

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 26 September 2018

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**WARDS:** All

### **PART I** **FOR INFORMATION**

#### **HOMELESSNESS AND ROUGH SLEEPING UPDATE**

##### **1. Purpose of Report**

1.1 To provide the Board with an update on the work of the Homelessness and Rough Sleeping Task and Finish Group (TFG).

##### **2. Recommendation(s)/Proposed Action**

2.1 The Slough Wellbeing Board is recommended to note this report.

##### **3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The priorities of the Slough Joint Wellbeing Strategy (SJWS) have been taken account of in the production of the Housing Strategy and homelessness and rough sleeping forms a key part of this Strategy.

##### **3a. Slough Joint Wellbeing Strategy Priorities**

Housing is a key determinant of health and wellbeing and it is a priority in the Wellbeing Strategy. Being homeless can exacerbate a household's housing situation and therefore their health will be affected as a result.

##### **3b. The JSNA**

Homelessness is a key plank of the Council's Housing Strategy. A new Homelessness Reduction Strategy (which includes rough sleeping) is currently being written, but the Housing Strategy identifies the following priorities:

- Homelessness and rough sleeping is reduced
- Specialist accommodation is available for adults and children (if needs cannot be met within ordinary housing solutions)

##### **3c. Five Year Plan Outcomes**

The key driver for the Housing Strategy is to deliver Outcome 4 of the 2018 Five Year Plan; "*Our residents will have access to good quality homes*". As homelessness is one of the main routes to accessing accommodation in the borough, this area is

relevant to the outcomes of the Five Year Plan. It also helps to deliver and makes significant contributions to each of the following outcomes:

- 1) *Our children and young people will have the best start in life and opportunities to give them positive lives*
- 2) *Our people will become healthier and will manage their own health, care and support needs*
- 3) *Slough will be an attractive place where people choose to live, work and visit*
- 5) *Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents.*

#### 4. Other Implications

- a) Financial - There are no financial implications directly resulting from the recommendation of this report but may arise depending on the outcome of the TFG work.
- b) Risk Management – Increasing homelessness increases the risk of poor health and poor health outcomes for residents and also financial risks to the Council.
- c) Human Rights Act and Other Legal Implications – There are no Human Rights Act implications arising from this report.
- d) Equalities Impact Assessment - There are no equality issues arising from this report.
- e) Workforce - There are no workforce implications associated with this report.

#### 5. Summary

- *A multi-agency homelessness and rough sleeping TFG has been established to bring together partners in the public and voluntary and community sectors to help Slough Wellbeing Board coordinate work in this area.*
- *This TFG sits under the Slough Wellbeing Board and provides regular reports to partners on its activities.*
- *At its first meeting on 2 May 2018 partners agreed that the main focus of this TFG would be **rough sleeping**. The following initial actions were agreed at this meeting:*
  - a) *To review the Council's bid for funding under the Ministry for Housing, Communities and Local Government (MHCLG)'s rough sleeping initiative with a summary of action areas, funding and timescales.*
  - b) *To review and summarise the Public Health England Evidence Review: Adults with complex needs (with a particular focus on street begging and street sleeping) and investigate its relevance for Slough;*
  - c) *To review any other relevant national/ regional good practise;*
  - d) *To understand and appraise ourselves of the work undertaken by Thames Valley Police's Operational Partnership (established in December 2017) with individual rough sleepers - to understand our current cohort of rough sleepers and their individual pathways, understand what may help them with their next positive pathway, gain useful information that may support others not to become homeless; and*

- e) *To arrange a roundtable discussion with key partners to discuss the outcome of actions (a) – (d) above and agree ways forward.*
- *The TFG met on 3 September 2018 to review progress against actions a) to e) above. This report provides an update on the current status of each of these actions and summarises next steps.*

## 6. **Supporting Information**

6.1 The current status of each of the actions identified by partners at the 2 May 2018 TFG is summarised below:

### **Review the Council's bid for funding under the Ministry for Housing, Communities and Local Government (MHCLG)'s rough sleeping initiative with a summary of action areas, funding and timescales**

