Review of homelessness in Liverpool

June 2015
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1. Introduction

The Homelessness Act 2002 places a duty on all local housing authorities to carry out a homelessness review for their area and, in consultation with local partners and stakeholders, formulate and publish a homelessness strategy based on the results of that review, at least every five years. Liverpool City Council’s current Homelessness Strategy was published in October 2011.

Much has changed since 2011; this review, commissioned from GLHS Ltd in September 2014, reflects the impact of the economic climate and the government’s policy response to this, particularly welfare and social housing reform, the shift of power to local areas legislated for in the Localism Act 2011, and reforms in health, social care and criminal justice systems.

This review:

- Describes the scale and nature of homelessness in Liverpool now, past and future trends
- Considers unmet need and existing service provision
- Identifies positive practice in Liverpool and further afield that could be considered in light of the changes needed in the city
- Proposes possible solutions that the local authority and its partners could take to mitigate against increased levels of homelessness in the area and to improve services to households that are homeless or threatened with homelessness.

The findings of the review will be used to inform the production of a new Homelessness Strategy for 2015-2019.

2. Our approach

The review process began in September 2014 and included:

- Engagement with over 104 service users (face-to-face interviews were held with 104 service users at 23 services and 37 service users responded to an online survey; it is not known how many responded to both)
- 78 participants from 55 agencies contributed to a workshop in October 2015; 44 agencies responded to an online survey; one-to-one conversations were also held with many of these agencies, by telephone or during service visits
- A review of the national and local drivers for homelessness and the shape of the response locally
- An analysis of a wide range of data to understand the homelessness picture in Liverpool
- A mapping exercise of services, based on conversations and information provided by organisations
- A review of positive practice in Liverpool and elsewhere.
3. Report structure

The findings of the review are presented under:

- Customer or population headings, for example, ‘single homeless people’
- Types of provision, for example, ‘preventative services’.

Where possible the same format has been applied to each section. For customer groups the review has sought to answer the following questions:

- Why is homelessness significant amongst this population?
- What do we know about homelessness in Liverpool for this population?
- How is homelessness prevented or resolved?
- What do stakeholders say?
- In summary, what are the gaps, and what changes are needed?

Each customer group section ends with a summary of the services that are targeted towards them, or are significant in meeting the needs of this group (but may be targeted towards others).

An executive summary is available as a separate document.

4. Homelessness, health and social care

This section considers the health and care issues and needs of people who are homeless or threatened with homelessness in Liverpool. Substance misuse (drugs and alcohol) is covered in a section within the single homeless chapter.

Homelessness is bad for your health. Being without a settled home, whether for a short or a long period of time, is a significant social determinant of health. Homelessness and poor health are inter-related: people with poor (particularly mental) health are more likely to become homeless, so ill health is a driver of homelessness just as homelessness is a determinant of ill health. However, without a settled home, health issues multiply and become more difficult to address. The few studies of people with mild learning (or intellectual) disabilities amongst a homeless population also indicate an increased likelihood of homelessness.

Across the general population, 90% of patient contact with the National Health Service (NHS) is within primary care. Homeless people are much heavier users of acute health services. Research by the Department of Health estimated that use of services was between four and eight times that of the general population: an additional cost of £85 million per year. The 2014 Homeless Link Health Audit data found acute health usage towards the lower end. A principal reason for this may be the much higher levels of registration with a General Practitioner (GP) than previously recorded. More focus has been placed on enabling homeless people to register with a GP since the Health & Social Care Act 2012 placed a legal duty on NHS commissioning authorities and the Secretary of State for Health to reduce inequalities between patients when it came to accessing health services and the health outcomes achieved. The Faculty of Homeless and Inclusion Health’s ‘Standards for Commissioners and Providers’ followed this, setting clear minimum standards for planning, commissioning and providing health care for excluded groups.

The relative costs of primary and acute health care indicate why it is important to shift health care back into primary care:
• An average GP consultation costs £45
• A community-based nurse service costs £48 per hour
• The average cost of an attendance at Accident and Emergency (A&E) is £113 – not including the cost of a paramedic or ambulance
• An average inpatient stay costs £1,779

4.1 What is known nationally about health and care needs amongst homeless people?

Single homeless people are considerably more likely than the general population to have complex health needs: mental ill health; drug and alcohol misuse and dependency; illnesses such as pneumonia and infectious diseases like tuberculosis (TB), Hepatitis C and Human Immunodeficiency Virus (HIV) disproportionately affect people who are homeless, and dental problems from neglect and/or drug use are common. They are less likely to seek medical help early, so outcomes are worse. Many of these problems are caused or exacerbated by unhealthy lifestyles: three quarters of homeless people smoke; over a third do not eat two meals a day; and two thirds drink considerably more alcohol than recommended as a healthy maximum. Their average age of death is 30 years lower than the general population.

Whilst this population is commonly referred to as ‘non-priority need’, the levels of diagnosed mental health, physical disabilities and chronic ill health would indicate that many would qualify for homelessness assistance. However, these indicators often coincide: one person may have two, three or more (complex needs). Their consequent behaviour means that they are unlikely to retain temporary housing for long, resulting in local authorities discharging their homelessness duty and the person becoming homeless again. Once in this cycle, they are effectively ‘intentionally homeless’, and require support and, often, treatment before they are able to move into stable and independent housing.

Amongst any single homeless population, rough sleepers are most likely to have the complex needs. Research studies indicate that rough sleepers are:

• 35 times more likely to kill themselves than the general population
• Four times more likely to die from unnatural causes, such as accidents, assaults, murder, drugs or alcohol poisoning
• 50% alcohol reliant
• Around 70% misusing drugs
• 30-50% with mental health problems (a much higher proportion are likely to have psychological disorders)
• Average age at death is 47 years (male) or 43 years (female).

There is also evidence (albeit the subject has received little research focus) that there is a higher rate of learning (intellectual) disability amongst people that are homeless compared to the general population; and this is often associated with mental health problems. Ken Simons’ report, Life on the Edge, described the experiences of learning-disabled people in Bristol who were not in contact with specialist services. He found that two-thirds of the 28 people he interviewed described a history of one or more cases of transience, shared or temporary accommodation, and homelessness. He suggested that lack of access to employment, low income, difficulty in managing money, and limited social
networks, are factors contributing to these vulnerable people becoming homeless. He also observed that learning-disabled people are effectively ‘invisible’ in homelessness statistics.

A small prevalence study carried out amongst homeless people in Hull\textsuperscript{vi} found that 12\% would be considered to have an intellectual disability (ID) compared to a prevalence of 2\% in the general population. Although some of the sample had received learning support at school, none, including one person with an IQ score in the low 50s, was in touch with services. This, and Ken Simons’ study, highlighted that those with learning disabilities but who are reasonably well functioning are more likely to become homeless than those who are more impaired. Although homelessness is a significant risk for people who are known to and are receiving care and/or health services, their levels of vulnerability mean that they are more likely to be safeguarded by being housed either independently or in specialist supported accommodation.

Internationally, other studies have identified higher rates of learning disability amongst homeless populations. A 2011 study in Montreal\textsuperscript{vii} studied the situations of homeless persons with intellectual disability (ID), identifying it as a clear risk factor for homelessness. A more recent study\textsuperscript{viii} in the Netherlands found a higher prevalence of mild ID (Intelligence Quotient [IQ] less than 70) amongst 387 homeless people (29.5\%) than the general population (0.7\%). There were other relevant findings: homeless people with a suspected ID are more likely to be substance (mainly alcohol) dependent than homeless people without a suspected ID, and they were more likely to experience depression and general psychological distress.

Homelessness also affects health in families with children: despite being housed in temporary accommodation, stress and distress commonly affect parents over the short-term, and the effects can be very long lasting. Children, too, experience the psychological effects of disruption, uncertainty and unplanned change. There is considerably less research into the health impacts of homelessness on children, but it is recognised\textsuperscript{ix} that:

- Children born to mothers who have been in bed and breakfast (or in other very temporary) accommodation for some time are more likely to be of low birth weight. They are also more likely to miss out on their immunisations

- Homeless children are less likely to receive appropriate care: fewer homeless children are registered with a GP and, partly as a consequence of this, they are more likely to be admitted to hospital, regardless of the severity of their condition

- Two-fifths of the homeless children have mental health and development problems one year after being rehoused. They are three times more likely to have mental health problems than children from a similar socio-economic background who had not experienced homelessness\textsuperscript{x}

- Children remain vulnerable to family breakdown, domestic violence, maternal mental health disorders, learning and development difficulties, and loss of peer relationships

- Children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate mental health problems such as anxiety and depression than non-homeless children\textsuperscript{xii}

- Two-thirds of respondents to a Shelter survey said their children had problems at school, and nearly half described their children as ‘often unhappy or depressed’\textsuperscript{xiii}

- Children of mothers with mental health problems are up to twice as likely to develop emotional disorders
• Parental mental ill health is a factor in a third of serious case reviews in children’s services

• Up to two-thirds of children whose parents have mental health problems will experience mental health difficulties themselves

• Being homeless or ‘vulnerably’ housed is linked to increased risk of common mental health problems as is poor quality accommodation and overcrowding.

Homeless Link’s national Health Audit 2014 used information supplied by 2,590 single homeless people to examine the health issues experienced by homeless people, and the extent to which they have access to the right health care. Both the drivers for poor health (e.g. misusing drugs or alcohol, smoking, poor nutrition) and the prevalence of ill health are considerably more common in the homeless than the general population, particularly bearing in mind that average ages of the former are considerably lower than the average population (36% of health audit participants were young people aged 25 or younger, and 58% were aged between 26 and 55).

