it is clear from this that more needs to be done to prepare for, support and sustain early tenancies and accommodation placements in those critical early years, when the local authority still has an after care duty.

3.4. Drug and alcohol use

According to Sefton's Joint Strategic Needs Assessment[12], deaths due to drug and alcohol misuse showed a notable increase in 2020/21 in the borough, with the standardised mortality rate rising significantly higher than the national average. In the two-year period 2019/21, there were 62 such deaths recorded, 8.3 per 100,000, compared to a national rate of 5.1 and a regional rate of 7.5.

The Borough consistently has a lower percentage of both non-opiate and opiate users who are counted as having successfully completed structured treatment (left free of dependence and do not return to treatment within 6 months) compared to LCR, North West and England averages. Treatment success rates for non-opiate uses in Sefton have shown overall reductions of 16% from 2016-2020 and have been stable since 2018. Opiate treatment success rates increased slightly in 2020, in keeping with a pattern of annual fluctuation over the last 5 years. The Institute of Public Care's PANSI (Projecting Adult Needs and Service Information) system predicts that the proportion of Sefton residents (aged 18-64) dependant on drugs will increase slightly over the next 20 years, in line with but slightly lower than rates predicted nationally.

Sefton's rate of both alcohol-specific (wholly attributed to alcohol) and alcohol-related (primary or secondary diagnosis code is alcohol attributable) hospital admission episodes is consistently ranked significantly higher than both the North West and England rates, despite a dip in numbers in 2020/21, presumably due to the Covid-19 pandemic. In Sefton, alcohol-specific mortality has increased over the last four years, with the Borough's rate higher than the North West and LCR (nonsignificant) and significantly higher than England in 2020. Despite this, alcohol dependency rates in Sefton are predicted to reduce across the next 20 years; however, the Borough is expected to remain above the national rates.

[12] jsna-2021-health.pdf (sefton.gov.uk) from p33/34

Further details are available in Sefton's Substance Use: Overall Strategic Needs Assessment (November 2022)

The relatively high rates of problematic drug and alcohol use in the borough are reflected in the official homelessness statistics. In 2022/23, 99 individuals who were owed a duty (9.6% of the total) were identified as having 'drug dependency needs' and 129 (12.5%) 'alcohol dependency needs' in Sefton. This was noticeably higher than regional and national averages; in the Northwest for example, 7.6% had drug and 5.8% alcohol dependency. Sefton's rate for alcohol dependency in homelessness acceptances is therefore more than double the regional average, which supports qualitative feedback that more 'wet'/ 'recovery' house settings are needed in the borough.

3.5. Criminal justice/ prison leavers

HMP Liverpool reported relatively high rates of accommodation after release, and the highest rehabilitation and planning score; by comparison HMP Fazakerley was flagged as having concerning performance in this regard, during 2022/23:

Prisons	Category in stats	Accommodation on 1st night following release	(therefore no accommodation on 1st night following release)	Rehabilitation and release planning – score
Altcourse	Male local	75.9%	24.1%	2
Liverpool	Male local	87.9%	12.1%	4

Our qualitative interviews suggest the following challenges:

- With short sentences
- Releases where there has not been sufficient planning in relation to accommodation on release
- Difficulties getting statutory homelessness assessments and decisions made in advance of release
- Much of the CAS3 accommodation being outside of Sefton, which removes people from their support networks and not providing a sufficiently long stay to enable effective move-on planning
- Good quality provision for ex-offenders in commissioned provision provided by Excel on behalf of Sefton (St Catherine's), but the 8 beds here are often full.

HOT had just appointed a specialist worker to provide outreach at HMP Fazakerley in order to address some of these issues, and are planning to also review the pathway from HMP Styal for women.

3.6. Migration

At the time of our interview with the Homes for Ukraine worker based in HOT (July 2023), we heard that there were around 72 Ukrainian households on the current caseload. The council appears to have been proactive in ensuring that none of these have gone down the statutory homelessness route.

3.7. Poverty and housing affordability

IBA mapped along former CCG boundaries to compare 2021 Census data for the north and the south of the borough. This shows some differences between the two parts of Sefton.

Although poverty is prevalent in both parts of the borough, the data suggests more extreme poverty in the south. The figures show the proportion of households experiencing one to four out of the following dimensions of deprivation: Employment, education, health and disability, and household overcrowding. 52.1% of households in the north are deprived in relation to at least one of these, compared to 56.7% in the south. Those in the south are more likely to be deprived in two or three dimensions; those in the north are more likely to be deprived in one. 3.3% in the south are unemployed, compared to 2.7% in the north.

There are noticeable differences in relation to housing tenure between the two areas: 16.3% in the south live in social rented properties, compared to 6.8% in the north. There is a slightly higher proportion of people living in the private rented sector in the north (21%) compared to the south (19.9%); with a much larger gap between owner occupiers (72.2%, with 43.1% owning outright in the north; and 63.8%, with 33.8% owning outright in the south). This presumably reflects the very different age structures, with 20.5% of households in the north of the borough headed up by someone aged 70 and over; compared to 14.8% in the south.

Our analysis of published private rents during 2021/22 demonstrates that, even in that year, Local Housing Allowance rates were falling significantly short of median rents.

Comparison of median monthly private rental price in England 1 October 2021 to 30 September 2022 with Local Housing Allowance rates

	Sefton Median private rental price	BRMA Greater Liverpool including South Sefton	*BRMA Greater Liverpool as a percentage of the median*	BRMA Southport and surrounding areas	*BRMA Southport as a percentage of the median*
Room	333.00	282.75	*84.91%*	331.50	*99.55%*
Studio	412.00	398.88	*96.82%*	407.33	*98.87%*
1-bed	476.00	398.88	*83.80%*	407.33	*85.57%*

2-bed	600.00	468.69	*78.12%*	538.50	*89.75%*
3-bed	750.00	523.55	*69.81%*	663.17	*88.42%*
4+ beds	1000.00	676.00	*67.60%*	822.73	*82.27%*

Source: Valuation Office Agency – Lettings Information Database, Office for National Statistics

On 7th August 2023, IBA conducted a search on RightMove for properties of different sizes in both Southport and Bootle to test qualitative feedback about how challenging it was to find properties at LHA rates. We found:

Southport
1-bed to rent in Southport (LHA = £407.33) – cheapest flat was advertised at £445pm, there's a 'studio flat' at £450, then 5 properties between £525 and £600 before prices increase for the more 'luxury' end of the market (which goes up to £1200)
Again for 2-beds (LHA = 538.50), the cheapest are £575 (there were 2 at this price) and another 9 at £650-£750
3-beds (LHA = 663.17) start at £950 (even for one being advertised by One Vision), there are a couple at this price.

