Homelessness in Dorset: Review of Evidence

Background

In October 2017 The Chair of the People and Communities Overview and Scrutiny Committee, Cllr. David Walsh, suggested that with homelessness on the increase, the committee should instigate a review of the evidence, to help them gain a better understanding of the situation in Dorset, and how the County Council works with district and borough councils and other partners. They also wanted to consider the impact that the Homelessness Reduction Act 2018 will have. Cllr. Clare Sutton agreed to be the lead member.

Homelessness relates to all four of the outcomes in the County Council's Corporate Plan. At the sharp end of homelessness, for example, rough sleepers do not live in a safe environment; they are many times more likely than other people to be the victims of violence and abuse. Homeless people often struggle to lead healthy lives; poor diet, poor mental and physical health, drug and alcohol abuse, infections, hepatitis and tuberculosis are all more common with homeless people, and rough sleepers have an average age at death of just 43. Interventions to alleviate homelessness need to prioritise helping people to have greater control and choice over their lives and become, and remain, independent. Poverty and deprivation lead to homelessness, and street homelessness contributes to a sense that some areas, such as Weymouth, are becoming less safe, more run down and less prosperous, which affects businesses and visitor numbers. All of these issues are considered in greater detail below.

Homelessness is, of course, a far broader issue than simply "rough sleeping". A person (or household) is defined as statutorily homeless if they do not have accommodation that they have a legal right to occupy, or which it would be safe and appropriate for them to live in, even if, for the time being, they still have a 'roof over their heads'. When the two new unitary councils are created in Dorset in April 2019, those councils will inherit the statutory homelessness duties of the current six district and borough councils, and new legislation - the Homelessness Reduction Act 2018 - has now changed the way in which those duties must be fulfilled. These statutory duties, and the new legal requirements, are explained later in this paper. We will examine the approach of local authorities and their partners to preventing homelessness, and responding to it when it occurs. The objective is to look at the role of public and voluntary sector partners in attempting to deal with homelessness in all its forms, in order to facilitate a discussion on what more might be done with the resources available.

Rates of homelessness in Dorset

Statutory homelessness

Chart 1\(^1\) shows the rate of households, per 1000 households in the population, accepted as being homeless and in priority need (and therefore entitled to be rehoused by the local authority) in each of the six Dorset district and borough councils, each year since 2008-09. This is compared to the equivalent figures for the South West, and England as a whole. Most of these households will spend a period of time in temporary accommodation while they await permanent housing.

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These figures suggest that there has indeed been a steady increase in the rate of households accepted as homeless and in priority need over this nine-year period. Over the last three years, the rate in Weymouth and Portland has been higher than elsewhere in the county; prior to that, North Dorset had the highest rate three times, Christchurch twice and Purbeck once. In recent years, there has been a greater tendency for Dorset districts to exceed the South West overall figure than there used to be - Weymouth and Portland, North Dorset, and Purbeck each have done this in three of the last four years. North Dorset actually exceeded the England rate in 2011-12, as did Christchurch the following year.

Chart 2 looks at the numbers of households accepted as homeless and in priority need, by year, for the six Dorset districts and boroughs - irrespective of the number of households in each area overall. This again shows that in the last three years has Weymouth and Portland had the highest numbers. Prior to that, the highest numbers were seen in North Dorset in each year from 2009 to 2014.

Chart 3 shows the number of households that, once accepted as being in priority need, were residing in temporary accommodation in each area. As can be seen, Weymouth and Portland consistently has far more households living in temporary accommodation, whether leased by the local authority, or bed and breakfast. This is mainly because there is more temporary accommodation available in Weymouth and Portland than there is in West Dorset or North Dorset.
Dorset, and the Dorset Councils Partnership (DCP) is therefore more likely to temporarily rehouse homeless people in that borough, regardless of where they present.

**Rough sleepers**

For the last eight years the government has produced an annual statistical release presenting "rough sleeping counts" for each local authority in England. The figures represent the numbers of people seen or thought to be 'sleeping rough' in the local authority area on a 'typical night' – a single date chosen by the local authority. The 2017 count was carried out between 1 October and 30 November. Rough Sleepers are defined as: "people sleeping, about to bed down or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments), and people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters, often comprised of cardboard boxes) ... The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers."²

Nationally, the number of rough sleepers identified by this count in 2017 was 4,751, marking a 73% increase in the last three years and a 169% increase since the count was first instigated. Overall, London had the highest number (1137). The South West is the region with the fourth highest number (580), after the South East and the East.

It is important to note that, as the *Centrepoint* homelessness charity points out, "These figures are shocking, but they only attempt to count the number of people sleeping rough on one night. We know there are thousands more young people who are hidden homeless – sofa-surfing for months on end, sleeping on public transport or staying with strangers just to find a bed for the night".