Table 1: Key health issues reported by people who were homeless

<table>
<thead>
<tr>
<th>Issue</th>
<th>Homeless population</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>73% reported physical health problems</td>
<td>41% had a long-term physical health problem</td>
<td>45% had been diagnosed with a mental health issue</td>
</tr>
<tr>
<td>80% reported some form of mental health issue</td>
<td>27% have or are recovering from an alcohol problem</td>
<td>12% of those with a diagnosed mental health issue also misuse drugs and/or alcohol</td>
</tr>
<tr>
<td>39% take drugs or are recovering from drug misuse</td>
<td>39% take drugs or are recovering from drug misuse</td>
<td></td>
</tr>
<tr>
<td>41% used drugs and/or alcohol to cope with their mental health issue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Homeless Link Health Audit 2014

38% of Health Audit participants said that problems with their health were preventing their participation in education, training and employment.

Chart 1: Prevalence of ill health amongst homeless people and general population

Source: Homeless Link Health Audit 2014
The rates of people with certain diagnosed mental health issues are particularly striking (see the chart below), but much higher proportions reported mental health issues, for example:

- 73% often felt stressed, and 65% often felt anxious
- 39% had panic attacks
- Over 67% felt depressed
- Almost 64% had trouble sleeping
- 32% had suicidal thoughts
- 21.5% were self-harming
- 18.2% heard voices.

**Chart 2: Comparison of the rates of mental health diagnosis between homeless and general populations**

<table>
<thead>
<tr>
<th>Mental Health Issue</th>
<th>National 2014</th>
<th>General Popn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td>Dual diagnosis</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Homeless Link Health Audit 2014

General population prevalence not available for dual diagnosis or posttraumatic stress disorder.

The Homeless Link 2014 audit found that:

- 90% of people surveyed were registered (permanently or temporarily) with a GP
- Homeless people accessed a GP between 1.5 and 2.5 times as often as the general public
- 35% of homeless people had been to A&E in the past six months. On average they reported 1.66 visits to A&E per year. This compares to 0.38 per year for the general public
- The most common reasons for attending A&E were due to violent incidents or assaults (16.2%) or accidents (15%)
- 79.7% of A&E visits were related to mental health
- 26% had been admitted to hospital within the past six months. On average, there were 1.18 admissions per person per year, compared to a general public rate of 0.28 per year.
4.2 What is known about health and care needs amongst Liverpool’s homeless and potentially homeless population?

The Merseyside Directors of Public Health commissioned Liverpool Public Health Observatory to undertake a homelessness health needs assessment across the Liverpool City region\(^{iv}\), published in May 2014. Prior to this, in 2013, Homeless Link completed a Health Needs Audit\(^{v}\) on behalf of Liverpool City Council. These two studies provide a baseline on which this review has been able to build using, mainly, data from Client Record Forms for people entering short-term support services and Brownlow GP practice, and information from stakeholders.

Profile of issues amongst families with children

In Liverpool, stays in temporary accommodation for families with children are usually a few weeks at most, and bed and breakfast has not been used for over three years (the only family so accommodated was in a self-contained annex). This does not mean that families’ health and wellbeing is unaffected. Being at risk of homelessness, losing a home, going through a homelessness application and assessment, temporary accommodation and the process of resettlement are all difficult and stressful. This is likely to affect mental and physical health, and the health and wellbeing impacts of homelessness are recognised to last longer than the period of homelessness. Children will inevitably be affected by the disruption, particularly their schooling, and they are likely to have feelings of anxiety about the lack of stability and a ‘normal’ home life.

In 2012/13 and 2013/14, around 9.7% of the 414 families entering any support services (either accommodation-based or floating) were noted to have a disability or indication of ill health of some kind (it is important to understand that only the head of household’s characteristics are noted in Client Record Forms, so others in the household may have had health or care needs). The proportion doubled in the first three months of 2014/15 to 19.6% of 51 families. Of all those noted to have a disability, 40% were in a domestic abuse service and more than a third were in family temporary accommodation, with small numbers in mostly generic floating support services.

Table 2: Pattern of disability in adults with dependent children

<table>
<thead>
<tr>
<th>Types of disability</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 Q1 Total 2.25 years</th>
<th>% all disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Visual</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Hearing</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chronic ill health</td>
<td></td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mental health</td>
<td>15</td>
<td>15</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Learning</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Number of individuals with one or more disabilities</td>
<td>20</td>
<td>20</td>
<td>10</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Client Record Forms – people entering support services April 2012 to June 2014

Between April 2012 and June 2014, 10.1% of families entering refuges and 9.1% in homeless temporary accommodation were in receipt of welfare benefits for long-term sickness or disability. Mental health issues were particularly associated with people using domestic abuse services. Unsurprisingly, rates of mental ill health are not dissimilar to that of the single homeless population (discussed later in this section) but physical health or disability issues are much closer to rates in the general population.

12% were noted to have a learning disability (none were recorded as autistic). This is much higher than the general population rate of 2% (which includes all levels from mild to severe). Although this
should be treated with some caution – these are small numbers, and staff recording clients’ characteristics may be relying on their own perceptions of what constitutes a learning disability – it would not be a surprising finding, since the impact of a learning disability is difficulty with everyday activities such as household tasks, socialising or managing money.

17 (3.7%) parents were also noted to have drug (11 people) and/or alcohol (8 people) issues. Six of these were in domestic abuse floating support services, three were in family temporary accommodation, two were in the Whitechapel substance misuse floating support service and the remainder were in generic floating support services. Families with children represent only around 0.6% of all those entering support services with a drug and/or alcohol issue. The key issue here is that the services supporting families (which may be different to those supporting single people) should be aware of and refer their clients into the specialist services, so that their children are safeguarded as well as their own health and wellbeing.

23 individuals in 2012/13, 15 in 2013/14 and four in the first quarter of 2014/15 were noted to have a care manager and/or be in contact with secondary mental health services, and/or on care programme approach. The majority of these had mental health issues, some were at risk of domestic abuse and a small number were teenage parents.

Of all families in support services, 16 had been referred by Social Services (including Children’s Services), the majority of whom were in statutory temporary accommodation (including teenage parents) or domestic abuse services. 13 had been referred by a GP or other health service provider. Half were in receipt of domestic abuse related services, and two teenage parents were in a specialist accommodation service. Most of these 29 referrals were not noted as having a care manager or being on care programme approach. Where they were, they were usually being supported in relation to domestic abuse.

Of the 1,009 homelessness applications made from April 2012 to September 2014, 301 (30%) were families with dependent children or a pregnancy. Priority need reasons are only recorded where the household is accepted as statutorily homeless (owed a full duty). 187 families were accepted as homeless and of these, two are also recorded as being vulnerable due to ‘physical disability’ (both of whom were refugees) and three as being vulnerable due to ‘mental illness or handicap’ (government returns still use the outdated term ‘handicap’ for learning disability). None were noted to have a Social Worker or Community Psychiatric Nurse (CPN).

The families consulted as part of the review reflected that the quality of, and support provided in the temporary accommodation and refuges are unusually high. The review did not reveal any additional concerns about their health, welfare and wellbeing. Family temporary accommodation and refuges are accessible for disabled people, and provide excellent standard accommodation and facilities for parents and children. In general, stays in these schemes are relatively short, although families may stay longer in refuges where they need specific support. The Liverpool City Region Health Needs Assessment states that ‘stakeholders reported that homeless families usually have a good package of support and a relationship with social services.’ This is a misconception. In fact few families have social care involvement (although a few are known to Children’s Services). Stakeholders whose work includes a higher proportion of families said that they had difficulty in engaging Adult Social Care where they felt a parent was in need, and that this was related to the high threshold for access to social care services. Their concern was that homeless families have additional life complications that make their underlying needs more acute. They did feel they could access specialist support where required and that Children’s Services responded well to safeguarding issues.

Despite the small number of families with health and care needs, and the good feedback on services in the review, it is vital that support workers for homeless families (including those in domestic violence
refuges) are aware of the health and wellbeing needs of parents and children. Families will need support to access primary health services (including health visitors) and specialist support so that continuity of care is maintained whilst people are temporarily accommodated and later move into their settled home. Some children and parents will need more focused support around their health and wellbeing, particularly where they have been through a traumatic experience such as domestic violence, or where they have vulnerabilities such as physical or learning disabilities or mental ill health. Support workers in refuges in particular are very well trained in the first of these issues, and women and children receive specialist support to help them to come to terms with and recover from their experiences.

**Profile of health issues amongst the single homeless population**

For single homeless people, the review reflects the concerns highlighted by Liverpool’s homeless health assessment and audit. Since these were completed, Homeless Link has published their 2014 Homelessness Health Audit, which provides the most up-to-date profile of national experience\(^vii\).

Substance misuse issues amongst this population constitute a significant homelessness risk, and are common amongst those homeless for any other reason. As such, the review includes a separate chapter on substance misuse, and these issues are not discussed in any detail here.

The 2013 Homeless Link Liverpool Health Audit involved 455 people, none of whom had children living with them. Over 68% were males, and there was a high representation amongst younger age groups.

**Chart 3: Age profile of 455 clients involved in Liverpool Health Audit**

![Chart showing age profile of clients](source: Homeless Link Liverpool Homeless Health Audit 2013)

20 people had their own tenancy with or without floating support and the remainder were in hostels and supported accommodation or sleeping rough/sofa surfing.

The Brownlow GP Practice, where over a third of the Health Audit’s cohort were registered, provided a snapshot of their registered patients who were homeless (409 people) in early October 2014. Of these:

- Over two-thirds were men (67.1%)
- 62.1% were in hostels
- 24.4% were no fixed abode
- 2.9% were registered at the Sisters of Mercy
- 10.3% were registered from another address
- One person was in a nursing home.
The age profile shows a preponderance of people aged between 35 and 54 years. One person was 16 or 17 years old, and two were 75 or over.