Bootle
We identified one house share from £190pm – this was the only property which is affordable within LHA rates (£282.75 for shared room rate) in the borough.
As in Southport, the 1-bed flats start at £450 pm, around £50 higher than the LHA rate (£398.88) – there are a couple at this price, but nothing lower.
2-beds – there was one at £533 (LHA = £468.69) and 5 in the £625 to £700 bracket
3-bed – there's one 3-bed flat at £550 (LHA = £523.55) then 9 in the £700-£800 bracket

The search confirmed the extent of the shortfall between LHA and the bottom of the mainstream rental market in both areas. The main difference between the two areas seemed to be that Bootle does not have the same luxury end of the market as Southport, and flats within the £500-£650 in Bootle appear to be of a good standard, where properties in this range in Southport look to be of a lower standard.

4. Professional engagement: key themes

4.1. Introduction

There was a sense from most providers involved directly in homelessness services that much has been achieved since the last review. However, not all were aware of the wider homelessness action plan (especially supported housing providers, who perhaps confused it with the Sefton Supported Housing Group implementation plan), and others felt that Covid had hampered implementation. Engagement with the review was strikingly high amongst providers and across wider services. People were keen to highlight and better understand gaps and agree where to focus next.

4.2. Current levels of homelessness/ trends

- While official street homelessness figures have reduced, rough sleeping is reported as still present but less visible.
- "Hidden" homelessness is increasing – Covid gave us some insights into the extent and nature of this. By definition, community hubs, police, CVS, etc., see more hidden homelessness than HOT or commissioned support providers – this includes: people in insecure, low-quality housing, sofa-surfing/ concealed households; people who don't fit into service categories; people who want to remain hidden, e.g. NRPF, fear of losing ESA and being put on UC, offending, drug using/ dealing, sex working, gangs, etc
- Some individuals are described as being in constant "flux" meaning that while services identify this cohort exists, it is difficult to capture its actual prevalence via available data. This cohort are described as moving between prison, hospital, temporary addresses, and relationships: *they disappear, we forget about them and then they come back around – a fluid group' – 'don't feel we know the whole picture*".
- Housing Options report an 'overwhelming' increase in the volume of referrals into their duty team: 'there used to be 3-5 presentations a day pre-Covid; now it's 17-25 a day'. Increased risk or experience of homelessness at both ends of the spectrum of support needs:
    - **Those, especially families, whose primary issues are financial/ economic** – may be in work, struggling to afford rent/ get new tenancy following a S21, cost of living means people are living in unheated properties/ one room/ or even vehicles. Disrepair, including slow response to repairs by landlords, police (e.g., following raids). Older people (55/60+ and including veterans) who are becoming homeless due to loss of housing, including relationship breakdown. HOT report an increase in the numbers of S21 evictions coming to them at prevention (pre-56 days) stage.
    - **People with multiple, high and complex needs.** There are more people whose needs are not deemed severe enough for mental health/ adult social care thresholds, but who cannot access and sustain housing pathway (emergency beds, supported housing, general needs perhaps with floating

support) without wraparound/ specialist care and support. Some have been banned from services or refuse to access pathways. High incidence of mental health problems, women with complex needs (often survivors of abuse and assault), people aging with substance use problems, and complex health needs, including some amputations. Increase in people experiencing homelessness who are on the Gold Standards Framework (i.e. expected to live less than 12 months). The increase in risk and complexity in referrals to HOT was noted by those working in health settings:

"I note more hospital discharges going directly to Housing Options often without sharing vital risk information, I update patients' mental health details on NHS records and it is quite concerning some of the discharges made directly to Housing Options. A lot more crisis management than planned moves in last 18 months." Provider survey respondent

HOT has recognised the need to streamline its point of access, appointing new 'Housing Researcher' roles to triage calls, without losing the human response, whilst aiming to bolster self-serve options via its website. However, call volume and complexity of some cases means the phone line 'is often clogged up, considering it is an emergency line'. New link workers are being recruited to improve outreach, access, and partnership for target groups such as those being released from prison, and those experiencing domestic abuse.

4.3. Supported housing pathway

4.3.1. Implementing the alliance model

We heard very positive feedback from supported housing providers regarding the structures and processes within the relatively new Sefton Supported Housing Group (SSHG) alliance delivery model. Providers valued:

- The consortium approach and the impact of this on relationships
- The contract length (potentially 10 years)
- The expertise, proactivity and relationship with the commissioner
- Frequent and effective communication with Housing Options to ensure appropriate referrals, with regular meetings taking place
- Improved communication and problem-solving between providers, enabling managed moves between services to prevent evictions, or step-down to make best use of resources; Bosco also reported an internal monthly meeting to review individual clients and consider whether they are in the right setting, or should be 'stepped up' or 'stepped down'
- Consistent and shared approaches to assessment, support planning and case management through Mainstay, although there were some comments about the need for more detail on needs and risks (though balanced with concerns about the assessment being quite intense and intrusive for clients), the shared system was generally felt to work well:

"Mainstay has…..improved connectedness across services and again – supports appropriate referrals and placements – able to draw on history, understand risks – can ensure more appropriate support plan and lessen likelihood of retraumatising clients".

- A sense from providers that there is a strong commitment to trauma-informed/ psychologically informed ways of working. Practical examples of this have included:
    - Reflective practice sessions (facilitated by embedded clinical psychologist) which were felt to be 'helping with vicarious trauma'
    - The development of more personalised and strengths-based support planning processes, which were felt to be benefitting clients (though some providers felt more training was required).
    - A sense from some that it was important to try and work collaboratively with clients around behavioural contracts rather than simply threaten sanctions in relation to behaviours which they may not be able to readily change.
    - Specific examples of trauma-informed practice volunteered by frontline staff during our visits – for example, explaining how knocking on a person's door to initiate a discussion was triggering traumatic memories and angry responses, where pushing a note asking them to pop to the office at their convenience was having much better results.
- A 'human learning' approach to evaluation and continuous improvement of the model: IBA observed a quarterly 'Learning Framework' discussion (during a regular meeting of the SSHG) – providers had fed back separately regarding what each felt was working well, what challenges had been faced/ how overcome/ remained, and any learning, including in relation to partnerships and these were collated, shared and discussed. Providers seemed to value this opportunity to reflect:

"Under the new contract, we are testing things, we come together to see if it is working and talk honestly about how we can improve it'.

- However, some were concerned that this learning framework should directly involve clients' voices as well as providers'/ commissioners' voices in order to be truly meaningful. All providers identified lived experience co-production as a current gap and priority – some gathered feedback regularly, and had brought people together for groups, some found this challenging due to lack of client interest, some reported that previous progress in this area had been negatively impacted by the pandemic. All recognised this needed further development and Shelter has been commissioned by Sefton MBC to assist this.
- The consortium is still testing different ways of monitoring outcomes. There had been an attempt to introduce WEMWEBS outcomes recording into Mainstay; however providers questioned the ethics, practicality and validity of this and the commissioner had agreed to review the approach.