Chart 4 shows the rough sleeping count over the last eight years for the districts and boroughs of Dorset.

² *Rough Sleeping Statistics, Autumn 2017, England (Revised)*, Ministry of Housing, Communities and Local Government (MHCLG), February 2018
These figures show that while most of the districts in Dorset have seen rises and falls in the numbers of rough sleepers over the eight years of the count, in Weymouth and Portland the number has risen significantly - a rise from 3 to 18 since 2010, and from 6 to 18 in the last two years alone. Of those 18 people, 14 were male, 15 were UK nationals, and all were over 25 years old (apart from 2 whose age was unknown).

Chart 5 shows the rough sleeping count as a proportion of the number of households living in each area, and compares this with the South West region, London, and England as a whole.

When population size is considered, the rate of rough sleeping in Weymouth and Portland is more than three times the England rate; more than two and a half times the South West rate; and double the rate for London. Of the other Dorset districts, only Christchurch has a rate of more than 0.2 per 1000 households - the rate for England. All five have a rate lower than the South West region as a whole.

Of the 326 local authority areas in England, Weymouth and Portland has the 17th highest rate of rough sleepers. Of the areas with the 20 highest rates, seven (including Weymouth and
Portland) are coastal, and five are London boroughs. Only one other area in the South West region is in the top 20 - Exeter, which has the 15th highest rate of 0.65 / 1000. Bournemouth, with a rate of 0.53, is in 21st place.

The high prevalence of rough sleeping in coastal towns is probably linked to generally higher than average levels of deprivation in these areas. A 2017 report from the Social Market Foundation\(^3\) suggests that many coastal areas have faced "Structural, long-standing economic and social problems following the decline of domestic tourism in the UK... many coastal communities are poorly connected to major employment centres in the UK, which compounds the difficulties faced by residents in these areas. Not only do they lack local job opportunities, but travelling elsewhere for work is also relatively difficult." Anecdotally, many people are also drawn to coastal towns to take advantage of seasonal work in the summer months, and then remain after the work ends.

Weymouth and Portland shares characteristics of deprivation with many other seaside towns - low average income, relatively high unemployment compared to the rest of Dorset, poor economic growth and low skill levels. Melcombe Regis in Weymouth is within the 10% most deprived neighbourhoods in England\(^4\), and the government’s Social Mobility Commission recently ranked the prospects for disadvantaged young people growing up in Weymouth and Portland as the third worst in the country.\(^5\) There is also evidence of cross-migration of rough sleepers between Bournemouth and Weymouth - the actions of the authorities towards rough sleepers in one of these towns can impact on numbers in the other. Additionally, frontline agencies such as the Lantern report that Weymouth’s position at the "end of the line" of train services from London results in the town being the final destination for some rough sleepers.

A report commissioned by the Guardian newspaper, published on 11 April 2018, found that nationally the number of rough sleepers dying on the streets has more than doubled in five years, from 31 in 2013 to 70 in 2017, and this is likely to be an underestimate as local authorities are not required to categorise deaths in this way. The average age of a rough sleeper at death is 43 - half the average UK life expectancy. Rough sleepers are 17 times more likely to be victims of violence, nine times more likely take their own lives, and twice as likely to die from infections. Hepatitis and tuberculosis are relatively common. Severe winter temperatures have led to more deaths. Three rough sleepers died on the streets of Weymouth in 2016-17, and this is not an exceptional figure according to homelessness support organisations in the town.

The causes of homelessness

The four most common reasons for people to become homeless and approach Dorset local authorities for support are: coming to the end of Assured Shorthold Tenancies; parental evictions; violent relationship splits; and friends or other relatives no longer being willing to accommodate applicants.\(^6\)

Behind these circumstances lie multiple other factors that make it difficult for many people to access or maintain adequate accommodation. The benefit cap brought into force by the Welfare Reform Act 2012 and the Benefit Cap (Housing Benefit) Regulations 2012 limits the amount households who claim certain benefits can be paid, so that when all benefits are calculated, housing benefit or universal credit may be reduced so that total benefits do not exceed the benefit cap limit. The benefit cap was further lowered in Autumn 2016. This has led to a number of tenants falling into arrears, often resulting in eviction. The reduction in housing benefit that can be claimed by tenants has excluded many people from accessing

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\(^3\) *Living on the Edge: Britain’s Coastal Communities*, Social Market Foundation, September 2017

\(^4\) Public Health England Local Health Profiles 2015


\(^6\) Dorset Homelessness Strategy 2015-19: Annual Update Report 2016-17
housing, as rents in Dorset are relatively high and not fully covered by the benefit, leading to a chronic shortage of supply for people with limited resources.

