

Swindon 2019 Homelessness Joint Strategic Needs Assessment

Bulletin



Key Points:

- Homelessness is complex, multi-faceted and causes poor outcomes for individuals and society.
- We cannot be certain of the numbers affected in Swindon, but it is likely that rough sleeping (and potentially the hidden homeless), have increased from 2010-2017, consistent with the national picture.
- The 2018 rough sleeping rate for Swindon has reduced since 2017 to 3.8 per 10,000 households. From Apr–Dec 2018 291 households were accepted as homeless or at risk of homelessness with Swindon Borough Council.
- Factors are identified that drive homelessness, as well as resulting from being homeless. This includes substance misuse, poor mental or physical health, and time in prison. However, there is no single story behind homelessness.
- A continued focus on prevention of homelessness is needed, alongside rapid intervention. There are examples of good practice and partnership working in Swindon. Some could be replicated or expanded to support other vulnerable groups.
- Themes for successful interventions include co-ordination and collaboration between services, outreach, and intensive support that considers the multiple needs of an individual or family.
- For vulnerable groups including victims of domestic abuse, asylum seekers and refugees, and sex workers support should address multiple needs, including housing.
- 22 recommendations are contained in the bulletin, with an additional 13 for specific groups in the full report. These build on our strengths and highlight any gaps. They are based on local data, the evidence-base and national and local strategic priorities.

What is a Joint Strategic Needs Assessment (JSNA)?

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

We want to understand Swindon's changing population, what is going on in Swindon and what makes a difference to people's health and wellbeing so that we can plan for the future. The Swindon Health and Wellbeing Board oversees the development of JSNA's and any resulting recommendations.

Introduction

Homelessness means not having a home. A home is a place that provides security, and links to a community and support network. It needs to be decent and affordable. Under the law, even if someone has a roof over their head they can still be homeless. This is because they may not have the right to stay where they live or their home may be unsuitable to live in.

Reasons people become homeless are complicated and involve societal structures (such as benefits changes, the economy, access to jobs and low cost housing), changing circumstances (such as relationship breakdown or leaving an institution), as well as personal factors (such as mental health issues, age, and substance misuse).

Trends in reducing housing affordability and housing benefit claimants in Swindon, alongside continued population growth are consistent with the picture for England.

Homelessness is associated with poor outcomes for the individual and for society. It is a pressing issue nationally, with a 28% increase in the numbers of homeless people in England documented between 2011 and 2016.

The government has a Rough Sleeping Strategy which sets out a vision to halve rough sleeping by 2022, and end it by 2027. New legislation, the Homeless Reduction Act (2017) means everyone is entitled to support from local authorities if they are at risk of, or experiencing, homelessness. It also means other public services must refer people at risk of homelessness to local authorities, called the Duty to Refer.

Population - who is affected?

It is challenging to accurately estimate numbers of people who are at risk of, or experiencing, homelessness. Much is hidden, especially considering those squatting, sleeping in unsuitable temporary accommodation, or sofa surfing.

The rough sleeper counts in Swindon show rates rose from 2010 to 2017, and are subsequently reducing, within the margins of error. The rough sleeping rate for Swindon is 3.8 per 10,000 households. 90% are males, and 15% are non-UK nationals.

National research shows that for every 2 people rough sleeping, there are an estimated 98 who are in shelters, temporary accommodation, bed and breakfasts or other precarious accommodation. So rough sleeper counts likely represent the minority of people experiencing homelessness in Swindon.

Statutory homelessness means those who have approached the council and been accepted into a duty due to being at risk of, or experiencing, homelessness. In the first 6 months since the new legislation was introduced in 2018, in Swindon 527 households were assessed, and 291 (55%) were accepted into a duty. Of these, 80 were threatened with homelessness, and 211 were homeless.

The most common reasons for statutory homelessness in Swindon in 2018 were family and friends no longer willing or able to accommodate, non-violent relationship breakdown, loss of rental accommodation and violence.