Providers and other professions clearly identified the key challenges within supported housing provision which our snapshot survey findings also evidence, i.e.:

- High levels of (often multiple) health and support needs amongst residents, some of whom cannot be safely, legally (i.e., given lack of CQC registration), and effectively supported in the current model:

"I have been taken aback by the levels of risks and complexity [in supported housing]– not dissimilar to inpatient services – but the resources and levels of training and support are wildly different……you can have all the reflective practice in the world, but you need more staff working shorter shifts" (Mental health professional)

- Challenges of moving people through services within 18 months, given difficulties accessing affordable housing, and a lack of suitable care and support provision for those with high and ongoing needs.
- A 'staircase system' which has unrealistic expectations of recovery from trauma, addiction and other personal challenges

This results in:

- Increased risks (including safeguarding issues) for individuals, staff and neighbours (in emergency provision (including hotels), hostels and neighbourhoods where dispersed properties are located) – sometimes this includes support staff needing to provide elements of 'care' or healthcare for which they are neither trained nor regulated.
- High levels of evictions and abandonments from hostels (despite work to improve managed moves within the alliance), with people then 'circling' the system, often including prison, hospital, and periods of high risk 'hidden homelessness' or rough sleeping.
- People 'over-staying' or 'getting stuck' within services, because there is not a feasible move-on option for them.
- Long waiting lists for referrals into supported housing, which are leaving people in emergency beds for much longer than is appropriate, making their own arrangements, or losing contact with services altogether.

4.3.2. Criticisms of supported housing models

Some interviewees/ respondents were concerned about the suitability of current models. For example:

- Some felt that congregate models were stressful for many people and acted as 'breeding grounds' for offending, substance misuse, etc.
- Particularly in the south of the borough, it was reported that people often have 'history' with each other, and this can make it difficult to find and sustain hostel placements.
- Others expressed concern about the location of dispersed properties in residential areas where it was challenging to manage anti-social behaviour.
- Public Health was concerned about maximising health protection and harm minimisation in hostel settings, and the balancing act this required given the illegality of many substances.
- DWP was concerned about customers who are unable to work, given the funding mechanisms and high rents and service charges in supported housing.
- Other professionals reported variable experiences of partnership working with hostel staff, ranging from excellent to 'unprofessional'.

4.4. Other housing and support models

4.4.1. Housing First and similar models

Liverpool City Region's (Combined Regional Authority-led) Housing First project had been envisaged as a solution to some of the challenges with the hostel model for those with multiple and complex needs. Despite some individual success stories and reports from some professionals of a "*great service, good staff*", this did not appear to have the expected impact in Sefton due to;

- Lack of suitable properties, leading to lengthy periods in temporary accommodation awaiting housing – we heard of one case in which it was felt that the window of opportunity for intervention had been lost due to this
- Housing First team not using Mainstay, which can make communications with other services challenging
- Clients often have strong existing relationships with local providers and continue to turn to them for support
- Reported lack of flexibility over support visits ('weekly planned visits offered by Housing First are not effective for this cohort')
- Limited number of places and criteria meant that the service was only available to those with the most complex needs who had also been rough sleeping; yet there are many more who need a long-term floating support offer if they are to live independently and sustain a tenancy.
- There seemed to be limited awareness of Housing First and whether and how they might refer into it amongst supported housing providers.

The two dispersed models (one for families, the other for single people with a history of homelessness/ rough sleeping) being run on behalf of Sefton MBC by Riverside Housing seem to be working well overall. Critical success factors included: quality of furnished accommodation, properties which are not concentrated in one area, the quality, intensity, and flexibility of the support (1:10 caseload). However, challenges were reported with the time-limited nature of the model and the negative impacts on neighbours where problems occurred, though these issues seemed to be greater in relation to singles with multiple and complex needs, than it is of families. Being able to 'flip' the tenancy to general needs within the Families model seems to be a huge benefit – RSAP seems to end up being a move-on model (again) which may be reducing its effectiveness, though the numbers are small and needs clearly high. Some interviewees felt it would be good to consider whether these models could be scaled up and/or replicated for different cohorts.

4.4.2. Floating support

A number of interviewees felt strongly that there is a lack of floating support in the borough, with funded places having reduced from around 50 units in the past to a total of 30 at present. Whilst MainStay data suggests 56 placements, we believe this is historical. We also heard from Venus (who is commissioned to provide floating support) that much of their work is not fully captured on MainStay and that they provide ongoing flexible support to more people than the number of units suggest.

The Early Intervention and Prevention Team at HOT reported an urgent need for floating support at much earlier stages, embedded in local communities yet did not feel in a position to support this: *"The early intervention work is missing, and HOT don't have enough time to focus on this"*. Whilst they were aware of a floating support service, they reported being confused about who, when and how to refer into it.

The requirement to make a separate referral within MainStay for floating support was also felt to be a barrier for HOT move-on workers – who are already working across MainStay and Jigsaw and felt it is unnecessarily time-consuming to make a second application and assessment for floating support.

Some highlighted the lack of sufficiently specialist, intensive or non-time limited floating support for different at-risk groups, such as those leaving the armed forces, or people with multiple and complex needs. Other gaps for those working at early intervention stage included fast-track to Occupational Therapy assessments, and access to someone who can navigate utility providers.

The **Navigator service** seems to play an important function in the system, providing an additional layer of relational support and case management for those with multiple and complex needs. Strengths of the model include the fact that it can work across types of accommodation (hostels, emergency beds, own accommodation, sofa-surfing or moving between these), sticking to the person rather than the service. The relatively small caseloads (of up to 10) enable person-centred and flexible support, linking people to mainstream/ community services. However, the service has limited reach, with only one navigator currently covering Bootle and Southport.

The lack of floating support was felt to increase the risk of repeat homelessness and we heard clear examples of this in relation to care leavers getting evicted from secure tenancies or people having come through the homelessness system, failing to sustain move-on tenancies and coming 'back around'.

4.4.3. Non-commissioned

Given national concerns about the expansion of non-commissioned supported housing which in some cases offers poor value for money, it was encouraging to hear about good gatekeeping by the Sefton's Housing Benefit team to block new developments where there is no commissioned support in place. Nevertheless, there appears to be some non-commissioned provision in the borough – some commissioned providers have developed their own additional non-commissioned provision to enable move-on or, in some cases, provide accommodation to those without a local area connection.

We also became aware of other supported accommodation models through the review, though a detailed exploration of whether or not they are funded using 'exempt' Housing Benefit claims was beyond our scope and resource. These include:

- Emmaus's 16-bed project, which effectively operates a live-in volunteer model

- One professional gave negative feedback about My Space (though it is not clear whether and how many properties they have in the borough) and Shoreline
- A Christian social enterprise called Green Pastures completed our wider services survey, explaining that they provide accommodation to over 400 people, mostly in Southport and would welcome closer working with the council.

There may be missed opportunities here for the council to work in partnership with these providers to bring up standards if appropriate, and ensure that best use is made of these additional resources to prevent and reduce homelessness.