The much-publicised delay in Universal Credit payments being received by claimants has also resulted in rent arrears and evictions, exacerbated by benefits being paid directly to tenants rather than landlords, and therefore often not being used to pay rent on time due to other conflicting needs. This is also increasing the reluctance of landlords to let properties to benefit claimants, further reducing the available supply of private rented housing.

People often become ‘visibly’ homeless after previous contact with non-housing agencies, such as mental health services, drug rehabilitation services, the criminal justice system and social care agencies. A number of “safety net” services, such as support for people suffering from mental health and/or substance dependency, are non-statutory and have seen significant cuts during the recent period of austerity, making it more difficult to prevent homelessness from occurring.

**Rough sleeping and "Multiple Exclusion Homelessness"**

An increasing and statistically robust body of evidence has demonstrated that for many people experiencing more extreme forms of homelessness such as rough sleeping, it is not just a housing issue but something that is inextricably linked with a range of complex and chaotic life experiences which lead to social exclusion. This has become known as "Multiple Exclusion Homelessness." This is compounded by the fact that many people experiencing multiple exclusion do not meet statutory homelessness criteria and cannot access social housing. The most complex needs have been shown to be experienced by homeless men aged between 20 and 49, and particularly men in their 30s - which, as reported in the 2017 rough sleeper count, is the demographic group of the great majority of rough sleepers in Weymouth and Portland, and indeed the rest of Dorset.

With some of these issues - such as mental health and substance abuse - there is a "chicken and egg" factor - both of these problems can lead to homelessness, and homelessness can lead to both. Estrangement from family networks and lack of contact with children can impact on emotional health and wellbeing; the lack of an address means people are often unable to register with a GP and cannot be referred to Community Mental Health Teams, so health, and mental health, issues escalate.

Accounts from a number of "on the ground" agencies in Dorset bear this out. People experiencing, or threatened with, "street" homelessness commonly face "multiple exclusions" that include some combination of: substance misuse issues; poor mental health; institutional experiences (e.g. prison and the care system); “street culture” activities (e.g. street drinking; begging; anti-social behaviour); fleeing domestic abuse.

Research summarised by the Joseph Rowntree Foundation7 helpfully evidences the median ages at which these various life experiences first occur for homeless people, facilitating a better understanding of the critical intervention points for different types of preventative work where progression into long term rough sleeping might be averted. The earliest occurrences tend to be leaving home or care and substance abuse. At a slightly older age, factors including anxiety and depression, petty crime, becoming the victim of violent crime, sofa surfing, and spending time in prison become more prevalent. As people approach and enter their 30s, begging, intravenous drug use, bankruptcy and divorce become significant factors. For older multiply excluded homeless people, more ‘official’ forms of homelessness (applying to the council for support; staying in hostels and other temporary accommodation) become more common, as do other adverse life events such as eviction, repossession and redundancy.

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7 Tackling homelessness and exclusion: Understanding complex lives, Joseph Rowntree Foundation, September 2011
Most multiply excluded homeless people will also report some level of childhood trauma such as abuse and neglect, further emphasising the importance of early intervention and prevention approaches with vulnerable young people to avoid progressively bad life outcomes. "Events such as abuse, bullying, witnessing alcoholism, domestic violence, as well as - as is often the case - experiencing these factors in combination, affects the way a child comes to perceive the world and their place within it. Such events not only affect childhood wellbeing, they echo throughout adulthood in the development and maintenance of self-esteem and the ability to form meaningful relationships."  

**Community Safety: Impact on neighbourhoods**

Data on the risks faced by multiply excluded homeless people - from violence and abuse, suicide and self-harm, hypothermia, infections, drugs and alcohol, and a range of other factors - suggest that it is they themselves for whom safety is the greatest concern. Nevertheless, the impact on the "look and feel" of a neighbourhood with a large number of rough sleepers can be significant. In Weymouth and Portland, street homelessness is more evident in the Melcombe Regis area - the town centre and the seafront - than in other parts of the borough.

Indeed, actual "rough sleepers", as defined by the government for the purpose of the rough sleeper count, comprise only one part - perhaps a minority - of the total number of multiply excluded people with a visible street presence. Many of them, in Weymouth and elsewhere, may look like "rough sleepers", but actually use "street living" for a range of reasons, even though they have a roof over their heads at night, for example in a hostel, by 'sofa-surfing', or some other means. Some use the town centre of Weymouth for begging, for example. Nearer the beach, street drinking and drug taking are more prevalent. In some cases, people will use the street for these activities because it would not be tolerated in, for example, a hostel, and could result in eviction. For others, the street is often a safer alternative than drinking or taking drugs "hidden away", where they may be vulnerable to violence and abuse from others.