**Chart 4: Age profile of patients registered with Brownlow practice**

![Brownlow practice: age profile registered homeless patients](image)

*Source: Brownlow GP practice*

The data recorded by commissioned support services (for clients into services) show those who did, and did not, have a disability (of any kind, including mental health and learning disabilities, but excluding substance misuse). As expected, rates increase with age, but are higher than for the general population for all age groups above 25 years, and particularly noticeable for those aged 35 to 64 years. Almost all of these were single people or adult only households.

**Chart 5: Disability rates by age group amongst supported clients**

![Clients into support services - age profile with and without a disability](image)

*Source: Client record data: entering support services 2012/13, 2013/14 & 2014/15 (April to June)*

Note that there was an Age UK support service in 2012/13, which skews the data towards older age groups in that year.

An analysis of disability rate by ethnicity did not reveal any specific patterns.
Physical health
Comparing findings from Homeless Link’s health audits of the national and local homeless populations, it appears that physical health problems are considerably more prevalent amongst Liverpool’s homeless population than the national audit sample.

Chart 6: Comparisons of Homeless Link’s Health Audits of national and Liverpool homeless populations and the general population

![Graph showing physical health issues](source: Homeless Link Homeless Health Audit 2014; Homeless Link Liverpool Homeless Health Audit 2013)

For patients registered with Brownlow GP practice (the Health Audit found that around 35% of their cohort were registered with this practice), the rates of certain types of ill health are shown in the chart below. These confirm the Health Audit’s findings of high rates of respiratory illness, but reported rates of eye problems are much lower.

Chart 7: Rates of certain ill health issue amongst patients registered with Brownlow GP

![Graph showing rates of certain ill health issues](source: Brownlow GP patient data)

Rates of tuberculosis (TB) appear much lower than that found in wider studies. The World Health Organisation (2009) found that TB rates could be up to ten times higher for homeless people than the general population. They are more likely to be diagnosed later and also to continue treatment. A more recent study found that the prevalence of TB in the UK homeless population is 34 times higher than the general population(xvii). TB screening is the responsibility of a specialist TB team. Patients that are registered with the Brownlow GP practice are much more likely to be screened for TB, as the specialist
nursing staff are aware of the prevalence of (often drug-resistant) TB amongst Eastern Europeans using hostels.

However, according to the Liverpool Health Audit, two thirds of participants were not registered with this practice, and their GP practices are therefore less likely to have that focus. The audit found that between one-third and half of all clients had been screened for communicable disease (Hepatitis C, TB and HIV) and a third had received vaccinations for Hepatitis A, Hepatitis B and influenza (‘flu’). The Health Needs assessment picks up this issue and recommends that guidelines be drawn up with Public Health England on eligibility for screening and vaccinations. A more local (and quicker) action for Liverpool might be to brief those GP practices known to be registering homeless patients to improve awareness of the need for screening and vaccinations. There is now an agreement that the Brownlow homeless health team will complete all flu vaccinations in hostels and then notify their own GPs, and this has reduced the incidence of flu in hostel dwellers.

The Liverpool Health Audit found that, whilst 38% of people didn’t need additional help to manage their physical health, 15% receive some support but would like more, and 10% receive no support but would like it. Customers were asked in the review’s online survey whether they need support with health issues, and whether they receive support:

- 35.7% needed help with a physical health issue; 14.3% received support
- 28.6% needed help with a long-term illness; 14.3% received support.

58.6% of the 29 people who responded to the online survey said that they were in receipt of disability-related benefits or allowances; three said their health was generally poor, and three said they had a physical disability.

Overall, at least 15% of people entering a service intended to specifically address or prevent homelessness had a physical or sensory disability, most commonly occurring amongst those in floating support services. The rates of different types of physical disabilities and health issues are shown in the table below. Note that clients may have more than one disability, and the total with any disability or health issue is also shown.

<table>
<thead>
<tr>
<th>Types of disability</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (1 quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total with any disability</strong></td>
<td>1,112</td>
<td>856</td>
<td>174</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>39.7%</td>
<td>32.0%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Visual</td>
<td>4.4%</td>
<td>3.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Hearing</td>
<td>5.4%</td>
<td>2.0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Chronic ill health</td>
<td>11.6%</td>
<td>7.8%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Other</td>
<td>23.5%</td>
<td>9.2%</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Totals entering relevant support services</strong></td>
<td>3,451</td>
<td>3,061</td>
<td>688</td>
</tr>
</tbody>
</table>

Source: Client Record Data: entering support services

Note that there was an Age Concern Liverpool support service in 2012/13, which accounts for higher levels of disability overall, but specifically mobility issues and chronic ill health in that year.

These rates seem lower than those found in health audits, and this could be because a proportion of the services are floating support for people who are not currently homeless (although they might previously have been) but are in receipt of support to prevent homelessness.
Client outcomes data (of people leaving support services) records the extent to which people were supported to manage their physical health needs. In 2012/13, of the 3,057 clients leaving services 961 (31.4%) were recorded as having had a primary care need, of which 782 (81.4%) had been supported to manage this. One person was recorded as having had difficulty accessing primary health care, and eight people were still undergoing treatment.

In 2013/14, of the 2,762 clients leaving services 932 (33.7%) were recorded as having had a primary care need, of which 767 (79.6%) had been supported to manage this. There were no records of difficulty accessing primary health care, and 12 people were still undergoing treatment.

Amongst homeless applicants, priority need is only recorded where the applicant has been accepted as statutorily homeless. Of the 1,009 applications from April 2012 to September 2014, 416 were accepted, of which 229 were a single person or an all-adult (mainly couple) household. Of these, 18.8% (43) had a primary priority need of physical disability, and 4.8% (11) were in priority need primarily because of old age.

**Mental health**

Stakeholders in the review very commonly raised concerns about the rates of mental health issues amongst homeless people. Rates for diagnosed mental illness as well as mental ill health more generally were felt to be high and increasing, and they reported frequent and increasing instances of substance misuse alongside mental ill health.

**Chart 8: Mental health issues amongst homeless and general populations**

![Mental health issues chart]

Source: Homeless Link Homeless Health Audit 2014; Homeless Link Liverpool Homeless Health Audit 2013

Some indicators are not available for the general population.

Almost across the board, mental health issues amongst Liverpool’s homeless population are the same or slightly lower than reported nationally, although still considerably higher than the rates amongst the general population (where known).

Amongst patients registered at the Brownlow GP practice, 42.5% had diagnosed mental health issues (short or long-term) that were not associated with alcohol or drug misuse, and a total of 13% had long-term mental health diagnoses (some of whom also had associated alcohol or drug misuse).

The national and Liverpool Health Audits asked about diagnosed mental health issues. The findings for Liverpool indicate somewhat higher rates in Liverpool compared to the national homeless population,
although the rate of personality disorder appears to be lower than the 60% or 70% that research\textsuperscript{viii} suggests. Stakeholders expressed concern that access to mental health services is difficult for people who appear to have a personality disorder, although the Homeless Mental Health Team said they have a high proportion of people with personality disorders amongst their caseload (data for this service was not available to the review).

Chart 9: Diagnosed mental health issues amongst homeless and general populations

![Diagnosed mental health issues chart]

Source: Homeless Link Homeless Health Audit 2014; Homeless Link Liverpool Homeless Health Audit 2013
Some indicators are not available for the general population, but the rates quoted are the highest of each range.

The recorded levels of dual diagnosis (mental health and substance misuse) reflect stakeholders’ concerns that an increasing number of people are using drugs and alcohol to ‘self-medicate’ their mental health. This is discussed in the chapter on substance misuse.

Although not covered specifically in the health audits, stakeholders said during the review that they were noticing particularly younger homeless people with Attention Deficit Hyperactivity Disorder (ADHD); some were only diagnosed once in their service. The Homeless Health Needs Assessment highlighted that a study in Wirral estimated prevalence of ADHD in the young homeless population of 22%, compared to a prevalence of between 2% and 5% in the general population.

Mental health is the commonest ‘disability’ issue noted for people entering support services.

Table 4: Prevalence of mental health issues amongst clients entering support services

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (1 quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health listed as disability</td>
<td>652</td>
<td>559</td>
<td>123</td>
</tr>
<tr>
<td>% of all those with any disability</td>
<td>58.6%</td>
<td>65.3%</td>
<td>70.7%</td>
</tr>
<tr>
<td>% of all clients entering relevant support services</td>
<td>18.9%</td>
<td>18.3%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Source: Client Record Forms - clients entering support services

A further proportion of clients are recognised to need support with mental health issues. Between April 2012 and June 2014, 21% of all clients entering support services had a primary or secondary characteristic of ‘mental health problems’. This agrees with MainStay’s analysis of people who had multiple needs, where 21% (116 people) had a primary mental health need. Around 5% of all clients entering support services were noted to be in contact with secondary mental health services.
Of those leaving support services between April 2012 and March 2014, 32.1% (1,870 people) had a mental health need, and 78% of these had been supported to manage this. Of those that hadn’t, 18 were recorded as still being in treatment, and 11 had been unable to gain access or were still awaiting access to treatment as they left the support service.

Between April 2012 and June 2014, a total of 497 people entered a service intended specifically for people with mental health issues, although the numbers recorded in Client Record Forms for short-term services decreased by a third from 2013/14 and reduced again in 2014/15 as commissioning for mental health needs was moved into the remit of a specialist mental health commissioner and some specialist providers were no longer required to complete Client Record Forms. Current provision for people with mental health needs who are homeless or at risk of homelessness is discussed later in the chapter. Numbers entering the services are split evenly by gender and the majority of clients (74%) were aged between 35 and 59 years – this is double the rate for other ages. The ethnicity of clients was roughly equivalent to the population of Liverpool more generally. A number of clients are recorded as also having other issues:

- 61 (12.3%) also had a physical or sensory disability, and
- 18 (3.6%) clients are noted to have had a learning disability.