4.5. Gaps in specialist provision/ pathways for different groups

There was some discussion regarding gaps in current service provision and the need for better 'pathways' through services for different groups of individuals with specific needs. These included:

- Women with complex needs (which is in development, and should be a priority given the current lack of gender specialist or separate accommodation in the borough)
- 16/17-year-olds and those who are 18-21
- Care leavers (though a protocol is being developed, and progress made in relation to banding policy decisions in PPP: care leavers are now awarded Band A)
- Veterans: Sefton Veterans explained that they already have a support pathway in place for veterans at risk of homelessness, but that many need high levels of ongoing support due to being institutionalised
- People who are not currently willing or able to stop drinking/ using drugs
- Recovery housing - for those in drug/alcohol rehabilitation, who have left residential detox/ rehab) and for those recovering from psychiatric hospitalisation.
- Others in the homelessness system who are likely to have long-term needs for support, including older people

Pathways needed to:

- Recognise the different access needs, entry points and risks for different groups (for example that some veterans will be 'too proud to approach HOT' or that care leavers may be most at risk of homelessness 12-18 months after leaving care, when some may have 'burned all their bridges').
- Link across agencies, departments or partnerships, agreeing joint protocols which clearly set out each service's responsibilities, and 'robust communication strategies'.
- Identify and (jointly-) commission gaps in housing, care and support provision for these groups.
- Work towards a more integrated approach, to reduce 'ping-ponging' of clients between services and a culture of defensiveness.
- Be produced using clear and plain language and be easily accessible for busy staff

4.6. Homelessness prevention

Our review identified many positive initiatives across the borough working to prevent homelessness, including initiatives targeted at high-risk cohorts or transitions. These include, but may not be limited to:

- **Early Intervention and Prevention Team within Housing Options, including Homelessness Prevention Trailblazers** (funded through the Combined Authority) and has increased homeless prevention activity by recruiting three Early Intervention and Prevention Officers based within its Housing Options Team. These staff help to improve the range of pre-statutory prevention work, including developing and improving current prevention initiatives and developing rehousing relationships in the private rented sector (though to note, pressures have meant they have been unable to work as closely with landlords as they would like)
- **Light for Life Housing Advice Hub, Southport** based in a community setting and offering advice across the spectrum of early housing related advice and support for those who are homeless.
- **Hospital Liaison Worker, Southport** who links into the Light for Life Health Hub
- **Specialist Housing Worker in Children's Services Leaving Care Team**, government funded, working closely with Housing Options to prevent care leavers (particularly those 18+) who require accommodation to avoid the homeless route where possible – a protocol is currently in development
- **DWP work coaches and specialist homelessness team**, a focus on early intervention, currently working with Beam, who have capacity to offer 40 people affected by homelessness pre-56 days to offer housing and employability support (this has led to 5 people obtaining accommodation to date, but total numbers expected to be much higher)
- **Police housing champions**, trained to offer a trauma informed (rather than enforcement led) approach, as well homelessness legislation (e.g., so they understand local connection rules). Work closely with the Light for Life team, and carry out signposting (including for those identified as 'hidden homeless')

4.6.1. Challenges and missed opportunities

Recurring themes included:

- Phone/ internet only access to a lot of services is a barrier for many – need for early intervention to be more visible and accessible in communities (and where this is already happening in community services, for learning and data to be shared)
- Limited housing and/or support options available for people at key transitions (however, effective the identification and multi-agency communication is) – though we note that HOT is working to improve this through their new link worker posts
- Social landlords report trying to manage general needs tenants with increasingly high levels of mental health and other support needs, with insufficient specialist support from other agencies, and floating support to assist.

- However, we did also identify other instances in which eviction processes might have been prevented, or more effectively managed with early warning systems and a multi-agency pre-eviction protocol
- Access to storage, white goods, furniture is sometimes acting as a block to move-on, tenancy sustainment, etc – *could a coordinated response to this by community, voluntary and business sectors help to tackle this?*
- Lack of understanding, effective communication, joint working between Adult Social Care/ Children's Services (with the exception of the Leaving Care Team) and Housing Options
- Duty to Refer process is being used frequently, but sometimes too late, or with too little information/ dialogue – opportunity for more joint training, practice protocol-development, reflective review of the system?
- Lack of linkage with services supporting people at earlier stages of identified housing need, to help identify numbers/trends (e.g., L4L and DWP early prevention work). The DWP told us that a HOT worker was co-located in their building, and whilst it worked well, funding stopped because impact had not been measured, and they could not demonstrate that it was a 'good model'.
- Whilst we heard of some good referral routes between the statutory and voluntary sectors, some community-led initiatives working to prevent and support homelessness (whether directly or indirectly) would benefit from being drawn more closely into a whole system, more strategic approach to prevention.

4.7. Wider systems/ multi-agency working

4.7.1. Improving multi-agency working

As elsewhere in the country, waiting times for mental health services are relatively high (though, at 10 weeks, not as high as in some other areas), social care thresholds are felt to be high and there are '*Gaps all around the periphery of homelessness*'. Interviewees reported silo'd working, resulting from high demand for individual services, remote working and challenges related to processes and structures (or the lack of them). Different health trusts, and service configurations in different parts of the borough were also felt to complicate partnership working.

However, the review identified pockets of innovative and successful working across agency or departmental boundaries in Sefton. The challenge over the next five years will be to build on these, scaling up or replicating where appropriate, and applying the learning more widely. We present here the key themes identified from the review in this regard.

- A good understanding of each other's roles, remits, legal frameworks, jargon, resources and relevant processes can clearly help multi-agency working, This had, for example, been improved by the specialist housing link worker in the Leaving Care Team; and by Light for Life's training, hub-based co-location and hospital in-reach working in Southport.
- Clear process and protocols which staff understand how to use – e.g. DWP referring people to HOT's self-referral portal where appropriate, as well as using Duty to Refer
- Closer linkages with Property Pool Plus workers to offer case discussion and one-to-one support, for example this seemed to be happening in some services (e.g., Homes for Ukraine worker, Bosco) but overall there seemed to be a lack of awareness about this offer.
- Information sharing agreements in place, as in the Southport hospital initiative and health hub
- Earliest identification of issues and multi-agency dialogue and planning to reduce crisis management resulting from a DTR on the day someone is due for discharge or release from prison.
- Regular panels, multi-agency team meetings and homelessness forums to enable case management, relationship-building and general information sharing
- Good interpersonal relationships, though this can be risky where it depends on one or two individuals
- Opportunities for face-to-face contact between professionals, e.g. though co-location at hubs, hospitals, surgeries in hostels, joint outreach, multi-agency meetings and panels (though the review suggested a need for clarity around what is contracted, committed to and what hinges on individuals' way of working)
- Trained champions who understand the issues, resources and different agencies' roles and can support and influence colleagues, in large organisations with high turnover
- Streamlining unnecessary bureaucracy – a number of examples were given in the review where further streamlining could save time and improve joint working, eg.:

- Time-consuming written appeals between HOT and PPP, e.g., in the case of suspensions for prison leavers, where regular case reviews might be more efficient and collaborative
- Joint development of pathways and protocols across services, e.g. HOT, Adult Social Care, Light for Life – we observed first-hand how time consuming debates about whether or not a person is eligible to even be assessed under the Care Act can be for homelessness services

4.7.2. Gap in provision for those with high needs and risks

Even with good multi-agency ways of working in place, the lack of appropriate and available housing, care and/or support for those who 'do not fit' readily into traditional service offers is a fundamental challenge. A social care team manager highlighted the challenges around people not consenting to assessment or accepting service offers. Although this is clearly frustrating to homelessness services who are then left holding the responsibility, there are genuine barriers here. As one professional reflected, social care's gatekeeping is 'quite pragmatic…. It is not clear what [someone with multiple and complex needs] could or would access from social care or how', even if they have demonstrable care needs. Meanwhile there is a clear gap in service provision for those who have experienced trauma, many of whom continue to use drugs and alcohol to cope with that.