Evidence of these issues has become increasingly visible in Weymouth in particular, but also in Dorchester. These are relatively small towns, and observant residents and visitors will not have to look too far or wait too long to witness begging, street drinking, drug taking and dealing, discarded drug paraphernalia, and some of the unnerving behaviour that can accompany these things. Whatever the realities, there can be little doubt that this contributes to the perception of an area that is "not safe", and where crime and anti-social behaviour is a threat. Some of the mitigations put in place - multiple signs warning of CCTV cameras, increased police presence, or specialised bins for the disposal of needles, for example - while largely helpful, can also contribute to this sense of menace. As multiple letters in the Dorset Echo testify, all of these factors contribute to a sense of a town that is becoming more run down and less safe, which is likely to negatively impact on a local economy so reliant on tourism and visitor numbers.

Drug and alcohol abuse and anti-social behaviour also put pressure on Accident and Emergency Services, ambulance services, the Police, and other agencies involved in community safety.

In 2016, senior representatives from a number of public agencies - including local authorities, the Police, the Health Service and Housing Associations - formed a multi-agency board to seek solutions to these and other issues facing the residents, businesses and visitors of Melcombe Regis. In 2017 the Melcombe Regis Board agreed a four-year joint strategy to identify and pursue ways of tackling homelessness, community safety, health and wellbeing, deprivation and community cohesion, and where possible to access external funding opportunities to help regenerate the area. The Board's work is in its early days, but there is a

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8 ibid.
widespread consensus that partnership approaches such as this are the key to addressing the problems that Melcombe Regis and other similar areas face.

**OPCC Problem Solving Forum**

The Office of the Police & Crime Commissioner (OPCC) recently hosted its inaugural Problem Solving Forum in partnership with Bournemouth Council for Voluntary Services (CVS), looking at the issue of homelessness. Housing associations and a range of organisations providing support, mentoring and advocacy, emergency provision, drug and alcohol services, funding, outreach and specialist work with offenders and ex-offenders attended from across the county. Participants took part in structured workshops on housing, support, finance and health to identify what each organisation could offer and what gaps remain in local service provision.

The PCC said: “I pledged to set up problem solving forums to introduce multi-agency innovation to long-standing problems. We need fresh approaches to issues like homelessness. Rough sleeping has been a persistent and complex issue for centuries and it is unrealistic to think this can be resolved overnight. However, I am confident that we can capitalise upon the abundance of commitment that was evident at the forum.”

**The role of district and borough councils**

At present, the statutory housing authorities in Dorset are the six district and borough councils. From 1 April 2019, the new unitary Dorset Council will replace five of these as the statutory housing authority, with Christchurch's duties being met by the new Bournemouth, Christchurch and Poole unitary council.

On 3 April 2018, the *Homelessness Reduction Act 2018* came into force, and the additional requirements and implications of this Act are considered below.

Until 3 April this year, the duties of local authorities have been proscribed by the *Housing (Homeless Persons) Act 1977*, the *Housing Act 1996*, and the *Homelessness Act 2002*, which legally oblige housing authorities to provide free advice and assistance to households who are homeless or threatened with homelessness within 28 days. Housing authorities have a duty to make suitable accommodation available to applicants and their households if they are satisfied they: are eligible for support (essentially, this means having an indefinite right to remain in the UK); are unintentionally homeless; have a local connection to the area in which they are applying; and are from a specified 'priority need' group.

Priority need groups include households with dependent children or a pregnant woman, and people who are vulnerable in some way e.g. because of mental illness or physical disability. In 2002 the priority need categories were extended to include applicants aged 16 or 17; aged 18 to 20 who were previously in care; vulnerable because of time spent in care, in custody, or in HM Forces; or vulnerable because of having to flee their home because of violence or the threat of violence. Where households are found to be ineligible for support, intentionally homeless, not in priority need, or without a local connection, the authority must still assess their housing needs and provide advice and assistance to help them find accommodation for themselves.

Given the nature of multiple exclusion discussed above, it might be expected that many people who are, or may become, rough sleepers would have a "priority need", and therefore be entitled to rehousing by local authorities. Possible grounds would include mental health, time spent in care, and general vulnerability. The reality is more complex. Some do not qualify because they do not have a local connection. Many more are deemed to be intentionally homeless. This does not necessarily mean they have left previous accommodation by choice. A person is considered intentionally homeless, for example, if they have been evicted from their most recent secure accommodation because they have failed to keep up with rent or
mortgage payments and are deemed to have been able to do so. Similarly, eviction for anti-social behaviour, or use of the accommodation for illegal activity (e.g. taking drugs), or damaging or neglecting the accommodation, are all likely to be considered as intentional homelessness. In practice, many people in these circumstances will not approach the local authority for support at all, because they will assume they will be defined as intentionally homeless.