294 clients left mental health specialist services in 2012/13 and 2013/14 – about half in each year. Rather more were male (56%) than female. 13.6% were recorded as having no disability (including a mental health issue). On average people stayed in the services for almost 14 months, although the 26 that left services in the last quarter of 2013/14 had been in a service for an average of 78 weeks – a step change from previous quarters, but affected by a few very long-staying clients. Housing outcomes included:

- Social rented housing: 61.2%
- Private rented sector: 18%
- Friends / family: 5.4%
- Supported housing: 5.4%
- Other temporary or homeless accommodation: 1.4%.

Of the 178 people who went into general needs social housing, 20 had floating support. Other outcomes included residential care home (two people) or residential rehabilitation facility (four people).

229 single person or couple households were accepted as homeless between April 2012 and September 2014, and 42 (just over 18%) of these had a primary mental health or handicap need. Four others were recorded as having a secondary priority need of mental health or handicap. Only thirteen of these were recorded as having a CPN or other health contact (11 people including the four people accepted as homeless from hospital) or a social worker (two people).

In the online survey for the review, 64.3% of the 28 people that responded said they needed support with their mental health, and 42.9% (two-thirds) were receiving support.

**Learning disability**
As already highlighted, the prevalence of learning (or intellectual) disability in homeless populations is not well researched or understood, although rates appear to be higher than average. Homeless Link’s Health Audits did not ask clients about this, but providers can enter information into Client Records Data where they consider that people have a learning disability. Numbers are relatively low and the overall rate of 2.1% is equivalent to the general population (2%).
### Table 5: Clients entering support services who have a learning disability

<table>
<thead>
<tr>
<th>Clients entering services</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (1 quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total with any disability</td>
<td>1,112</td>
<td>856</td>
<td>174</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. with a learning disability</td>
<td>80</td>
<td>56</td>
<td>10</td>
</tr>
<tr>
<td>% with a learning disability</td>
<td>7.2%</td>
<td>6.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td>No. with autism *</td>
<td>17</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>% with autism</td>
<td>1.5%</td>
<td>2.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Total clients entering relevant services</td>
<td>3,451</td>
<td>3,061</td>
<td>688</td>
</tr>
</tbody>
</table>

Source: Client Record Forms – clients entering support services

* Note that some but not all of those with autism are recorded as having a learning disability

Of the 1,456 clients that left support services between April 2012 and March 2014, 130 were recorded as having either or both a learning disability and autism: a rate of 2.2%.

As already highlighted, homelessness statistics of people in priority need do not distinguish between mental health and learning disability, so there is no data available to understand the needs amongst those making homelessness applications.

Several stakeholders from homelessness specific services expressed their concern about the numbers of people who have mild learning disabilities but whose needs are too low to qualify for social care services. They felt that without long-term support, there is a strong likelihood that this group will lose any home they are resettled into, and become homeless again. They were also concerned about their vulnerability to others taking advantage of them, financially or otherwise.

#### 4.3 Homelessness prevention and resolution for people with health and care needs

The majority of those identified as having health and care needs are in the ‘single homeless’ category. Most people therefore access the homelessness prevention and resolution services discussed in the chapters for these client groups. Data on homelessness applications of people with specific health needs and outcomes from the specialist support services are included in the section above. The council and the Clinical Commissioning Group (CCG) commission some support and supported accommodation services for people with mental health needs. The providers which stated that a significant proportion of their clients are homeless or at risk of homelessness are included in the service list later in this chapter. There is also a specialist advice and support service for people with mental health needs.

The ‘Advice on Prescription’ service offered by the Citizens’ Advice Bureau across Liverpool is commissioned by the Clinical Commissioning Group (CCG) to increase support options for people vulnerable to mental ill health. The rationale for this service includes research showing that unmanageable debt increases the risk of developing depression / anxiety disorders by at least 33% in the general population. This is combined with evidence that poor mental health is the biggest contributor to Disability Adjusted Life Years (DALY) in Liverpool (one DALY = one year of healthy life lost due to disability, illness or premature mortality). Based upon 2010 data, estimated overall DALYs lost in Liverpool was 57,323, of which the largest proportion of DALYs lost (13,138 years - 23%) were due to mental and behavioural disorders.

Initially piloted in 2012 (in five Health Centres across Liverpool), the service was fully rolled-out across Liverpool from April 2014. This service is targeted towards patients who cannot or do not usually access advice services. Access is via GP (or clinical) referral only. GPs refer people with mental health issues that identify recent changes in their life circumstances or have presented with a medically
unexplained mental health issue where the GP considers that social circumstances have a role. People usually do have a diagnosable issue of anxiety and depression, but this is rarely severe and enduring. There may be a primary diagnosis of diabetes, asthma or other condition but are coming to the GP repetitively for no apparent reason. Often the circumstances are temporary but part of the project rationale is to ensure that they are temporary and don’t start to define the person. Patients can also now be referred by psychiatric services, and their GP will be informed of the referral. Patients referred are most likely to be experiencing:

- Threats of eviction and / or bailiff action
- Problems budgeting and little understanding of credit and financial services
- Benefit suspension or cut off
- Complex debt issues including high interest lending (loan sharks and pay day loan providers) and / or fuel disconnection
- Job loss.

4.4 Health services for people that are homeless

General health service for homeless people: Brownlow GP practice

The ‘enhanced service to the homeless’ service is bolted onto this GP practice. Nurse-led, this service also has considerable input from GPs in the practice, with one providing most inputs. Two outreach nurses, an alcohol nurse and a hepatitis nurse (who also provides services to the general population) provide an assertive outreach service with 90% of their work done in hostels and day centres. An important role is educating hostel and voluntary organisation staff in health issues more likely to be encountered in the homeless population, for example, TB, hepatitis and liver disease. They are also working with hostel staff on end of life care (the Marie Curie pathway for dying patients). This latter is proving to be a difficult issue. Patients’ lifestyles mean they do not fit into mainstream services (for example, people cannot smoke or drink in Marie Curie, and hostels cannot keep controlled drugs on the premises).

The team identified that there used to be a lot of drug misuse issues, but the biggest issue now is alcohol. Recently, though, the rate of drug misuse appears to be increasing again, with overdoses amongst alcohol users now using drugs for the first time and more drug-induced abscesses. Legal highs do not currently seem to be an issue (although there are recent anecdotal reports of difficulties being caused in the sit-up service due to this).

The team is now also doing more work on preventing misuse of A&E services, through a hospital avoidance pathway. There are some difficulties in following-up patients post-discharge, as ward staff do not always remember to notify the service where someone is being discharged with ongoing nursing care needs and there is insufficient communication from secondary to primary care. There is a recognition that more needs to be done with the hospital discharge service. The service is also doing more work with the prison, in recognition that there needs to be better liaison from the prison health service to primary care to achieve better health continuity for prisoners on release.

Coordination with the mental health outreach team has been more difficult since that team was merged with a Community Mental Health Team (CMHT) and no longer shares a site with the general health team. The two teams have a multi-disciplinary team meeting each week to discuss shared patients and referrals, but it is more difficult to get patients seen by the mental health team since it has been merged into the CMHT.

Access to MainStay has improved the team’s ability to keep track of patients who move amongst hostels. One improvement of the CCG-commissioned service is that the GP partners have agreed to keep on patients that are hostel dwellers wherever they are in the city, until they move into settled
accommodation.

**Homeless Outreach Team (HOT), Mersey Care NHS Trust**
The HOT now consists of three mental health practitioners, two Community Practice Nurses (CPNs) and one Occupational Therapist (OT), plus a half-time consultant with administrative support. The team provides an integrated mental health service to a caseload of 60 homeless people (most are single people living in hostels, other short-term accommodation, or of no fixed abode) with severe and enduring mental health problems. Most patients have psychotic illnesses and major mood disorders with or without co-morbid substance misuse issues, alcohol, personality issues, etc, and would otherwise find it extremely difficult to access or engage with mainstream services. The team takes patients that would be refused by secondary mental health services.

The capacity of the team was reduced around two years ago by three full time equivalent staff, and the team was moved into a Community Mental Health Team (CMHT). The service is meant to take an assertive outreach approach but with the reduced capacity this is now limited to one evening per week, and it can no longer carry out training for hostel and homeless service staff. Other time is taken up in travelling from the out-of-centre base to see patients, who often cannot be found. This service also identifies that loss of daily contact with the Brownlow homeless practice has had a detrimental effect on its effectiveness.

Referrals can be made to the service by hostels and homeless agencies as well as by primary care. Patients and referrals are usually seen at hostels or homeless agencies. Where the criteria for the team or secondary mental health services are not met, the team provides signposting and advice. Patients accepted for ongoing secondary mental health care are subject to Care Programme Approach (CPA). When patients move into settled accommodation, the team looks to transfer them to their local CMHT. Transfers can take a long time though, and patients also have to cooperate with a different working approach. As a result some drop out of the service.

The team has no access to psychologists or social workers so has difficulty helping people whose mental health needs are not severe and enduring. Examples include people with learning disabilities, or dual diagnosis. HOT makes referrals to social services via Careline but report it’s difficult to get social work involvement. They also identify a service gap for people with ‘mental disorder’: often stress related to alcohol and drug misuse and chaotic lifestyles. The council currently delivers a supported housing service in Aigburth aimed at older males with alcohol issues. This is the only supported accommodation that provides a safe living environment for many of these patients, and that has limited capacity and may be changing its ethos.

**Homeless hospital discharge**
Both the Basement (Monday to Friday 10am to 6pm) and Whitechapel (weekends) provide specific outreach workers to prevent homelessness on discharge from hospital, working on the wards and in A&E in the Royal Liverpool University Hospital. Both current staff members are qualified social workers and have a handover on Friday evenings. Most referrals have been admitted via Accident and Emergency (A&E), although a few patients lose (or are at risk of losing) their home whilst in hospital. Between October 2013 and April 2014, the service had ring-fenced beds to prevent homelessness from hospital and delayed discharges but only 18 placements were made in total, so these had long void periods. Referrals are now prioritised for accommodation via MainStay.