However, the resulting gap seems to be leading to frequent and concerning adult safeguarding issues and – in addition to the evident impact on individuals - is clearly impacting on professionals' workloads and stress-levels, delaying discharges, and reducing the effectiveness of the interventions of a number of agencies.

Ideas to address this gap included:

- A Complex Lives Team, offering a multi-disciplinary approach to this cohort (for which there seems to be support across health and housing locally, and examples from Doncaster, Cardiff, Belfast and other areas)
- A homelessness (adults) social worker, who can build relationships with this group, conduct Care Act Assessments and broker suitable solutions (for which there is a growing precedence and evidence base nationally
- Joint commissioning of one or more (accessible) housing, care and support model aimed at those with the highest needs. Some suggestions are made by IBA, based on our knowledge and experiencing working in other areas – see section 5.

4.8. Access to housing

4.8.1. Emergency

The specification for Sefton Integrated Homelessness Service states an "objective… to end the use of Sit-Up dormitory style provision and move towards the provision of an en-suite bed and rapid assessment to eradicate rough sleeping in the borough".

Whilst there have been some improvements to emergency bed provision (e.g. the self-contained pods at Leicester Street), sit-up and dormitory style night shelter provision was still being used quite heavily at the time of our visit.

Workers engaged reported concerns about:

- The numbers of people using the emergency beds, often over extended periods of time
- The lack of provision during the day
- The need for separate provision for 18–21-year-olds (perhaps within the Leyland Road young people's hostel)
- Those accessing outreach or other support services reporting that they feel vulnerable within sit-ups or have been banned from them and therefore do not access them, despite significant health issues.

We were pleased to hear about the introduction of a Not In Priority Need (NIPN) HOT worker who had recently (only about a month before the start of our visit) begun to work with those in the Southport and Bootle sit-ups and hubs to identify whether or not people have support needs, and to get them onto Property Pool Plus where appropriate. We recommend that this be continued, evaluated and, if successful, extended.

4.8.2. Temporary

We heard a clear message from the review that the council is running out of temporary accommodation and is struggling to move those who are in temporary accommodation out, due to 'bottlenecks' in both Property Pool Plus and MainStay. Housing Options described considerable reliance (reflected in the official statistics) on nightly accommodation, costing between £60-£100 a night. This does not support good outcomes for households and certainly does not represent value for money for the local authority. Two hotels (with a total of nearly 40 beds) are now 'permanently booked out' for the council.

Some interviewees were concerned about lack of oversight, and quality/ safeguarding checks on accommodation before placing people: 'is it a good standard, clean and safe?' Meanwhile HOT leaders were concerned that their teams were so busy trying to arrange TA placements, they lack time to dedicate to proper assessment and planning with people.

We heard that the council has 11 units of TA in Lonsdale (council-owned building) and has begun to test a model in which they lease a property from a registered provider and sub-let it.

IDVAs had concerns about whether the council was meeting the 'safe accommodation duty' for those who had experienced domestic abuse, but equally recognised 'we can't just magic those sorts of services'. They would expect to receive more referrals to provide specialist support to those survivors of domestic abuse who were in temporary accommodation – the hope is that the new domestic abuse housing specialist embedded in HOT can work to ensure this happens where needed.

Stakeholders reported that some families 'struggle at Lonsdale'; HOT workers felt that more specialist wrap-around support was needed for some:

> *"There is a ground floor accessible flat in Lonsdale, which could work with care package for some, but there is only HOT presence there a couple of days a week so no good if risks are high."*

4.8.3. Social housing

We heard positive feedback from some teams around their work with PPP staff. PPP have a good relationship with the commissioner and express being open to dialogue and discussion with services who work with vulnerable clients. The team have set up close working relationships with some services, providing one to one case level advice and a rapid response pathway (this includes Homes for Ukraine, the Light for Life Families worker and Bosco House). Housing Options have recently funded a prison worker post via AFEO to make decisions on homeless applications before people leave custody, which it is hoped will enable earlier planning for people leaving prison or probation accommodation (the PPP team are aware of this role and expressed willingness to look at ways to work together). There are also some forthcoming policy changes following a review of PPP, which includes those assessed as intentionally homelessness having their banding increased (to B). Other recent banding changes include offering priority Band A to those leaving care.

Despite some positive feedback, respondents and interviewees were concerned about 'bottlenecks' in the allocation of social housing. All were clear that underlying this is a structural shortage of social housing in the borough, and the very different housing markets of Bootle and Southport intensify some of these challenges.

Due to increased pressure on the service over the last few years, services reported longer waits across different groups, including examples of families facing homelessness and needing to go into TA for several months "nine times out of 10" despite achieving a Band A. There are some structural barriers here – particularly for large families as there are less available options due to larger properties becoming HMOs or being knocked down. The HOT early intervention team echoed this, with people presenting with a S21 far less likely to secure social housing, and subsequently moving into TA. Another pressure point is the number of people going onto PPP due to a rise in PRS evictions, which means that those accommodated through the supported housing/temporary accommodation route are struggling to access properties due to being on similar banding.

Interviewees also referred to PPP procedural issues which were described as leading to 'discrimination' against different groups. These included:

- Prison leavers initially receiving a 12-month suspension on PPP, and whilst HOT and supported housing providers can appeal this, this can take time, and some workers were unsure of the processes through which to take this action. Once an ex-offender

is accepted onto PPP, they may face further barriers as some housing associations were reportedly reluctant to let out properties to this cohort

- People with multiple and complex needs - we heard reports that housing providers are also reluctant to supply properties for this group, even when wraparound support via Housing First is offered (we heard from two interviewees that clients who had been placed on a waiting list for a Housing First property had waited several months. In one case the person was eventually offered mainstream social housing, and subsequently lost the tenancy as the level of support was assessed as too low).
- People who use emergency beds who do not have proof of residence or address struggle to get on PPP (though the PPP team are working with the hostel to explore ways to resolve this – such as through the provider "vouching" for clients)
- Those with former rent arrears, even where people have no realistic way of addressing these
- Those with serious, including sexual offences, who are only accommodated by housing associations under specific conditions.
- People on a MAPPA who are unable to access PPP as housing providers are reportedly not adhering to MAPPA guidance, this has led to delays of up to two years
- People who live in the north of the borough, since there is a lot more social housing available in south Sefton, and we heard reports of people being uprooted from the north as no suitable options could be found for them.