70% of households in temporary accommodation in 2018 in Swindon included children. The great majority were in private rental or local authority/housing association stock, minimising the number required to stay in B&B or hostel/refuge type accommodation.

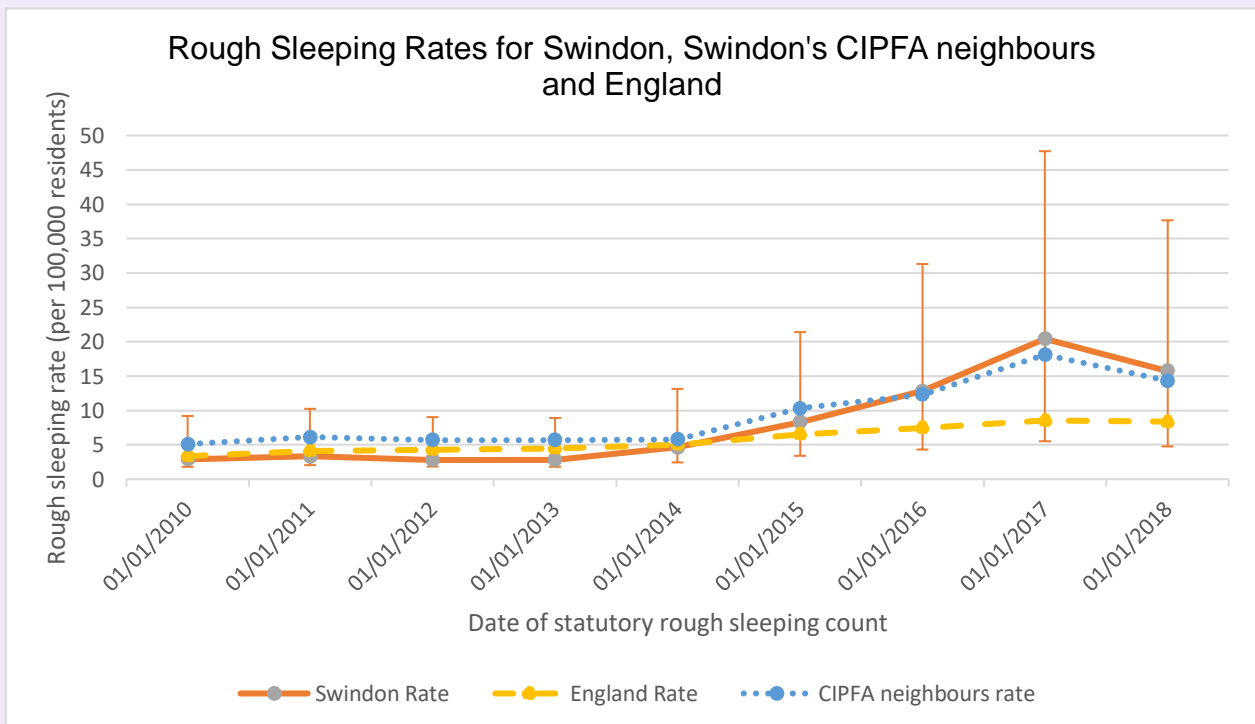
Inequalities

The following groups are of particular focus in the JSNA, as the evidence shows they are more at risk of homelessness, or the complications of experiencing homelessness:

- Single adults
- Children and young people
- Care leavers
- People with mental health problems
- People with experience of substance misuse
- Victims of domestic abuse
- People with offending histories
- Asylum seekers, refugees and former asylum seekers
- People with previous experience of homelessness
- Sex workers
- LGBT+ individuals
- People with learning disabilities or difficulties
- People from black and minority ethnic (BME) communities
- Veterans of the Armed Forces

Some of these factors are not well-recorded in our current data systems, and some groups such as veterans of the armed forces are only present in very small numbers in Swindon's homeless population. Data collection is an area for development so we can understand more fully the local profile of homelessness, as well as making sure our services meet the needs of the local people.