Whitechapel received hospital discharge project funding from government for evening and weekend working between 24 October 2013 and 30 April 2014 (six months). Over this time, they completed 205 assessments of 155 individuals. Of the 205 assessments, 179 resulted in a discharge to an appropriate accommodation option (137 individuals). For eight assessments, no suitable accommodation could be found. Other assessments resulted in transfer to another hospital; sectioning
under the Mental Health Act, self-discharge or death. These eight included someone with no recourse to public funds that refused the cold weather provision, one person was drinking on the ward and discharged prior to being seen, and one person presented very high risks, was not rough sleeping but could not be safely accommodated either via MainStay services or HOS. The most common accommodation options were:

- Hostel: 45%
- Sit up: 13%
- Tenancy: 11%
- Social services accommodation / intermediate care: 8%
- Cold weather provision: 7%
- Bed and breakfast: 5%
- Family / friends: 5%
- Residential care: 3%.

130 of those assessed were linked to a GP service appropriate to their post discharge accommodation. Ongoing support was most usually provided by hostels (34.6%), the Hub (15.4%); or social services (10.5%), although a fifth had no ongoing support provision.

Between September 2013 and June 2014, 60 people were recorded on MainStay as assessed by the hospital workers for Liverpool. Of these:

- 47 were new to MainStay, and 13 had had previous assessments
- 37 had long-term illnesses or disabilities
- 14 had been sleeping rough before admission to hospital
- 56.7% were placed into accommodation on discharge from hospital
- Placements rates decreased to 50% from April to June 2014
- Six people attended the Sit Up service after being discharged without a placement
- 21 of those who were not placed did not attend Sit Up.

Both services stated that the main difficulty in preventing homelessness from hospital is for entrenched rough sleepers who have multiple exclusions from services. Another issue is the lack of services for people who are dying but have behaviour and/or substance misuse issues. Whilst referrals are made through social services, most go into hospices or a nursing home. However, difficulty managing their behaviour and that of their visitors has resulted in their discharge back to their hostel. Several other stakeholders raised this issue.

Between April 2012 and September 2014, 15 people applied as homeless on being discharged from hospital, five of these between September 2013 and September 2014 (i.e. while the hospital discharge project has been running). Of the 15, nine were accepted: one because of old age, four because of physical disability, and four because of mental ill health (three of whom had a recorded Community Psychiatric Nurse [CPN]). Workers at the Basement and Whitechapel commented that it is not unknown for people to be discharged without referral to the hospital workers; often they have serious health problems. A number of specific examples were given. From this admittedly anecdotal information, and information provided by health stakeholders, it is clear that more needs to be done to ensure referral of people in hospital that will not have a home to which they can be safely discharged.

### 4.5 Stakeholder and customer perspective on unmet need and existing services

Most stakeholders were concerned that the homeless mental health service has been retracted, which has led to more difficulty in access, especially for people whose mental health needs may be masked
or complicated by substance misuse, particularly alcohol. They also commented that there is insufficient provision of psychological services and, again, those misusing alcohol are unlikely to gain access to these. The rate of people with personality disorders is underestimated, and this is often a factor in complex needs cases. However, personality disorder is not included as an indicator in the Waves of Hope service for people with complex needs.

There was some positive feedback on the CCG’s Primary Mental Health Strategy 2013-2016, which focuses on the need for a preventive and recovery focused model of mental health care, and includes widening access to psychological therapies. It also incorporates an anti-poverty approach: benefits advice and debt management will be provided for those who face the double jeopardy of low income and poor health (this includes the ‘advice on prescription’ service described both earlier, and later in this report). However, it was unclear to stakeholders how and when this step change will be achieved, and whether it will make a noticeable difference to homeless people.

There is little available help for homeless people with learning disabilities, ADHD, Asperger’s and others on the autistic spectrum. They do not fit into the ‘severe and enduring’ category so community mental health services will not take them on and their needs are too low to qualify for social care. Many are unlikely to ever be able to live without support. As a result they are left in, or return to, the ‘homeless system’. Long-term floating support might meet their needs, but support services are now expected to be short-term. There were many concerns expressed about the anticipated reductions in floating support services and the impact on people with acute or long-term health and care issues.

There is insufficient crisis intervention: access is difficult and it isn’t timely. There is no ‘step up’ provision for people with mental health issues that are in crisis, so instead they are admitted to hospital and have to work their way through the system again, having lost their supported accommodation. It is difficult to get people into specialist services, (dual diagnosis, for example) as only care teams can now make referrals. Achieving a referral requires getting access to a care team, which is difficult in itself.

Some people with significant health issues cannot manage with only daily support packages, but there is little provision outside ‘office hours’. As a consequence they cannot move on successfully from shorter-term facilities, and more people are staying in the (sparse) long-term accommodation. Small homes for people with mental health issues are required for people who cannot cope without support and need oversight to pick up and avert crises.

Hostel providers and the general health practice identified the lack of facilities for people approaching the end of their life. Their lifestyles do not fit ‘standard’ services, and hostels cannot keep controlled drugs on the premises. Community health care, including specialist nurses, are reluctant to come to the hostel, people do not cooperate with them, and the result is that hostel workers are finding that they are the main carers for people who are in the terminal stage of illness such as liver disease. This is inappropriate for the person, who does not get the pain relief and personal care they should expect, and for staff, who are not expected nor trained to provide personal care. The Liverpool City Region Homeless Health Needs Assessment picked up this issue, and some improvements can be expected as services are recommissioned by the CCG in 2015. However there is a still a gap in terms of community health provision to hostel dwellers (for example district nurses).

Reductions in the HOT means that they can no longer provide training in mental health conditions for hostel and other staff. As a result they are less able to understand where there is a need, and to deal with people exhibiting symptoms. This could result in more exclusions for inappropriate or difficult to handle behaviour, although these are the people most in need.

Other feedback concerned the benefits system and sanctions: people with mental health issues and learning disabilities have difficulty complying with requirements, are frequently sanctioned and are
subject to increased levels of stress from the expectations on them. The job centre does not take their mental health or intellectual disabilities into account in their expectations around making job applications and turning up to appointments.

Service users in contact with the Liverpool Mental Health Consortium are increasingly raising fear of and anxiety about homelessness prompted by welfare benefits changes, spare room subsidy, lack of income, and being close to losing their home (lack of savings and benefit reductions) and employment.

4.6 Gaps in services, and changes needed

This review does not reiterate all the recommendations made in the Homeless Health Assessment but gaps or issues that have been raised in the review have been included.

Four groups of patients with mental health issues are identified as needing help that isn’t currently available:

- A number of HOT patients have a learning disability including autistic spectrum but they very rarely fulfil the criteria for social care: their needs are too great for independent living but they are very vulnerable in hostels

- People with dual diagnosis whose mental health needs don’t meet the criteria for a funded package of care, but do need specific supported accommodation

- People who need psychological support with stress and other mental health issues that are not severe and enduring

- People with long-term mental health issues liable to deterioration and crisis have insufficient options for supported accommodation or more intensive, long-term floating support.

The capacity of the mental health team for homeless people (HOT) has been reduced and access criteria therefore tightened up. Given the high rate of mental health issues amongst the homeless population, the CCG should review whether its Primary Mental Health Strategy will reach and make a difference for this population.

There is an unmet need for community nursing care for people at the end of their lives, who cannot be managed in mainstream services and / or want to remain in the hostels. There is also a need to rethink how controlled drugs can be provided to relieve their pain, without expecting hostels to be able to store these, and how to support staff where people are approaching their death in hostels.

Whilst the hospital discharge service(s) are capturing a number of people who would otherwise be discharged homeless, more needs to be done to ensure early referral of people in hospital that do not have a home to which they can be safely discharged. This requires change within hospital practice so that every patient is asked, close to admission and again during their stay, whether they can return to a suitable home. The homeless general health service and hospital discharge service need to work more closely together to develop strategies to reduce A&E use and promote primary care.

4.7 Summary of findings and options to consider

Liverpool has done much to identify the health and care needs of people that are homeless, particularly single people in hostels or using homeless-specific services. Homeless Link’s Health Audit (2013) was fed into the Liverpool City Region Homeless Health Assessment (2014) which resulted in
recommendations to health commissioners and the council around recognising and improving the health of this population as well as reducing inappropriate use of acute health services.

The high standard of family temporary accommodation and refuges, and the (usually) short stays mean that health risks for homeless parents and children are relatively low, but there is a need to ensure continuity of health care as families enter and leave homeless accommodation.

There are high rates of mental health issues amongst homeless people, including a range of stress-related disorders, often complicated by alcohol or drug misuse. However, access to mental health services is difficult for people who do not have severe and enduring mental health needs. The capacity of the mental health team for homeless people (HOT) has been reduced and access criteria therefore tightened up. The CCG’s Primary Mental Health Strategy proposes a step change to ensure that people receive help as and when they need it, and focus is shifted to mental health needs more generally. Given the high rate of mental health issues amongst the homeless population, the CCG should consider whether its proposals will reach and make a difference for this population.

Generic floating support services will be sufficient for many people with mental health issues, provided these are well connected with specialist services. However, there is insufficient supply of long-term, more intensive support for people with severe and enduring mental health issues, particularly where they are more likely to experience a crisis. For many with chaotic behaviour alongside a long-term mental health issue, a service like the council’s Aigburth Drive service may be the only option to avoid a cycle of crisis and homelessness.