To note, general needs social housing is not suitable for all, including those with high assessed care and support needs, yet whilst those we spoke to recognised that this option was not suitable for them, they reported being pushed down the social housing route due to limited alternative options.

Suggestions from stakeholders

Explore options for a registered provider to provide around 20 units as temporary accommodation, converting to tenancies where people have settled well (similar to the Riverside Dispersed model). This happened temporarily a few years back but needs political support due to impact on allocations. Ability to make direct matches for temporary period in order to clear blocked waiting list has also worked well in the past and would also require a cabinet decision.

4.8.4. Private rented

Supporting private rented options can help free up social housing for those who may need it more, and as highlighted earlier, we heard from some in supported accommodation who are keen to explore private rented options (though there were reported blockages to this due to cost of supported accommodation, and lack of staff oversight to help explore this option).

We heard across services that the availability of PRS has significantly reduced in recent years. Housing Options reported that the landlords who were previously "on their books",

and who proactively got in touch with voids – had pretty much disappeared. There are several factors at play here, including many landlords leaving the market due to financial and policy directed pressures (S21 removal, freezing of LHA). This in turn was felt to have led to further pressures as overall availability has reduced. This had perhaps led to more stringent criteria being applied, with many reporting that landlords are more likely to ask for guarantor and rents being set far in excess of LHA levels. IBA observed this in searches for rental properties across the borough using RightMove during the review period. Housing Options also felt that their package for landlords was not particularly strong and that they are "competing with" schemes run by other service which offer more generous incentives such as: CASS 3, CIRCO and Crisis, Homes for Ukraine (which is part of the HOT team and considered below).

Where private accommodation is still offered, interviewees (including those with lived experience) refer to it being of poor quality and not robustly regulated. Some local landlords were described as "corrupt" "being in bad repair" and overcrowding rife (particularly in Southport).

An exception is those supported via Homes for Ukraine – which achieved more positive outcomes around PRS, The reported reasons for this are that the scheme is: able to offer generous incentives; has a dedicated worker who links in with landlords and offers ongoing support once someone moves into a property; has been able to secure accommodation across areas in the south of the borough that would not ordinarily be available to other cohorts affected by homelessness. Whilst the first two areas can feasibly be applied to support Housing Options, the final point suggests that in at least some cases, landlords are more willing to accommodate a particular cohort.

Suggestions

Is there a way to look at a more generous package of incentives for PRS? This is perceived as being at least partly responsible for relative success for this service – also based on discussion with HOT move-on team who are unable to persuade landlords to let out accommodation currently used as "hotel type accommodation" to let out, due to an assessed "lack of incentives."

Models have been developed in other areas where a provider privately rents properties for 17-year-olds/ care leavers/ those over 18 with low support needs and the Leaving Care team then commission floating support as needed.

4.9. Resources across the whole system

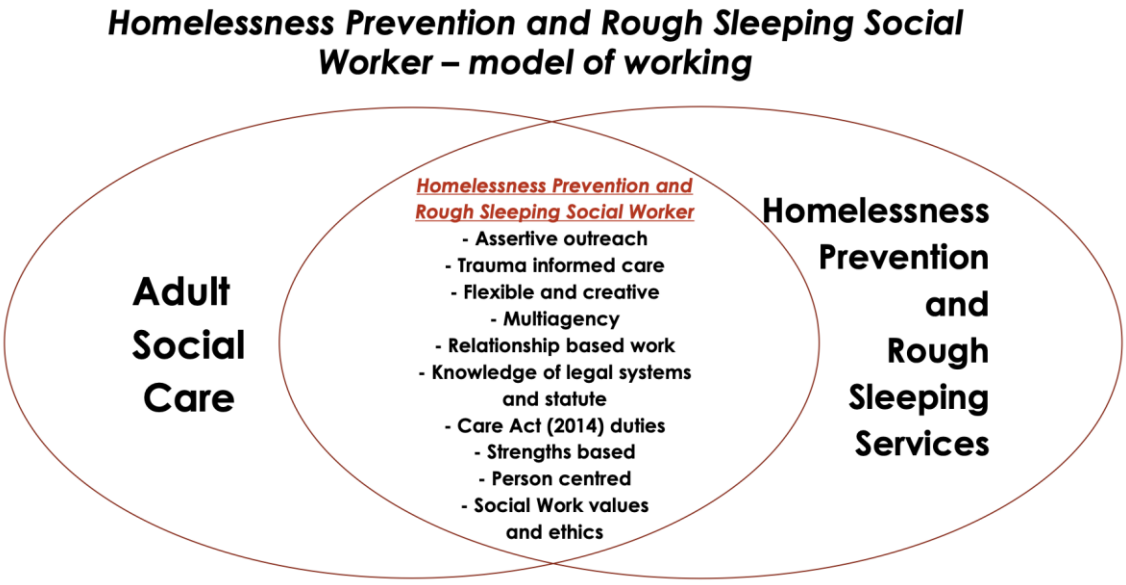
Whilst our review has highlighted significant structural and socio-economic challenges – with the supply of affordable housing, the impact of welfare reform, the cost-of-living crisis and over-stretched health, mental health and criminal justice systems - we were also struck by the wide range of resources which are available to prevent and respond to homelessness across the borough. We have begun to map some of these and one recommendation would be that this work is continued, and coordination across departments, agencies and the community and voluntary sector is improved.

5. Examples of relevant models from other authorities

5.1. Accommodating and coordinating support for people with complex needs

Homelessness Social Worker (Adult Social Care)

The following diagram is taken from Maddie Tait (Homelessness Prevention and Rough Sleeping social worker, City of London)'s presentation at an event run by Kings College London in October 2022 on Social Work and Homelessness



Kings College London has delivered a number of research projects looking at the role and effectiveness of specialist adult social care social workers for some time: see here for details of publications. They have recently set up a peer network for social workers working in this area and collated various practical resources to support them, see here.

Care home for older people with complex health needs and history of homelessness

St Mungo's runs two registered care homes for this client group and has published Life Changing Care: The role, gaps and solutions in providing social care to people experiencing homelessness

Newcastle City Council and Karbon Homes have developed a number of Concierge/ Concierge Plus schemes for people with learning disabilities which provide a good model which could be adapted to this client group. The schemes are very similar to extra care housing (people have secure tenancies and their own front door) but live in a complex of around 10-15 flats, with a support/ security/ concierge service available 24 hours a day within the building. Individuals than have either on-site or visiting care/ support services depending on the commissioned model and their ongoing care plans. See here for details. One of these schemes is on the edge of the city centre and has worked well for individuals with learning disability/ autism/ acquired brain injury and histories of 'homeless lifestyles'.

5.2. Housing-led oversight

Newcastle City Council's Supported Accommodation Move-on Protocol

Provides an oversight function intended to ensure a clear and consistent focus on moving people through the council's commissioned supported accommodation at a pace led by their needs.