**The Dorset Homelessness Strategy**

The *Homelessness Act 2002* required local housing authorities to undertake a review of homelessness every five years, and formulate an effective strategy to deal with it. The Dorset district and borough councils have a joint homelessness strategy, the most recent of which runs from 2015 to 2019.

The Dorset Homelessness Strategy has five priorities:

1. To prevent homelessness and minimise the use of temporary accommodation
2. To maximise housing options to all clients in housing need
3. To ensure the most vulnerable are assisted and supported
4. To increase access to the private rented sector
5. To promote and extend multi-agency working in delivering the Homelessness Strategy

Most of the work of Dorset local authority homelessness services is to do everything possible to prevent homelessness, and if possible to support households remain in their present accommodation. When a person or household approaches the council as eligible, threatened with homelessness (i.e. likely to become homeless within 28 days) and in possession of a valid "Notice to Quit", a housing advisor will examine the issues over the 28 days to see if homelessness can be prevented or delayed. They will work with both the tenant and the landlord to try to buy time, and avoid the applicant having to go into Bed & Breakfast accommodation.

If an applicant is shown to have a local connection, is in priority need, and is unintentionally homeless, they would be put on the housing register with a priority banding (there are bronze, silver, gold, and emergency bandings corresponding to the urgency of an applicant's personal circumstances). After the 28 days of prevention work, if they become homeless, they may be admitted to bed and breakfast, usually for a maximum of six weeks, and/ or temporary accommodation leased from a private landlord or a Housing Association. Eventually they will be offered social housing or private rented accommodation. In the latter case, the council can provide rents in advance and deposits, and potentially six months’ rent in advance in special circumstances.

The figures for 2016-17 show a significant decrease of 40% in the number of households placed into Bed and Breakfast since the previous year - the lowest figure for six years. Furthermore, the number of families with, or expecting, children residing in Bed and Breakfast accommodation for six weeks or more has reduced significantly over the last three years, from a high of 35 in 2012-13 to the lowest recorded figure of 12 in 2016-17.

The councils work closely with several partner agencies to try to prevent homelessness and to provide support to homeless people. They include the Citizens Advice Bureau, Nightstop, Shelter, The You Trust services (including social inclusion, domestic abuse and housing intervention and support), The Lantern, EDP, Nightstop and Pinsdon. Partner agencies received over 4,650 referrals for assistance in 2016-17.
Chart 6 gives some indication of the success of Dorset's district and borough councils and their partner agencies in helping households avoid homelessness.  

Interestingly, the number of approaches to the six councils for housing support has declined each year from a high of 4,824 in 2013-14 to 3,093 in 2016-17, and the reasons for this are unclear. Approaches range from simple requests for advice that are quick and straightforward to deal with, to complex issues requiring significant interventions. In recent years, applicants have approached the councils with increasingly complex needs, and this is reflected in the fact that whilst the number of approaches has reduced, there has been an increase in the number of applicants in priority need to whom the authorities owe a rehousing duty. In 2013-14, of the 4,824 approaches for support, 194 (4%) resulted in the councils accepting a full duty to rehouse. Of the 3,093 approaches in 2016-17, there were 243 (8%) such acceptances - so the acceptance rate has doubled in three years. Even so, 92% of approaches did not result in a full duty, demonstrating that for the clear majority of people who approach the councils for advice and support, homelessness is avoided.

The Homelessness Reduction Act 2018

This Act, which came into force on 3 April this year, places new legal duties on English councils to intervene at an earlier stage to prevent homelessness, and to provide intensive, personalised and meaningful help to people to access appropriate housing, irrespective of local connection, intentionality or priority need.

The definition of “threatened with homelessness” has now been extended to mean "likely to become homeless" within 56 days, as evidenced by a "Notice to Quit", rather than 28 days as previously. A Notice to Quit can be anything from a formal Section 21 notice, to a statement from, for example, parents that a person can no longer remain at their home. Anyone who is in this position, who is eligible (i.e. with a right to remain in the UK), and who approaches the local authority for support, will be invited to complete an application to join the housing register.

A housing officer will be appointed to manage the support they receive and stay with them throughout the process, and they will receive a personal housing plan, which will be a live document, accessible on-line and updated regularly. The 56 day “prevention duty” can be extended if there is a reasonable prospect that homelessness will be avoided. If prevention fails, or the applicant only approaches when they actually become homeless, an assessment

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will be made to decide if they would be in priority need and therefore be owed temporary accommodation.