There are a small number of people with mild learning disabilities who are more liable to lose or be unable to access and sustain a settled home, and who are also at greater risk than others in homeless services. Homelessness returns are not required to separate out priority need because of a learning disability from mental health needs, which compounds the lack of recognition. These needs do fall below the ‘critical and substantial’ threshold, but their circumstances (that is, being homeless) add a level of need to their inherent disability, and the council should consider whether short-term expert inputs to the individual or into services would help these needs to be better addressed. This approach would accord with the change in emphasis under the Care Act 2014. There are concerns about difficulties in accessing social care, which may be addressed in part by the planned alignment of social workers with primary health services (three localities), especially given the first pilot is with the Brownlow GP practice.

The enhanced homeless health service provides a good service that flexes around the needs of patients. However, the Health Audit found that only one third of homeless people are registered with this practice. The once weekly drop in clinic, which is not limited to registered patients, provides an important ‘back stop’ for people registered elsewhere.

The Homeless Hospital Discharge Service has improved the outcomes for homeless people who are
admitted to hospital, although not all are found suitable accommodation in time for discharge. Better liaison across the enhanced homeless health service and the hospital could increase the numbers referred to the service. There may be lessons to be learned from Homeless Link’s evaluation of Homeless Hospital Discharge schemes, published in January 2015.

**Improve the identification of people that cannot return to an appropriate home on discharge from hospital, so that the homeless hospital discharge service can navigate to accommodation or ensure that the Housing Options Service sees them before discharge.**

There is insufficient communication from secondary to primary health services, so that the ongoing treatment needs of patients being discharged back to hostels or other short-term housing solutions are not always identified. Likewise, there are liaison issues with prison health services, which need to be resolved so that there is better continuity of health care for released prisoners.

**Improve liaison between secondary and prison health services and primary care, so that there is continuity of treatment.**

The Health Audit found that between one third and half of all clients had been screened for communicable disease (Hepatitis C, TB and HIV) and a third had received vaccinations for Hepatitis A, Hepatitis B and flu. Briefing GP practices known to be registering homeless patients on the need to refer for screening and vaccinations may help to fill this gap and reduce infectious diseases known to be affecting homeless hostel and private hostel dwellers.

**Increase awareness amongst other GPs of infectious diseases prevalent in homeless hostels and services, so that people are more quickly referred for screening and vaccination.**

### 4.8 Services specifically for people with mental health issues

Supported accommodation services included here are only those that stated that most of their clients had been homeless or at risk of homelessness on entering the provision.

**Table 6: Summary of services for those with mental health issues**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice</td>
<td>Citizens’ Advice Bureau: ‘Advice on prescription’</td>
<td>Commissioned by Liverpool CCG to provide access to advice where a GP or secondary mental health (MH) service considers that social or welfare issues are affecting mental health</td>
</tr>
<tr>
<td></td>
<td>Inclusion Matters: Community Development Workers</td>
<td>Service for people with mental health from minority ethnic groups. Specifically support asylum seekers and refugees, for example support refugees with MH when they apply for JSA and other benefits and housing. Formerly provided by PCT but now outposted by Mersey Care</td>
</tr>
<tr>
<td>Supported accomoda -tion</td>
<td>Adullam: Amina House</td>
<td>14 units of long stay supported accommodation. Just had major refurbishment to provide en-suite bathrooms with shared communal areas. Last year had a turnover of 50% but previously very long-term with low turnover. Age range generally 45 or 50 and over. Clients generally move in from hospital discharge.</td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Supported accommodation (cont’d)</td>
<td>All referrals are via the mental health accommodation panel (CMHT). Would otherwise be homeless on discharge</td>
<td></td>
</tr>
<tr>
<td>Imagine supported tenancies</td>
<td>Accommodation provided across Liverpool includes group living and single person flats. Services include women-only; service users abstaining or reducing alcohol dependency, and service users with learning disabilities as well as mental health needs</td>
<td></td>
</tr>
<tr>
<td>Making Space</td>
<td>13 short-term units. Referrals are from CMHT; mainly people that have been sectioned need support to move on to independent living from hospital. Also some self-referrals of people living with parents and threatened with homelessness. Homelessness risk takes priority. There is much demand – never have voids, and have to turn down referrals (but provide floating support instead)</td>
<td></td>
</tr>
<tr>
<td>New Start: Prospect Lodge</td>
<td>15 units for men, 24-hour support, full assessment of mental health and life skills, no time limit but work to help them move on to second stage and into settled accommodation</td>
<td></td>
</tr>
<tr>
<td>PSS: supported accommodation</td>
<td>32 units of supported (self-contained and shared) accommodation and domiciliary support services for adults with mental health issues</td>
<td></td>
</tr>
<tr>
<td>Richmond Fellowship: The Square and Beeches</td>
<td>15 units of 24/7 supported accommodation for people with diagnosed mental health. Referrals are from MH services</td>
<td></td>
</tr>
<tr>
<td>Sunnyvale</td>
<td>20 units of long stay supported accommodation providing independent flats with a shared evening meal. Most residents have been homeless with the youngest being around 40 years old. The average stay is around six years, though it’s a home for life for some people. Very few vacancies and quite high needs with most on medication</td>
<td></td>
</tr>
<tr>
<td>Community Integrated Care &amp; Liverpool Housing Trust: St Michael’s (Aigburth)</td>
<td>This recent specialist development offers short-term housing and support to twelve people as a stepping stone for those with mental health concerns leaving hospital before returning to living independently in their own homes. Jointly commissioned by Mersey Care NHS Trust and Liverpool City Council, it aims to ensure that people do not spend more time than they need in hospital, as well as improving quality of life</td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>Adullam</td>
<td>46 floating support units, linked to Amina House, for people with lower level MH issues. Referrals can come from any source and most clients are at risk of homelessness</td>
</tr>
<tr>
<td>Imagine floating support</td>
<td>A range of tenancy-sustainment support including for people with substance misuse issues. Referrals are through LCC Health and Social Care Panel</td>
<td></td>
</tr>
<tr>
<td>Liverpool Housing Trust: Somali mental health floating support</td>
<td>20 units for Somali adults with MH needs. Tenure-wide short-term service. May have been homeless at entry to service, or are at risk of homelessness due to MH needs and tenancy issues. Five additional clients have support as and when required.</td>
<td></td>
</tr>
<tr>
<td>Mary Seacole</td>
<td>Services primarily for minority ethnic groups. 12 units of floating support (most clients are in social housing) intended to prevent MH crisis. Referrals are mainly from CMHT, GPs, and self-referrals. Can be flexible on numbers as linked into day service. Most have been homeless or are at risk of homelessness</td>
<td></td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Richmont Fellowship</td>
<td></td>
<td>112 units of floating support, some provided in flats managed by social landlords but cross tenure. For adults 18+ with a mental health diagnosis with referral from commissioning panel, although self-referrals can be made to floating support if the person has a mental health diagnosis. Support is provided for around 156 clients per year. Also take families where the parent has mental health issues.</td>
</tr>
</tbody>
</table>
| Other relevant services   | Mary Seacole              | • Services provided specifically for minority ethnic groups  
• Provide a day service (commissioned by LCC) for at least 45 people per quarter (always more), which also offers an outreach service  
• Community advocacy service (commissioned by CCG) linked to BME community development workers (Inclusion Matters)  
• Carers’ and families’ services (not commissioned). The carers’ service is not specific to carers of people with MH issues and involves around 150 carers. Housing is central issue: usually in PRS. Lots of the carers are refugees / asylum seekers with disabled / dependant people in the household. Help is provided to get them settled into the community, sorting out National Insurance Numbers (NINOs) and benefits, etc|
| Liverpool MH Consortium:  |                           | Funded by CCG to get service users’ (SUs) and carers’ voices heard and to contribute to MH strategy, local services and reduce stigma around mental distress. Service users include dual diagnosis and complex needs. 300 to 400 service users and carers are involved, but utilising a core group of 25 people. Most SUs used to come from secondary MH services but far more are now coming from primary health services (changed over last 12 to 18 months) partly responding to CCG’s primary MH strategy and also awareness-raising by service. |
5. Single people and childless couples

This section describes homelessness amongst single people and childless couples. Some of these households have additional needs; these are described in more detail in later sections and include: rough sleepers; people with addictions; people with complex needs; offenders, young people aged 18-25.

5.1 Why is homelessness amongst this population significant?

Research suggests that single people who are homeless, including rough sleepers, have an average age of death of just 47 years.

Homelessness amongst single people has a particular impact on health services and the criminal justice system, a fact acknowledged by the government in 2012:\textsuperscript{xxix}:

\begin{quote}
Most of the additional financial costs of homelessness to health and support services and the police and justice system are attributable to the most vulnerable and hardest to help, including in particular those with multiple needs.
\end{quote}

The single homeless population is much less able to contribute to the local economy. 80% of single people experiencing homelessness want to work, but only 10% are in paid employment\textsuperscript{xx}. Many people face significant barriers to work, despite considerable effort by hostels and day centres to improve employability; these barriers relate to ill health and/or a history of anti-social or offending behaviour\textsuperscript{xxi}.

The isolation and exclusion experienced by single homeless people often affects their ability to engage with, and contribute to, society in general.

Health services

The health and wellbeing of single homeless people is significantly worse than that of the general population and has an impact on health services.

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
Worse than the general public & Health issue & Homeless population & General population \\
\hline
Physical, mental and substance misuse issues remain prevalent among the homeless population and at levels that are much higher than those experienced by the general population. & Long-term physical health problems & 41\% & 28\% \\
& Diagnosed mental health problem & 45\% & 25\% \\
& Taken drugs in the past month & 36\% & 5\% \\
\hline
\end{tabular}
\caption{State of homelessness}
\end{table}

\textit{Source: The unhealthy state of homelessness, Homeless Link 2014}

The latest data from Homeless Link indicates that the number of A&E visits and hospital admissions per homeless person is four times higher than for the general public. This matches the Department of Health’s own estimates, which put single homeless people’s use of hospital health care at a minimum of £85m per year in 2010.