Multiple different services co-ordinate well to support some of these groups, such as victims of domestic abuse, and care leavers. This is reflected in the finding that over 90% of Swindon's care leavers were in suitable accommodation in 2018/19, higher than England averages. Other groups, including asylum seekers, and those with experience of the prison system, would benefit from closer partnership working between the council and relevant partner organisations, and clearer referral pathways to housing support.



Annual November statutory counts were used to calculate rates. CIPFA neighbours: Warrington, Bury, Bedford, Peterborough and Milton Keynes. 95% confidence intervals are included for the Swindon rate.

Mental health

In England, up to 80% of people with experience of homelessness report some form of mental health issue and suicide was the second most common cause of death in people who were homeless in 2017.

In Swindon:

- Threshold found the proportions of homeless people self-reporting depression, anxiety, post-traumatic stress, personality disorder, and schizophrenia in the Health Survey were higher than general population levels, in all cases.
- Poisoning and psychiatric conditions account for over 30% of attendances for homeless individuals at the Great Western Hospital (GWH) A&E.

Mental health service provision for people with experience of homelessness has been identified as an area of unmet need. To address this unmet need, all housing officers who work with homeless people have been offered mental health training, and work is ongoing to identify how best to provide specialist care in this area.

Substance misuse

In England, substance misuse is common across the spectrum of homelessness and poisoning caused over half of all deaths in homeless people in 2017.

In Swindon:

- 4.5% of households accepted into a homelessness duty with the council reported drug dependency, and 6.5% reported alcohol dependency, however national literature and the Threshold survey of homeless people suggests rates of substance misuse are likely to be higher than this.
- Since 2014/15 the proportion of new adult clients needing treatment for substance misuse with a housing problem has been rising, to 24% in 2017/18.

- There is a trend for more people in substance misuse treatment to be recorded as having an “urgent” housing issue¹.
- The majority of clients to substance misuse services with a housing problem are opiate users.
- Young people with substance misuse issues are seen and treated in much smaller numbers. Very small numbers were identified as having housing problems, more common were other social vulnerabilities that are recognised risk factors for homelessness later in life.

Turning Point (the adult substance misuse service) has a dedicated housing worker, however this service only supports the minority of people with substance misuse and housing issues.

Overall, substance misuse needs strong partnership working between substance misuse services and other support services, and this is a continued focus for those working in Swindon

Offenders and prison releases

There are complex links between homelessness and offending. Homelessness can also be associated with a number of illegal activities, including the risk of being recruited by County Lines offenders. Effectively supporting and rehabilitating offenders improves individual outcomes, and has wider benefits for society.

From April – June 2018, about 1 in 10 people in the South West who were accepted as being at risk of, or experiencing homelessness with a local authority, have an offending history.

In Swindon:

- Most prison releases to the Swindon area are from HMP Bullingdon and HMP Eastwood Park.

- 45% of prisoners being released May 2018 – April 2019 who had been sentenced more than 10 times came out of prison to settled accommodation, compared to 83% of those sentenced up to 10 times. This paints a picture of a revolving door between prison and homelessness.

Additional resources have recently been allocated to the community rehabilitation company to build on the support pathways for those being released from prison to the Swindon area. This is in line with the national Through the Gates strategy.

Complex needs

Complex needs means:

“When poor mental health, substance misuse and significant social issues such as homelessness or time in prison coincide”

In Swindon:

- 26% of substance misuse service clients have a mental health issue. The exact numbers of people who would fit the definition of complex needs is not known.
- Those working frontline in homeless support services describe the challenges of engaging with people with complex needs. Intensive support is often needed, for prolonged periods.

Health Inequalities

In England the average age of death for homeless men is 47 years, and for women is 43 years. This compares to 77 years for the general population.

National research shows homeless people are more likely than the general population to die from: alcohol, drugs, suicide, HIV and hepatitis, lung conditions, heart attacks and falls. It is difficult to maintain a healthy lifestyle whilst homeless, and mainstream health services can struggle to meet the needs of this population.

In Swindon:

- Threshold found that 38% of homeless people who responded to the Health Survey reported physical conditions that were not adequately treated, and low proportions reported accessing preventative care including screening tests and vaccinations.