If the applicant is not in priority need, the authority will still owe a further 56 day "relief duty", providing advice and assistance to secure accommodation to anyone who is homeless and has a local connection to the area. At the relief stage, if the applicant does not have a local connection, they will be referred back to the last place where they do have a local connection. If relief fails, the 'main duty' begins, at which point the criteria of intentionality will be assessed, and if the applicant is unintentionally homeless, the statutory duty begins. There are now more options for discharging this duty - for example, into six-month assured shorthold tenancies.

Furthermore, local authorities now must ensure that the advice and information they provide is tailored to meet the needs of specific at-risk groups including care leavers, people leaving prison, people who have left the armed forces, survivors of domestic abuse and those suffering from a mental illness. And from 1 October 2018, institutions such as care authorities, prisons, hospitals and jobcentres will have a legal duty to refer clients at risk of homelessness to housing authorities. Consequently, the number of approaches to councils for support, which (as can be seen in Chart 6 above) has decreased significantly over the last five years, is likely to increase substantially.

The new Act will considerably increase the homelessness workload of Housing Authorities, and some extra resources have been made available by the government to help with this (more may well be needed). However, most housing professionals acknowledge that the Act is a step in the right direction, and may well mean that fewer vulnerable people slip through the net and are helped to find suitable accommodation.

**The role of the County Council**

As a social care authority, the County Council's main role with regard to housing and homelessness lies in commissioning services for vulnerable adults. As such, the client group is often people with multiple and complex needs who do not meet statutory homeless criteria - the multiply excluded" people discussed above.

Most County Council services with this client group are non-statutory and vulnerable to cuts in funding as the pressure on local government finances grows. Before April 2018, the Council's approach was largely an accommodation based model, providing hostel-type provision, either in large hostels such as Melcombe House and Church Street in Weymouth, or in smaller satellite units. As part of this model, support was provided to help residents deal with their personal issues and sustain a tenancy.

The accommodation-based model was supplemented by some community-based "floating" provision offering short-term interventions for people with multiple and complex needs, helping them to address wider issues and be supported into locally sourced independent accommodation. This service was called Dorset Housing Intensive Support Service (DHISS) and was commissioned to You Trust.

The accommodation-based support model was widely perceived to be both expensive and ineffective, with the commissioned provider acting as both landlord and support service. As such, support was focused on avoiding or repaying arrears, producing a conflict in the provision of support, with staff having a policing role as well as a support role. This created a disincentive for vulnerable people to seek help from support staff, out of fear of losing their accommodation - which in turn often led to an increase in unhealthy "coping" mechanisms such as offending and alcohol/ drug abuse.
In April 2016, Adult and Community Services piloted a new model of delivery to provide pre- and post-tenancy support to people facing multiple exclusions, including those with substance misuse issues, poor mental health, offending, anti-social behaviour and/or hidden disabilities, very often in combination. This led to the newly commissioned Integrated Prevention and Support Service, which began operating in April 2018.

**Integrated Prevention and Support Service**

The Integrated Prevention and Support Service (IPS) is a whole system approach, combining housing, health and wellbeing, based on the 2016 pilot. The service helps multiply excluded people, often vulnerable adults whose tenancies are at risk. People can self-refer, or be referred by other agencies, such as district housing teams (particularly where clients have failed to meet statutory criteria), Community Mental Health Teams (CHMTs), GP surgeries, etc. There is a single point of contact, commissioned to You Trust, which triages approaches and refers clients onwards to the agencies best able to help and support them. These could be the Lantern, the Pilsdon Community, the Emergency Local Assistance service, or Housing First (managed by Shelter), all of whom are funded by the County Council.

These agencies are expected to coordinate their activity and work as a single, joined up model. The strengths of the IPS model include the fact that people do not need an address to register (which they do to sign on for a GP) and can then access other services, like CMHTs. Also, IPS takes clients on an ongoing journey, rather than just short-term help, offering on-going support even if tenancies repeatedly fail, potentially helping people into stability and employment.

**The Lantern**

The Lantern Community Resource Centre, based in the Park District of Weymouth, has a strong track record of supporting people and sustaining them over the longer term, offering specialised and tailored housing, benefits and debt management advice, advocacy, and help with rent in advance or rent deposits. The Lantern has a strong focus on mental health and works in close partnership with the Community Mental Health Teams. They run themed support and advice drop-ins, covering domestic violence, outreach services for both mental and physical health, life skills training like basic cookery, alongside benefits and homelessness applications. They have a clear ethos of developing strong, trusting and long-lasting relationships with their clients.

**Housing First**

Housing First is an internationally evidenced intervention, which has proven highly successful in supporting people with multiple and complex needs to maintain housing. The main premise is that an individual should not need to prove they are ready for housing, and are not expected to resolve all their personal issues, such as drug and alcohol abuse, as a condition of their tenancy. Instead they are given a permanent offer of their own home, along with an intensive long-term support package to enable them to maintain it.