Crisis research also suggests that A&E is accessed by people simply seeking a roof over their head (18\% of survey respondents).
Criminal justice system
Recent Crisis research suggests that 28% of single homeless people surveyed reported committing a crime in the hope of being taken into custody for the night, and 20% had avoided bail or committed an offence with the express purpose of receiving a custodial sentence as a means of resolving their housing problems. This was also a finding of a recent North East study\textsuperscript{xiii}.

The North East study also found that single homelessness had led to increases in a number of other risk factors for individuals: ‘\textit{anti-social behaviour was often a consequence of being homeless, and not the cause. For example, some people reported turning to drugs and alcohol as a coping mechanism to numb the cold and get them through living on the streets or to cope with hostel environments. Others stole food and drink for survival.’}

The government's approach
The focus of government policy and funding has, over recent years, been primarily on tackling rough sleeping. As the most severe form of homelessness, most often experienced by single people and childless couples, these initiatives (described in section 12) will have benefitted these households to some extent, albeit after homelessness has occurred.

The impact of related government policies is felt likely to increase homelessness amongst single people; welfare reform and changes to Housing Benefit for European Economic Area (EEA) nationals are the most notable (see later in this section and in section 7).

Homeless prevention amongst single people who are not rough sleeping is therefore a challenge that Liverpool City Council and partners need to face, in the absence of a national framework or additional resources.

5.2 What do we know about homelessness for this population nationally?

The scale of single and childless couple homelessness is not easy to estimate:

- No organisation is required by the government to collect and report data
- Organisations working with these households collect data to suit their own requirements – there is no consistency. This is common across England and Wales\textsuperscript{xiii}
- Many households in this category are ‘hidden’:
  - Crisis research estimates around 62% of single homeless people were hidden homeless on the night they were surveyed, and 92% had experienced hidden homelessness at some point\textsuperscript{xiv}
  - Households may be ‘hidden’ because: they may not seek help because of past experiences which did not lead to their housing need being resolved; they may be excluded from services / access to housing because of poor housing histories or criminal records; they may not be considered homeless whilst staying with friends or relatives or staying in other forms of temporary accommodation, sleeping rough of squatting.

The latest national figures about single homelessness tell us that:

- Just over 20,000 people made homeless applications in England in 2013 but were seen as not in priority need (DCLG)
• There were 2,414 rough sleepers in 2013 (a snapshot figure) (DCLG)

• 9,975 people were sleeping rough in 2013-14 prior to entering a housing-related support service (Housing Support Services Client Record Forms)

• 12,121 people left prison without settled accommodation in 2013-14 (National Offender Management Service)

• 16,402 people entered drug treatment with a housing problem or nowhere to live in 2013-14 (National Drug Treatment Monitoring System)

• Around 40,000 homeless people are estimated to live in hostels and similar supported housing in the UK (Crisis).

5.3 What do we know about homelessness for this population in Liverpool?

Data about the scale of homelessness amongst single people is taken from:

• Statutory homelessness quarterly reports (P1E returns from Liverpool City Council)

• Client Record Forms (use of all housing related support services)

• MainStay (use of single homeless person supported accommodation)

• Other single homelessness service records.

Problems in using the aforementioned data are highlighted when quoted (within each section).

There is almost no information available about the scale of homelessness amongst couples without dependent children.

Scale of single homelessness in Liverpool

In the year April 2013/March 2014:

• 2,833 single people and nine couples without children accessed a short-term housing related support service (all types of service):

  ▪ 1,315 were labelled ‘single homeless with support needs’
  ▪ 731 were identified as having other needs (discussed later in this section)
  ▪ 2,235 single person or couple households approached Whitechapel to access their services
  ▪ 197 homeless applications were made by single people.

It is not possible to analyse data collected for people approaching the Housing Options Service for advice and prevention services as no household type is recorded.

In the period 1 July 2013 to 30 June 2014, 2,448 single people accessed single homeless housing support services through MainStay.

The Basement recorded over 7,000 visits in 2013-14 for their drop-in services. It is not known how many of these are from the same household.

These figures illustrate the numbers of people seen by different agencies, but cannot be added up as there will be considerable duplication.
In terms of trends and comparisons:

- 404 single person households made a homeless application in Liverpool in the year 2012/13, compared with 196 in 2013/14 and 97 in the first two quarters of 2014/15.

- By contrast, Whitechapel reports that they had an increase, of 32% people seeking their help between Jan–Dec 2012 and Jan-Dec 2013.

- The proportion of single people accepted by the council as owed the full homelessness duty has remained around 50% over the last three years. Comparing Liverpool's rate of acceptance of single people in Q1 2014/15, this is high in comparison with other Core Cities, with the exception of Leeds. However, this does not necessarily mean that there is greater need in Liverpool and Leeds; it could reflect positive practice in recognising vulnerability amongst single homeless people in these two authority areas.

**Chart 10: Acceptance rate for single people in Liverpool and other Core Cities Q1 2014-15**

The chart shows the rates of homelessness acceptances of single homeless by Core Cities Q1 2014/15. The acceptance rates are as follows:

- **Leeds**: 60%
- **Liverpool**: 50%
- **Manchester**: 40%
- **Sheffield**: 30%
- **Newcastle**: 20%
- **Bristol**: 10%
- **Birmingham**: 0%

*Source: P1E data, DCLG*

**Age and gender profile**

Single homeless people are typically of working age, and the trend is for those under 35 years of age to have a small majority.
The majority of the single homeless population are male:

- 70% of single homeless people accessing all forms of short-term support services are male (2013/14)
- The ratio of male to females using Whitechapel services is around 3:1 (2013 figures)
- 76% of single homeless people accessing single homeless accommodation through MainStay were male (June 2013-July 2014).
Ethnicity
The only source of data – for all housing-related support services – indicates that most single homeless people are white British. Data for Liverpool as a whole (from the 2011 Census) tells us that 86.3% of the population is white British or Irish. This is the highest proportion for all Core Cities, but Liverpool has a high proportion of applicants accepted as homeless and recorded as white compared with most Core Cities (66%), other than Newcastle (93%), Bristol (69%) and Leeds (70%).

Irish Community Care Merseyside (ICCM) has highlighted the need to monitor ‘white Irish’ as a separate ethnic group across all homelessness-related and support services, given that this ethnic minority has higher rates generally for a number of health issues, in particular mental health and long-term conditions.

Chart 13: Ethnicity of ‘single homeless’ entrants into short-term Housing Support services

Source: Client Record Forms

Reasons for homelessness
The most common reasons for homelessness are family and friends not willing to accommodate, and domestic or other violence or harassment.
The most common causes of homelessness amongst service users responding to the online survey were relationship breakdown and being asked to leave by friends or family, followed by eviction from settled or supported housing, harassment or domestic violence.

Service users in the face-to-face consultation also cited relationship breakdown and family disputes, and other family problems as causing their loss of accommodation, along with addictions, eviction from private rented accommodation, leaving prison, the forces, student or National Asylum Support Service (NASS) accommodation with nowhere to go, accommodation being closed or damaged, unaffordability of accommodation, and mental health problems. Problems in shared accommodation also caused some to leave.

Some agencies reported ‘new’ groups of people approaching their services. This includes: more single people with relatively well-paid jobs becoming homeless as a result of the greater cost of living; people who had previously been able to manage on a low income but had been affected by the changes to welfare benefit (under-occupation of a social rented home) and sanctions; older people.

The picture in Liverpool is similar to that experienced elsewhere in the country. Triggers leading to single homelessness are similar to those affecting families: the most common cause of homelessness amongst single people is relationship breakdown, either in relation to a partner or another family member.

Also, recent studies suggest that causes of single homeless are more complex, and can equally relate to structural factors – such as the range and level of housing and support available for single person households, unemployment and poverty – as to individual characteristics, life experiences and decisions. Single people are at higher risk from homelessness if they have: been in the care of the local authority or in prison; have substance misuse and/or mental health problems; have experienced
adverse childhood experiences, for example physical or emotional neglect and/or abuse. Triggers also include experiences such as bereavement and job loss.

Nationally, structural factors particularly affecting single people and couples without children are also being felt in Liverpool:

- The government’s criteria for housing assistance in the event of homelessness – the majority of single people and childless couples do meet these. They must seek alternatives, and those who have an immediate need may resort to sleeping rough, squatting, overcrowded or unsatisfactory short-term solutions such as bed and breakfast, or staying with friends or family.

- The government’s welfare reforms have had a significant impact on single people, their income and access to affordable housing. In particular:
  - Access to smaller accommodation in the social housing sector has reduced, as housing providers have sought to manage the impact of changes to benefits for existing tenants who are under-occupying their home.
  - The availability of shared accommodation in the private rented sector has been affected by the introduction of the Shared Accommodation Rate for under-35 year olds – there is greater competition for this type of housing now.
  - Sanctions on benefit claimants, temporarily bringing to an end or reducing their benefit payment, have disproportionately affected single homeless people, severely affecting people who have chaotic lives and vulnerable young people.
  - Changes in immigration and benefit law are also reported to have disproportionately affected single people, leaving them unable to pay their housing costs. These changes are discussed in more detail in section 7 (People from Abroad).

Health needs

Needs are identifiable from housing-related support records and information collated by MainStay (access to single homeless accommodation). These both indicate that drugs and/or alcohol problems, and mental health needs are particularly prevalent amongst single homeless people. This compares with the national picture.