- The council submitted a bid for £350,000 to the MHCLG in May 2018, to run a one year project to provide support for those living on the streets. The bid included funding to recruit a new rough sleeper team, comprising of one x Outreach Coordinator, two x outreach workers, one x move on worker, additional floating support and administrative and back office assistance. The bid also included the pre – purchase of hostel accommodation, the offer of a reconnection service, incentives for tenancy creation and the purchase of emergency temporary accommodation this winter i.e. a winter night shelter
- In June 2018 the council was awarded £260,000 to deliver all of the above, except the move on worker and the administrative support.
- Since June, officers have been developing the job descriptions and specifications for these new posts and are aiming to have the team in place by the end October 2018. One post has already been recruited.
- A building from which the proposed winter night shelter could be run has also been identified and officers are in the process of completing a business case to be presented to the council's Capital Strategy Board to secure it.
- Officers from the council's strategic Housing Service also took part in a 'night walk' (from 11pm to 6am) to carry out an initial count of Slough's rough sleepers. This identified 27, out of an estimated 65 – 75 individuals\*, sleeping rough on that occasion.

*\*This estimate is based on intelligence provided by local agencies such as outreach workers, the police, the voluntary sector and faith groups who have regular contact with rough sleepers on the street - but needs validating.*

### **Review and summarise the Public Health England Evidence Review: Adults with complex needs (with a particular focus on street begging and street sleeping) and investigate its relevance for Slough**

The council's Public Health Team has now completed a summary of the evidence review from Public Health England. This is attached at Appendix A. The key findings in respect of rough sleepers are as follows:

Rough sleepers experience:

- Significant multiple deprivation and social exclusion compared to general population
- Significantly higher levels of unemployment and poorer educational attainment

- Institutional care e.g. looked after children, prison, hospital etc. or were in the armed forces
- Multiple and overlapping health needs e.g. Mental health, substance misuse (drugs and / or alcohol misuse) and variety of long term conditions particularly respiratory conditions and musculoskeletal conditions
- Adverse Childhood Experiences (ACEs) increase the likelihood of experiencing homelessness and entering onto a multiple exclusion pathway, as well as experiencing the negative behaviours and health outcomes associated with street cultures. This is an important Public Health issue and interventions and strategic coordination round homelessness, and in particular rough sleeping, need to be considered within this context.

Further work to clarify the role of ACEs amongst Slough's homeless and rough sleepers and to identify which service interventions might prevent or effectively treat ACEs sooner and help prevent homelessness (and other serious health and social outcomes) later in life, is required. This is likely to be a long term project with longer term outcomes.

### **Review any other relevant national/ regional good practise**

Officers are currently meeting with sub regional partners, particularly Reading, to learn more about how they are handling their rough sleeper work.

### **Understand and appraise ourselves of the work undertaken by Thames Valley Police's Operational Partnership (established in December 2017) with individual rough sleepers**

This review has now concluded and has resulted in the following activities being put in place:

- A joint method for recording the community impact of rough sleeping has been developed - previously rough sleeping was recorded in a variety of different ways, making it difficult to determine the impact, positive or negative, of any intervention that were being put in place. A single, joined up, collective and consistent approach has now been agreed with partners to both record and tackle the issue in Slough.
- A document summarising all of the legislative powers that are available to partners to tackle rough sleeping and the negative behaviours often associated with it, has been developed to help partners understand their limitations and manage expectations as to what is realistic and deliverable.
- Work to reduce the number of locations in and around the town centre and in town centre car parks that are used by rough sleepers has started.
- 'Popular' rough sleeping locations have also been identified and are being visited during regular joint partner night operations i.e. 'night walks', to obtain an accurate count of the number of people regularly sleeping in the town centre town centre and in town centre car parks. Profiles of these individuals are also being developed, using information provided by them to enable partners to understand and assess their needs and sign post them on to relevant services.
- A working group comprising each of the relevant partner agencies, including members of the voluntary sector working, has been established to review the needs of around five (although this is flexible) individuals identified by the above

process and deemed to be the most vulnerable at that time, so that positive interventions can be offered to each individual on a case by case basis.