What services do people use?

NHS and social care

Nationally, the annual costs of unscheduled healthcare for homeless patients is eight times that of the housed population. This is due to disconnected points of crisis management, and the use of A&E as emergency accommodation.

In Swindon:

- In 2018, 128 homeless people presented to Great Western Hospital (GWH) A&E, meaning homeless people are likely high users of acute services.
- Most admissions of homeless people to GWH were for less than 2 nights, and the destination of these individuals on discharge is generally unknown.
- 35% of homeless people attending A&E in 2018 were registered at the Carfax Medical Centre, with 25% having no known GP. At the end of 2018/19 the Carfax Medical Centre had 65 individuals registered with them who self-identified as homeless. This means approximately 120 homeless people are likely either registered at other practices or are unregistered.
- The Sexual Health outreach model of care is an example of good practice.
- More work is needed to understand what model of community healthcare would best meet the needs of the Swindon homeless population.

The following aspects of community care require specialist consideration for homeless people:

- Dental care
- Health improvement (smoking cessation and screening)
- Sexual health
- End of life care
- Infectious diseases
- Wound care
- Mental health

Healthcare for people with experience of homelessness is an area for development, along with referral pathways between GWH and housing.

Other services and community assets

Accommodation-based support and floating support is commissioned by Swindon Borough Council (SBC), including supported housing for a range of needs.

SBC spends just under £1.4m per year on supported housing schemes for the single homeless. This is mainly Direct Access hostels, as well as move on accommodation.

There is a gap in provision for emergency accommodation locally, with Booth House often only available for 3 nights, and Bed and Breakfasts representing a costly temporary option.

SBC has worked with the Government's Rough Sleeping Initiative and its delivery partners to co-produce a range of funded interventions to meet the needs of rough sleepers in the area.

- A dedicated rough sleeping project co-ordinator
- Temporary Winter Housing Provision between January – March 2019
- 3 rough sleeping Housing First workers

- 12 units of supported Housing First accommodation.
- Specialist mental health training for frontline staff
- Additional floating support to prevent loss of tenancies in the private rented sector
- Establish a Day Centre 'one stop shop' to co-ordinate and integrate services in one location

There are a many other homeless support services in Swindon. These provide accommodation-based support, food and provisions, outreach support, and support to engage with SBC and other services such as mental health and substance misuse. Work is ongoing to better co-ordinate the efforts of the different organisations.

What do local people think?

We interviewed 20 people with experience of homelessness (including rough sleeping, living in supported accommodation and Housing First) to better understand the issues facing homeless people in Swindon.

Key points were:

- Homelessness is not a single story, and there are many reasons behind it. Anyone can be at risk of homelessness if their personal or social circumstances deteriorate. Descriptions of time in prison, poor mental and physical health, and substance misuse were common, but not universal.
- Most people approach the council for support at crisis point. Barriers to approaching the council earlier included the stigma attached to homelessness, and a lack of awareness of council services.
- Journeys through homelessness are complex, often involving cycling between rough sleeping and temporary or emergency accommodation.

- Rough sleeping is difficult and dangerous for a person's mental and physical health.
- Positive experiences that helped resolve homelessness included support workers, addressing mental health and/or substance misuse issues, and social support networks.
- Long term goals for homeless people centred on wanting stability in accommodation, employment, relationships and their physical health.

Overarching recommendations

There are many positive interventions and examples of partnership work around homelessness in Swindon. The recommendations aim to build on our strengths, and highlight any gaps.