A permanent offer of a home does not mean that they will remain in the same place for the rest of their life. It means that the offer of housing is permanent; if they lose or leave their accommodation, they will be supported to find another home. Relationships can last many years, sometimes with periods of dormancy.

The County Council is initially funding 11 units of accommodation (seven in Weymouth and four in the North and East of the county), capped at £10,000 each, managed by Shelter, to cover housing costs and individual support needs. The service is commissioned to Shelter, who finds the accommodation (which doesn't have to be in Dorset), works with the landlords, and provides ongoing support.
Potential clients will be referred by agencies like the Lantern, and the service is for very vulnerable people with chaotic housing histories. There is a strong evidence base that shows that once the chaos of people’s lives abates and their housing situation stabilises, their lives will stabilise more generally. Evidence suggests that, across all services and all countries, 70-90% of clients sustain their tenancies.

The Pilsdon Community

The Pilsdon Community in Bridport offers relatively short-term accommodation to anyone who would benefit from living in a community setting, including single homeless people, and people with mental health or addiction problems. No local connection is required. Twenty paces are available, and applicants initially stay at the community for a week on a trial basis. No alcohol or drugs are allowed on the premises. One clear advantage is that there is an agreement with housing authorities that residents will be given a ‘gold’ housing priority banding if they are staying at the Pilsdon.

Emergency Local Assistance

This County Council support service succeeded the government funded "supporting people" allowance, which was first ringfenced, and then cut. It is a non-statutory service, and its current funding expires in April 2019, and is therefore vulnerable. It usually helps people struggling as a result of benefit cuts or delays, or people leaving refuges or prison. They offer help with benefits realisation, often recovering significant amounts of money; the Return on Investment for the £200k pa budget for ELA can be anywhere between £500k and £2m. They can also help clients purchase basic items for setting up a home, such as reconditioned white goods. People can be referred from this service to IPS.

Value for Money

The 2016 pilot compared the value for money of accommodation-based support with the community-based "floating" support offered by DHISS. As the new IPS service has only just become operational, data is not available to assess its cost-effectiveness, and while it is not directly comparable to DHISS, the approaches have much in common, so the cost effectiveness comparison gives a valid insight into what may be expected of the new IPS service.

As can be seen by these figures, community-based support appears more cost-effective. However, the previous DHISS service offered short-term interventions only, and for some service users facing multiple exclusions, longer term support is needed. This is a key principle of the new IPS service, which will continue to be evaluated.

Accommodation-based support

- 84 units of accommodation-based provision (hostels and smaller satellite units)
- £500k annual contract price
- Average annual funding per service user = £4,857
- 46% achieved a positive move on (24 people)
- Cost per successful move-on = £17,000 (i.e. cost of move on as a proportion of total contract price)

DHISS Community-based provision

- Average contract price £500k
- Average annual funding per service user = £501
- range of provision reaching 1096 people
• 21% received support to achieve independent living
• Cost per successful move-on = £8,333

Opportunity costs

While it is difficult to accurately determine cost avoidance per client, the following New Economy Unit Cost Database data for 2015\(^\text{10}\) provides an indication of some of the potential savings if homelessness and rough sleeping are avoided:

• Cost of dealing with an incident of anti-social behaviour: £673
• Cost of Arrest – detained, per incident: £719
• Alcohol misuse- Estimated annual cost to health services per dependent drinker: £2,015
• Drug misuse – savings resulting from a reduction in drug related offending, health and social care costs, per person: £3,727
• Ambulance cost of call out: £223
• A&E attendance: £117
• Rough sleeper average annual local authority expenditure: £8605

Bus Shelter Dorset

Dorset County Council contributed £11,500 from its Community Innovation Fund to the charity Bus Shelter Dorset, set up in 2016 by Emily and Eddie McCarra. The charity converted a double decker bus, donated by the bus company Damory, into a mobile shelter for rough sleepers to sleep safely and off the streets. The bus is parked at the Beach car park off Preston Beach Road in Weymouth, and started admitting guests in January 2018.

The double-decker bus has been converted to provide sleeping pods for 17 adults – 14 men and three women – to sleep and keep warm overnight. The site includes two portable toilets, an outside seating area, a wood burner, and a mobile combined kitchen and shower unit. There is an area for volunteers to sleep and a consultation area.

All referrals for the bus must come from statutory agencies. Clients staying on the bus are expected to engage with existing services and be willing to receive support. They have the use of a PO Box so that they can apply for work, register with a GP and make benefit claims. They are supported with their life skills, benefits, health and housing by trained volunteers, who work alongside other agencies, including the Lantern, to encourage guests on the bus to move into suitable accommodation and help them break the cycle of homelessness and integrate back into society. Anecdotally, the bus has already helped reduce the number of rough sleepers in Weymouth.