Key features:

- Initial assessment within a week of moving in (more detailed within a month): placing someone in either:
    - Green: ready to move on to tenancy with or without support
    - Amber: still needs ongoing support to stabilise (important to get this right so it doesn't become a long-term wait for 'housing-readiness')
    - Red: likely to require ongoing intensive support in a long-term setting
- Monthly move-on pathway meeting: particular focus on those stuck on green and agreeing assessment of those on red – but also oversight of the amber cohort
- Quarterly report: trend data on length of stay in supp. acc./ those in the RAG categories and the destinations of those moving to independence.

See here for the full document.

Recommendations for review of MainStay reporting

IBA recommends a review of how MainStay works for informing the monitoring and evaluation of the homelessness strategy.

Mark Goldup would be happy to support you further on this; his initial thoughts are:

1. The information collected on floating support services does not seem to have any real outcome content; the outcomes could be brought in to line with the H-CLIC terminology – so there is a consistency across the system. This would include a distinction between prevention secured by helping someone to sustain existing accommodation or as a separate category by helping them to secure alternative accommodation. It should also include a referral to Housing Options for a duty assessment and ideally record the result in terms of which duty was accepted if any.
2. The reports drawn from MainStay for the local authority should be more focussed around the individual rather than around services, to better support monitoring the effectiveness of the system as a whole, rather than linking the monitoring to contract monitoring. This would for example mean that you could see how long people were staying in emergency beds (even if it was different providers) or similarly how long people were in supported overall, rather than in the scheme of a specific provider.
3. At the same time what you really need to know from a system perspective is how long for example an individual is waiting to get a place or how many referrals do not result in a place being offered – not related to individual services (although from a contract monitoring perspective, it might still be relevant to look at individual services).

4. There are too many options for some categories and this makes it difficult to see overall patterns, for example reason for leaving supported accommodation.
5. Rather than using the planned / unplanned move-on concept, it would be better to record the desired next move for someone (based on the personal housing plan discussed in the main recommendations section), review that and then compare to what actually happens. This will then take account of the fact that people may not necessarily need, want or be able to move to more independent settings, some people may need to stay where they are – and this is not necessarily to be then seen as "poor" performance.

5.3. Improving emergency provision

Alternative model of emergency accommodation for younger people with lower support needs: Depaul's NightStop scheme, which uses volunteer hosting to prevent youth homelessness. See here for details.

5.4. Alternative models for those close to work

(e.g. foyers, Commonweal/ Thames Reach Peer Landlord model, Ethical Lettings sharers model, or RentStart Elmbridge's Freedom2 Work, and Aspire

St Basil's Live and Work project is a good example of a benefit-free model designed for young people.

Ethical Lettings CIC, who provide and manage shared properties on behalf of a local authority in the Southeast of England for people placed by the local authority but with relatively low support needs. Rents are within Local Housing Allowance (shared room rate), so people can access Universal Credit or paid work or a mixture and can be under or over 35. Ethical lettings are paid around £4k-£6K per tenancy per year by the local authority to provide fully furnished tenancies, an empathetic and responsive housing management service with a dedicated worker who provides light touch support, e.g., into employment/ to access community activities and other services. Ethical Lettings have a contract tenancy (effectively a lease) with private sector landlords for these properties. The landlord will typically receive the total LHA level rent from Ethical Lettings (who act as tenant and therefore can guarantee rent) and pay for repairs and renewals. Ethical Lettings seeks to mitigate the potentially higher repairs bills from a sharers model of this type by effectively providing a low-level handyperson service, keeping a close eye on properties and arranging for repairs to be carried out (with the landlord's agreement) and without charging to act as the intermediary.

Commonweal's Peer Landlord model, tested in partnership with Thames Reach (single homelessness) and Catch22 (supporting 16-25 year olds into work). The project aims to enable people to sustain or enter/ return to employment, education or training, whilst developing a stable tenancy. The accommodation is affordable (i.e. not 'exempt') to support people (re-)entering typically low paid and sometimes intermittent work. The (paid) project manager provides a relatively low level of support directly but cultivates a peer response to some support needs within each house. This can help to grow independence and build the

group's capacity, whilst also helping to keep core costs down. The role of the peer landlord is usually taken on by one nominated and carefully selected tenant (though there have been examples of successful sharing out of responsibilities, especially over time; a 'role-share' might also be feasible from the outset). They lead on and/or encourage the group to take responsibility for reporting repairs, putting the bins out, cleaning communal areas and dealing with benefits/ rent issues, etc. The project worker supports the peer landlord(s) in their role and provides more intensive support to individuals or to the group as a whole where peer support is not sufficient or where access to specialist advice is required.

Rentstart Elmbridge's Freedom2Work project targets a similar client group, but with a slightly different support model. They have a support worker with a 1:20 caseload, and do not use a peer landlord approach, though they do take steps to encourage peer networks and mutual support amongst tenants, through regular events with an ETE focus (e.g. speakers from local businesses, skills-based workshops). In the scheme's evaluation[13], some of those tenants who were initially apprehensive about the idea of sharing reported finding the company and peer support through the shared house to be of great value to their wellbeing. A distinguishing feature of this model is the rent deposit savings scheme for tenants, who are encouraged to make regular savings which are then matched by Rentstart when they leave the scheme. The intention is to enable and incentivise tenants to save for a rent deposit on a mainstream PRS tenancy; however, the evaluation found that most who used the scheme used it to insulate themselves from fluctuating income and ensure that they kept rental payments where they experienced a shortfall.

5.5. Improve access to affordable housing

Cardiff City Council found that they had 387 people who had been around their homelessness system 10 or more times. They wanted to move away from the 'staircase model' where this clearly was not working for members of this group. They visited Finland to look at their congregate Housing First schemes for inspiration and have now developed a number of 'managed wellbeing blocks' around the city. These each provide around 50 high quality, new build self-contained flats which are provided on standard secure social tenancies. A trauma-informed concierge service is provided 24/7, and tenants can also access the city's homelessness multi-agency complex needs team for any health or additional needs which cannot be met in the short term by mainstream services. The team also offers diversionary activities. At the time of writing, the council reports 100% tenancy sustainment in the blocks.

[13] Richardson, J., Brown, T. & Mitchell, A. (2019) Freedom 2 Work: Project Evaluation Report.

Greater Manchester Housing Providers: Let us Ethical Lettings Agency

Let Us, is an Ethical Lettings Agency developed by a partnership of Great Manchester Housing Provider (GMHP) members working together to increase choice and access to high-quality, affordable private rented sector homes across the city region. They offer a range of flexible, tailored services to private sector landlords and property investors, ranging from advice and support to make property improvements, through to a full property management and leasing option, through which Let Us manage the property and tenants, and pay the property owner a guaranteed rent with no void loss if the property is ever unoccupied. At the time of writing, 230 properties had been acquired, 151 homeless or at-risk households re-homed and 95% of tenancies had been sustained. See here for details.