- To build the local strategic approach to homelessness, a Swindon Homelessness Strategy is being developed, informed by the findings of this JSNA.
- To ensure an ongoing upstream approach to homelessness, with a focus on prevention.
- To ensure that assistance for those finding themselves homeless or at risk of homelessness is quick, practical and tailored to individual needs.
- To recognise that reducing homelessness requires ongoing inter-organisation collaboration and a shared commitment, particularly for vulnerable groups such as victims of domestic abuse, care leavers, refugees and asylum seekers and sex workers.
- Homelessness can be linked with mental health and substance misuse issues. To support people with complex needs we should continue to build links between these services to enable effective referrals and interventions.
- To ensure that local data is available to understand the local homelessness profile, and future demand. Providers of support services should use this data to gain a better understanding of the needs of the wide variety of groups experiencing homelessness, the impact of the Homelessness Reduction Act (2017) and the Duty to Refer.

Further recommendations

Prevention

- SBC should consider work to improve access to information, including digital solutions, so that people in Swindon are aware of the services and support available around homelessness, and that engagement with services occurs before crisis point. This might include how to access the council, and work to destigmatise seeking housing support.
- SBC and providers of homeless support services should monitor locally the impact of legislative and benefits changes, including Universal Credit, and anticipate the impact of such changes upon support services
- All people working across public services need to be versed in homelessness, the legislation, and why homelessness is important. Training should also be given in trauma-informed support and awareness of mental health issues and services. The PHE resource for homelessness could be a useful training tool (PHE, 2019)
- SBC will continue to work with private landlords to maintain stable tenancies where possible, and continue to review how to sustainably maintain SBC housing stock.
- To ensure a continued focus on improving the supply and access to affordable housing that will provide solutions to meet diverse housing needs across the Borough and avoid emergency housing placement.

Intervention

- Rapid intervention is needed for those experiencing rough sleeping, encompassing a No Second Night Out objective. This should build on existing provision.
- Homeless people may require identity documents and a registered address to access welfare support, education, employment and training. SBC and support services should consider these needs, and provide a registered address where required.

- Personal support workers, such as the Personal Advisors for Care Leavers, or the Housing First Support workers are examples of good practice. This model could be expanded for other vulnerable groups, including individuals with complex needs.
- Lived experiences of homelessness differ widely, and homelessness support services must work to understand the needs of the individual beyond housing, as seen in the jigsaw of needs. Individuals' goals and progress should be monitored using objective tools like the outcomes star.
- Points of contact with homeless people are an opportunity for intervention to reduce the risk of repeated homelessness. A Making Every Contact Count (MECC) approach may be beneficial as these individuals may need multiple offers of engagement. MECC could be used to address mental and physical health proactively, alongside social and housing needs.

Collaboration

- Pathways for referrals between services and organisations (including the Duty to Refer) need to be efficient, effective and monitored.
- Inter-organisation collaboration through panels such as the Multi-Agency Risk Assessment Committee, the Rough Sleeper Panel, or the Young Person Housing Panel represent examples of good practice. This model could be expanded to other areas supporting vulnerable or complex individuals.
- SBC and other organisations, including the voluntary sector, should consider how best to support those with No Recourse To Public Funds, and to build referral pathways with The Harbour Project to assess housing needs for asylum seekers and refugees.

Innovation

- Novel programmes should be considered including community donations to homelessness charities as an alternative to begging, social impact bonds and expanding Swindon's social enterprise schemes.
- People with lived experience of homelessness can provide valuable support to others. Opportunities for self-development should be part of support services, and lead to employment and training where possible, including the use of social enterprise. There could be a programme to develop peer supporters, and homelessness champions in decision-making about homelessness services.
- The impact of the sexual health outreach model of health care should be evaluated, and considered for expansion to reach the wider homeless population by commissioners.

In addition the JSNA includes specific recommendations focusing on:

- Mental health, Substance Misuse and Homelessness: including considering the role of specialist mental health workers within homelessness, and Community Mental Health Team (CMHT) outreach into homeless settings.
- Offenders and those being released from prison: to improve the support and pathways for those being released from prison to the Swindon area, with a particular focus on those with a history of multiple offences.
- Healthcare and homelessness: including ensuring national homeless healthcare standards are met in the mainstream services, piloting homeless health checks and lifestyle interventions, and consideration of a specialist service.

This bulletin was published in December 2019. Please contact publichealth@swindon.gov.uk with any queries or for further information