## **Roundtable discussion with key partners**

This meeting has yet to be arranged but will take place later this autumn.

6.2 Partners agreed the following additional actions at the TFG meeting held on 3 September 2018:

- a) To continue to map the lived experience of Slough's rough sleepers to understand the triggers that contributed to their situation and identify the interventions that may have helped avert their situation if support had been provided at the right time – i.e. pathway mapping.
- b) To identify those rough sleepers (again through mapping) that are at the greatest risk (of morbidity), so individual plans can be put in place to support them. East Berkshire's Clinical Commissioning Group has offered to assist with this mapping.
- c) That the TFG would meet to review progress in October 2018.

## **7. Comments of Other Committees**

7.1 There are no comments from any other committees.

## **8. Conclusion**

8.1 The outcomes of the work of the TFG will be brought to the Board for consideration later this year.

## **9. Appendices attached**

A - A summary of: Public Health England - Evidence Review for Adults with complex needs, with particular focus on street sleeping and street begging

## **10. Background Papers**

'1' – Homelessness: the current state of play - Report from 16 July 2018 meeting  
<http://www.slough.gov.uk/moderngov/documents/s52104/Report.pdf>

'2'- Homelessness: the current state of play - Report from 28 March 2018 meeting  
[http://www.slough.gov.uk/moderngov/documents/s51193/HomelessnessreportMarch\\_2\\_018.pdf](http://www.slough.gov.uk/moderngov/documents/s51193/HomelessnessreportMarch_2_018.pdf)

'3' Homelessness: presentation from 28 March 2018 meeting  
<http://www.slough.gov.uk/moderngov/documents/s51209/Homelessness%20Workshop%20Presentation.pdf>

# APPENDIX A: A SUMMARY OF: PUBLIC HEALTH ENGLAND - EVIDENCE REVIEW FOR ADULTS WITH COMPLEX NEEDS, WITH PARTICULAR FOCUS ON STREET SLEEPING AND STREET BEGGING <sup>1</sup>

## 1. Aim

The aim of this paper is to summarise key findings of the evidence review by Public Health England (PHE) and to consider how the findings of the review can be applied in Slough.

## 2. Introduction

Since 2010, there has been a year on year increase on statutory homelessness, prevention and relief and rough sleeping. This does not include data that is not captured in national datasets such as staying temporarily with friends or family. Thus the true picture of homelessness is under estimated.

Rough sleepers or street sleepers have poor health outcomes such as substance misuse, mental health conditions and a range of physical problems. This is as a result of the physical conditions and environment of which they live in.

Life expectancy for this cohort for men was as low as 47 years and lower for women (Thomas, 2012). The complexities associated with rough sleeping increases for individuals because they fall through the net between services or because they do not meet the threshold. Although the evidence base is rich with interventions to support those with complex needs substance misuse and mental health problems and other physical conditions. Most of the evidence relates to homelessness in general and are not representative of those who street sleep and or street beg.

## 3. National Picture

In the effort to combat homelessness in the UK, there have been numerous changes in policies to address increasing need and demand. The key national policies influencing homelessness in the UK are:

- Housing Act 1996
- Homelessness Act 2002
- Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 aims to address some of the gaps in existing Acts. This is specifically in relation to single homelessness by tackling it more effectively through earlier intervention, prevention, appropriate assessment of needs and the development of individualised plans.

## 4. Key findings of the review

### 4.1 *Current evidence base*

Most of the literature available is focused on rough sleepers as a cohort of the homeless population.

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<sup>1</sup> Available at: <https://www.gov.uk/government/publications/homeless-adults-with-complex-needs-evidence-review>

There is little data specifically on street sleepers and lack of literature focusing on street beggars.

#### *4.2 Rough sleeping*

The Department for Communities and Local Government (DCLG) reports there has been an increase in the number of rough sleepers by Local Authority in the South East. Slough is ranked 10 out of the top 11 Local Authorities with the highest number of rough sleepers in 2016, based on 2010-2016 data. In Slough it is estimated that there are 25 rough sleepers, which equates to a 79% change between 2010 and 2016 figures.