Wrexham Private Sector Leasing Scheme

Wrexham council has run an in-house lettings agency since 2015, in line with the Welsh Government's Leasing Scheme Wales guidance. They particularly promote the offer to owners of empty properties. See here for an overview of the potential offer, which – subject to application – includes grant funding for properties which have been empty for more than 6 months, and for energy efficiency and general improvements.

5.6. Better coordinate homelessness prevention activities across sectors

Oxfordshire Homelessness Movement

Oxfordshire Homelessness Movement (OHM) is a partnership of the many organisations helping those who are homeless in Oxfordshire. The movement aims to bring greater visibility to all of the county's work in this area, signposting volunteers, supporters and those experiencing homelessness to the actions and services they are looking for. They can coordinate voluntary effort and donations, for example if someone is moving into an unfurnished tenancy, donated white goods, furniture and household items can be quickly coordinated and supplied from the huge network of individuals, businesses, community, and faith groups on social media. OHM raises funds for its project work, which fills the critical gaps in services that others cannot, such as developing housing and support options for people who have no recourse to public funds. The movement works closely with the local councils and support providers and is guided by the Lived Experience Advisory Forum which it hosts, to make sure their approach is relevant and needed.

Street Support Network

Street Support Network was developed in Greater Manchester, and now also works in many locations across the UK. It offers models and tools around which statutory, voluntary, business and community partners can coordinate their efforts strategically, co-produced by people with lived experience. These include an information sharing platform website which lists all services (including small grass-roots provision) working to support homeless and/or vulnerable people in an area. The aim is to coordinate and develop a more strategic approach. As one commissioner explained to us: "we get a lot of people coming in and saying 'we want to give out food', but we can then say, there is plenty of food being handed out, we don't need anymore, but we can then try to divert some of that goodwill and resource toward other things that we do need – it's our masterplan".

Appendix 1: Professionals engaged in Homelessness Review

Organisation	Role / Area of Work (where known)	Interview	Group Meeting / Focus Group	Wider Services Survey	Commissioned Providers Survey	Lived experience visit hosts/ facilitators
Apex Counselling	Counsellor			**X**		
Bosco	-				**X**	**X**
Bosco	Deputy Manager, Bosco House	**X**				
Change Grow Live	Drug and alcohol services			**X**		
CHART Project	Homelessness Officer			**X**		
Compassion Acts Foodbanks	-			**X**		
Compassion Acts Foodbanks	CEO			**X**		
Crisis	CTI Manager			**X**		
DWP	Homeless lead for Merseyside	**X**				
DWP	Homeless SPOC	**X**				
DWP	**Tbc**	**X**				
Emmaus Merseyside	Chief Operating Officer			**X**		
Excel Housing Solutions	-			**X (x4)**	**X**	**X**
Excel Housing Solutions	Directors of Services x 2	**X**				
Excel Housing Solutions	Director of Operations	**X**				
Excel Housing Solutions	Offender Service			**X**		

Organisation	Role / Area of Work (where known)	Interview	Group Meeting / Focus Group	Wider Services Survey	Commissioned Providers Survey	Lived experience visit hosts/ facilitators
Green Pastures	Southport Housing Project Manager			X		
L30 Community Centre	-			X		
Light for Life	-					X
Light for Life	Business & Personnel Manager	X				
Light for Life	Chief Executive Officer	X				
Light for Life	Community Services Manager (DA)	X				
Light for Life	Tbc	X				
Light for Life	Navigator	X				
Litherland Food Bank	-					X
Merseycare	Clinical Psychologist	X				
Merseycare	Network Integration (Complex Lives)			X		
Merseyside Police	Police Officer (Southport)	X				
New Start	-				X	X
New Start	Area Manager	X				
New Start	Director of Operations	X				
New Start	Managing Director	X				
New Start	Recovery Services Lead	X				
NHS Cheshire & Merseyside ICB	General Practitioner (Complex Lives)			X		

Organisation	Role / Area of Work (where known)	Interview	Group Meeting / Focus Group	Wider Services Survey	Commissioned Providers Survey	Lived experience visit hosts/ facilitators
Probation	Probation Services Officer	X				
Property Pool Plus	Administration Team Members x 2	X				
Riverside Housing	RSAP Team		X			
Riverside Housing	Sefton Families Service Team		X			X
Salvation Army Bootle	Captain - Church Leader			X		
Sefton MBC	Public Health Lead	X				
Sefton MBC - Adult Social Care	Adult Social Care Team Manager, Adults Mental Health	X				
Sefton MBC - Children's Services	Leaving Care	X				
Sefton MBC - Domestic Abuse	Locality Team Manager – Community Safety and Engagement	X				
Sefton MBC - Housing	Early Help Worker	X				
Sefton MBC - Housing Options	Acting Service Manager	X				
Sefton MBC - Housing Options	Duty officers x 4		X			
Sefton MBC - Housing Options	Early Intervention and Homeless Prevention Officer		X			

Organisation	Role / Area of Work (where known)	Interview	Group Meeting / Focus Group	Wider Services Survey	Commissioned Providers Survey	Lived experience visit hosts/ facilitators
Sefton MBC - Housing Options	HO and Welfare Rights Team Manager	X				
Sefton MBC - Housing Options	Move on Team Members x 2		X			
Sefton MBC - Housing Options	Prevention & Relief Team Members x 3		X			
Sefton MBC - Housing Options	Researchers x 2		X			
Sefton MBC - Housing Options	Team Leads x 2		X			
Shelter	Not provided			X		
Southport & Formby Hospital Trust	Alcohol Team Liaison Worker	X				
Southport & Formby Hospital Trust	Mental Health Liaison Team Manager	X				
Southport & Formby Hospital Trust	Specialist Nurse from ICU	X				
Southport Soup Kitchen	Trustee	X				
St. Leonard's Youth & Community Centre	-			X		
Venus	Chief Executive Officer	X				
Venus	Programmes Lead, Housing &	X				

Organisation	Role / Area of Work (where known)	Interview	Group Meeting / Focus Group	Wider Services Survey	Commissioned Providers Survey	Lived experience visit hosts/ facilitators
	Resettlement / Adult Counselling					
Venus	-			**X**	**X**	**X**
YMCA Together	Director of Community Services			**X**		

Appendix 2: Data and documents reviewed

- Mainstay data reports produced between April 2021 and July 2023
- Annual Levels of Homelessness 2018, 2019 and 2020-22, published by Sefton MBC
- Light for Life hub data
- Published homelessness data for the years 2021/2 and 2022/3 (H-CLIC), supplemented with an information request from Housing Options
- Official Rough Sleeping data
- CORE data on social housing lettings
- 2021 Census data
- Local Housing Allowance rates
- Office for National Statistics – Valuation Office Agency, Lettings Information
- Sefton Joint Strategic Needs Assessment
- Looked after children data
- Ministry of Justice, accommodation on release from prison
- Index of Multiple Deprivation data
- Sefton Council Domestic Abuse Needs Assessment, August 2022
- Sefton Council Gypsy and Traveller Accommodation Assessment, October 2022