Emily McCarron told the Dorset Echo: “it is everyday things like haircuts which help homeless people to get their lives back on track. We have guests on the bus who are very appreciative of their warm bed, hot meal each night and support; which would not have been possible

\(^{10}\) New Economy Unit Cost Database
without committed volunteers, donations and businesses pulling together to make it a success.”

**Looking Forward**

- The County Council's Integrated Support Service has only just become operational, but is based on well-evidenced research into "what works", in particular the Housing First Model and community-based provision, and the close partnership working with providers such as the Lantern. The impact of the approach needs to be closely monitored.

- Funding for the non-statutory Emergency Local Assistance service is set to expire in April 2019. Members may wish to take a view on the future of this important, valuable and cost effective service in the new Dorset Council.

- The *Homelessness Reduction Act* is widely considered by practitioners to be a step forward, since it provides for more personalised and more long-term support for those in housing need and places fewer restrictions on who is eligible for support.

- The Act requires local authorities to tailor the advice and information they provide to ensure that it meets the needs of at-risk groups. Research clearly shows that men aged between 25 and 40 are particularly at risk from accumulating multiple complex needs that can lead to progressively bad outcomes, including homelessness. The specific vulnerability of this group arguably needs more recognition.

- Local authority Children's Services have a major role in preventing homelessness. Children in Care are disproportionately likely to find themselves homeless after leaving care. Early Intervention and Prevention initiatives, such as Dorset Families Matter and Family Partnership Zones, have a crucial role in avoiding children going into care, with the acknowledged poor outcomes this often leads to in later life. Children in care also need consistency of placements, help with developing life skills and good transitional support when they leave.

- The Act also places more responsibility to help and support "multiply excluded" people on Housing Authorities (i.e. the districts and boroughs) so it is important that there is close coordination between them and the County Council and its Integrated Support Service, which is seeking the same outcomes. The County already works closely with the districts and boroughs, and Local Government Reorganisation presents a major opportunity to unify housing support and social care approaches. A series of workshops is currently underway involving both tiers of local government, alongside all the local providers (the Lantern; You Trust; Pilsdon etc.) in order to facilitate a smooth and coordinated transition towards the new legislative and organisational landscape.

- The Weymouth Bus Shelter initiative is seen as a real step forward in terms of providing a safety net for those in greatest need, and is already reported to have reduced rough sleeping in the town since the last government count in November 2017. It is to be hoped that this leads to a longer-term reduction that is evidenced by the 2018 count.

- Ultimately, the main problem is the shortage of affordable, appropriate housing. Building more homes, particularly one-bed homes, would make a big difference, and cheaper, more flexible solutions such as modular housing could also be considered. Encouraging Housing Association and private landlords to accept more homeless people, including those with complex needs, would be a major step forwards, and a willingness of local authorities to effectively act as tenancy agents, accepting most of the risk and investing in improvements where necessary, may be a cheaper alternative to building new units.
• The Local Housing Allowance - which is used to work out how much housing benefit people can get if they rent their home from a private landlord - is widely seen as unrealistically low, prohibiting many people who are homeless or threatened with homelessness from affording private sector rents. Local authorities could consider lobbying central government for an increase to the LHA.

Conclusion

Clearly, homelessness is a complex issue, but also an important one which impacts on all four of the County Council’s outcomes. It is therefore important that we continue to focus on what can be done to improve the position, and that this issue is also recommended for further work through the People and Communities Overview and Scrutiny Committee. Possible further questions to explore include:

1. Can we learn from the experience of other areas that have been successful, through effective partnership working, at alleviating or eliminating homelessness? Southwark is notable in this regard, and there will be other examples.
2. What contributions and input from the National Health Service are, or should be, in place to tackle or prevent homelessness? Are they effective?
3. Is communication and "sign-posting" of available support adequate and effective? How do we know?
4. What is the relative cost of private rented accommodation in Dorset, compared to public sector provision? Should this be a factor in deciding whether to prioritise building new accommodation, or accessing private sector rental housing?

Possible Key Lines of Enquiry

After reflecting on the information and evidence contained within this report, in order to consider potential opportunities or influence available to the County Council, elected members may find the following Key Lines of Enquiry helpful in structuring their consideration of the issue:

1. If we do nothing, where is the trend heading? is this OK?
2. What’s helping and hindering the trend?
3. Are services making a difference?
4. Are they providing Value for Money?
5. What additional information / research do we need?
6. Who are the key partners we need to be working with (including local residents)?
7. What could work to turn the trend in the right direction?
8. What is the Council’s and Members role and specific contribution?

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