#### *4.3 Street begging*

There are no national counts or estimates available for the number of street beggars in the UK. As a result, there is insufficient data on demographic features of the population. However, information available via Freedom of Information request from the Crown Prosecution Service provides some information about the scale of begging. There were 2,365 arrests under Section 3 of the Vagrancy Act 1824 in England in 2015/16. The number of arrests since 2006/07 has increased by 36% peaking at 3,071 arrests in 2014/15.

#### *4.4 The relationship between street begging and street sleeping*

There is a complex relationship between street sleeping and street begging. Grey literature alludes that not everyone who street begs is homeless. For example, a Freedom of Information Report covering 34 out of 43 police forces showed of the 1,002 people arrested for street begging in 2014, only 199 were legally defined as homeless. There is clear evidence in the literature that people who sleep rough / street beg are some of our most vulnerable individuals with a range of complex needs. This cohort also experiences severe and multiple deprivations over long periods of time.

#### *4.5 Return on investment*

There is very little evidence in the literature about the return on investment associated with tackling homelessness, particularly in relation to street sleeping and street begging. However, anecdotal evidence shows that addressing the health and social outcomes associated with these groups is highly expensive and there is likely to be a financial benefit in preventing such poor outcomes. However, these have not been robustly quantified.

### **5. Good practice**

#### *5.1 Early intervention*

There is a significant increase in the likelihood of becoming homeless if individuals experience adverse childhood experiences. One of the key ways to prevent or reduce homelessness is to identify and intervene at the earliest possible stage.

### **Suggested Strategic approach:**

- To embed the awareness of Addressing Adverse Childhood Experiences (ACEs) in all policies and training and development of staff
- Develop a proportionate, universal approach to ACEs by recognising prevalence and escalating response where possible
- Respond to risk rather than harm i.e. adopt a social model of care in pregnancy
- Encourage broader management with all stakeholders to work towards an ACE informed society.

### **Suggested Operational approach:**

- Consider ACE history of parents, in addition to assessing risk of exposure to the child – strong evidence that discussing previous ACE exposure with adults can have beneficial effect
- Consider use of routine ACE enquiry - integrate into existing assessments
- Consider impact of ACEs in non-specific symptoms or behaviour – in adults and children
- Develop clear referral pathways, maximising local system assets and protective factors
- Engender responsibility and empower / give permission to act, not just refer
- Consider how services support the core protective factors and provide opportunities for resilience to develop.

## **6. Integrated working**

### **No Second Night Out (NSNO)**

This intervention is aimed at first time rough sleepers. The aim of this scheme is to ensure that rough sleepers are helped off the streets as soon as possible and discouraged from returning to the rough sleeping.

The key outcomes arising out of this programme are:

- Improved services for rough sleepers
- Strengthened partnership working between local authorities and voluntary sector providers.

The key challenge is getting buy in from all stakeholders and finding sufficient resources.

### **Housing First**

Housing first is designed to provide open ended support to long-term and recurrently homeless people who have complex needs. According to the literature, this approach can result in improvements in health, mental health, social integration and drug and alcohol use and levels of anti-social behaviour were mixed. There was also the possible deterioration in mental and physical health. However, there was no evidence of an increase in drug or alcohol use, or anti-social behaviour, since engaging with Housing First.

### **Making Every Adult Matter (MEAM)**

The MEAM programme was developed to help local areas design and deliver better coordinated services for people with multiple and complex needs. The model is based on seven principles which can be tailored to local needs. This model has been adopted by partnerships of statutory and voluntary agencies in 15 local authority

areas across England. In the areas where the approach has been evaluated, there has been a 23% reduction in wider service use costs and a 44% improvement in participant's wellbeing.

## **7. Conclusion**

There is no single intervention that can reduce or prevent homelessness.

A system wide, integrated approach is required to ensure that there are a range of inter linked wrap around services available to meet the needs of those with highly complex needs.

Any systems wide integrated approach adopted needs to include statutory and non statutory partners, as well as those with lived experience to ensure that the wrap around services that are developed meet the needs of this vulnerable group.