Chart 15: The needs of ‘single homeless’ people accessing housing related support 2013/14

| Top three needs of new housing support 'single homeless' (primary need) service users 2013/14 |
|---------------------------------|-----------------|-----------------|
| Alcohol                        | Drugs           | Mental health   |
| 120                            | 220             | 140             |

Source: Client Record Forms
However, information from housing related support services and MainStay indicates a much lower level of physical health needs than could be expected when compared to national and City Region research:

- Homeless Link (cited earlier) highlights that long-term physical ill health amongst the single homeless population is much higher than that of the general population (41% compared to 28%)
- The 2014 Liverpool City Region health needs assessment indicates that 32% of single homeless people moving on from Housing Support services in the City Region in 2012/13 had physical health needs
- The Liverpool Summary in the City Region research indicated that 27% of single homeless people leaving support services had a physical health need.

Although the 2013 Liverpool Health Needs Audit of homeless people did ask questions about physical health needs, it is not possible to identify what proportion of all homeless people experienced these.

Stakeholders report that:

- The health of single homeless people is getting worse and that more people are staying longer in hospital
- There are more people with significant health problems related to alcohol use
- There appears to have been an increase in the number of single people, including young people, who are seeking accommodation and have complex or multiple needs, including psychosis and schizophrenia.
- There appear to be more homeless people at end of their life, who need care and support.

**Economic needs**
The economic status of single homeless people in Liverpool compares with the national picture in that most people are not employed, or in other education or training.

**Chart 17: Economic status of new clients into housing related support services 2013/14**

Of those seeking to work, just 50% are not identified as having any other support needs. It is surprising that there is also a high proportion of those with no other support needs who are identified as long-term sick/disabled or not seeking work. It is unclear why these households are not seeking work.
Ill health presents a barrier to accessing and sustaining employment. The main health needs of those out of work relate to alcohol and drug use, mental health and learning disabilities. The proportion of people with drug use support needs is highest amongst job seekers and those not seeking work, whilst there is a higher proportion of mental health support needs amongst people who are long-term sick/disabled.

Source: Client Record Forms
It is particularly challenging for offenders to access employment (discussed in more detail in the section on offenders).

It is interesting to compare the economic status of single homeless people entering housing related support services, with that of people leaving these services. Although this data does not relate to all of the same service users, it is striking how similar the picture is. It appears that housing related support services make little difference to economic status.

**Chart 20: Economic status of new clients into housing related support services 2013/14**

<table>
<thead>
<tr>
<th>Economic status: new clients and outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrance</td>
</tr>
<tr>
<td>missing</td>
</tr>
<tr>
<td>Retired</td>
</tr>
<tr>
<td>Other adult</td>
</tr>
<tr>
<td>Not seeking work</td>
</tr>
<tr>
<td>Long term sick/disabled</td>
</tr>
<tr>
<td>Job seeker</td>
</tr>
<tr>
<td>Govt training/work programme</td>
</tr>
<tr>
<td>Part time work</td>
</tr>
<tr>
<td>Full time work</td>
</tr>
<tr>
<td>Full time student</td>
</tr>
</tbody>
</table>

Source: Client Record Forms and Outcomes reporting

It will not always be the case that someone accessing a housing related support service will want support to improve their economic circumstances. They may, for example, require support for a health need, and only until this is met will they be able to work. It is however interesting to note that, in 2013/14, 479 single homeless people leaving housing related support services were job seekers, yet only 202 were reported as needing support to access paid work; would more consideration to economic status identify support needs in this area?

For those who do have a support need related to their economic circumstances housing related support services are successful in maximising income (this typically describes support to access welfare benefits), but much less successful in enabling service users to access paid work.
For those who did have a support need related to improving their economic status, it is evident that there generally is willingness to engage with support – particularly to access paid work, but that in most cases the need is not met because the individual has left the service before it could be met.

Few stakeholders in Liverpool identified supporting people to access education, training or employment, or volunteering as a priority for action.

More commonly raised was the problem for service users who start work and are then unable pay the charges in supported housing (this could be a contributory factor in the apparent lack of improvement in economic status of those leaving support services reported by the data), or the problem of finding accommodation during holiday periods for those going to university and college.
Some agencies working alongside the homelessness sector are helping people to move into work, notably Springboard (a Riverside project working with social and supported housing residents aged 16+ to help them into employment) and Genie in the Gutter (working with people aged 18+ who have substance misuse problems, many also with mental health problems).

A further issue discussed was the role of the homeless sector in employing people with experience of homelessness/exclusion in the sector. There is a slow but steady growth in the number of agencies employing ex-service users and others in the sector, but it is not a priority and appears to be happening by chance rather than by design. Other areas of the country where there has been a significant move towards the employment of people with experience of homelessness have found that it not only provides a route into employment and the acquisition of work experience and qualifications, but also helps to shape policies and practices to meet the needs of homeless people more effectively and provides role models as well as offering support workers who have very often experienced what their clients are going through.

**Previous address of single homeless people in Liverpool**

It is not unusual for cities such as Liverpool to ‘import’ single homeless people. This can be for many reasons, for example to seek employment, and it can relate to the availability of services.

Data for individuals seeking to access single homeless accommodation through MainStay, in its first year of operation, indicates that almost a third of individuals who were assessed lived outside of Liverpool immediately prior to their assessment (31.5%) and slightly less were actually placed (27.7%). The most recent figures (first quarter 2014/15) indicate that only 19% of those placed had last lived outside of Liverpool.

Before other local authorities began to use MainStay (discussed in more detail later) around half of those from outside of Liverpool (assessed and placed) are known to have originated from another Merseyside authority (422 assessed and 195 placed). This figure could be higher as the data is incomplete (90 records missing).

**Chart 23: Area of last settled accommodation for people assessed and placed through MainStay July 2013-June 2014**

![Chart showing data on last settled accommodation in Merseyside]

Source: MainStay data
Around one third of those from outside of Liverpool (assessed and placed) are known to have originated from outside of Merseyside (299 assessed and 139 placed). This figure could be higher as the data is incomplete. One third of these individuals are from other North West local authority areas.

Service users, through the face-to-face survey, were asked about their previous address and why they had come to Liverpool, if this was the case. Reasons were diverse but there are some common themes:

- There is a perception that Liverpool’s ‘offer’ to homeless people is better than elsewhere
- The intention of the individual was to be in higher education or employment but this did not work out
- The individual moved to Liverpool to reconnect with their family, including children, or friends
- The individual is fleeing domestic abuse or is a refugee.

For some the move has been a choice, for others it has been the result of circumstance. Personal statements include:

- ‘Brilliant help in Liverpool for homeless people’
- ‘No hostels where I came from’
- ‘I came to take up a place at Liverpool University but my mental health problems increased so I had to give up my place’
- ‘I didn’t come to Liverpool to be homeless; I came here to work but I have no National Insurance number as yet’
- ‘I came to Liverpool to be with friends from Ireland’
- ‘I am trying to get access to my children [who live] in the city’
- ‘I fled Syria due to war in [the] country and for a better life in UK’
- ‘I came to Liverpool to escape DV (Domestic Violence) and family disputes in Ireland’

This is discussed further in section 12 (rough sleepers).
In response to single homeless people moving into the area to access services, it is common for local authorities to introduce systems to manage access to services. There has been a recent change to MainStay which should assist in demand for Liverpool accommodation from people from other Merseyside authorities.

From June 2014, Knowsley Council joined the scheme and reciprocal referrals were possible between Liverpool and Knowsley. From the end of January 2015, all authorities (other than Wirral Council) are on the system, with local connection questions now in the assessment. Services can now prioritise accommodation by housing status and then by local connection, so Liverpool services would offer a bed to someone on the list from Liverpool before a bed is offered to someone in a similar housing situation from outside the city. All authorities can also now make cross authority referrals through MainStay, so people can now be referred back to their own authority, coping with the fact that people inevitably migrate to Liverpool to use the Sit Up service.

5.4 Homelessness prevention and resolution for single homeless people and couples

In summary services for single homeless people and couples without children include:

- Advice and advocacy
- Day centres, and related activities
- Service user groups and peer mentoring
- Volunteering, training and employment activities
- Health services
- Floating support to people living their own home
- Supported accommodation.

We describe these in more detail within sections 5.6 to 5.9 but the following information enables an understanding of the use of these services by the population.

Advice and homelessness assistance
It is not possible to understand what use is made of the council’s Housing Options Service for advice and homelessness prevention by single people; household type is not recorded.

Whitechapel offers an advice and prevention service (not currently commissioned by the council) and this prevented homelessness for 921 people in 2013-14. Irish Community Care Merseyside work with Whitechapel to offer a return to Ireland service for those not accepted as being owed a homelessness duty by the council.

In 2013/14 197 homeless applications were made by single people, and 80 were accepted as being owed the full homelessness duty by the council (around 50% of all households accepted.

Supported accommodation and housing related support
In the first year of operation, accommodation for single homeless people accessed through MainStay saw 2,658 assessments and 1,598 placements. Accommodation and services designated as ‘single homeless’ had a higher acceptance rate in comparison with the rate for all services: 90.8% compared to 74.1%.

Waiting times for MainStay accommodation for the period July 2013-June 2014 shows that:

- Men were waiting for an average of 12 days, with the longest average wait being for those aged 41-60.
Women are waiting an average of six days, with those aged 16-17 experiencing the longest waits (an average of nine days)

In the period July–September 2014, the average waiting times were 11 days for men and six days for women, and those aged 16-17s had the longest waits alongside those in aged 41-60.

The MainStay void reports also show consistently that voids are higher at Geneva Road (women’s provision) than in other (mixed and male) single homeless accommodation, whilst waiting times are longer at mixed and male accommodation such as Darbyshire House, Mildmay, and YMCA (all provision).

Rates of eviction and particularly abandonment are higher from MainStay ‘single homeless’ accommodation, when compared to all MainStay accommodation.

Chart 25: Eviction and abandonment rates - single homeless and all MainStay services

Accommodation outcomes following a period of time in MainStay accommodation and a housing related support service appear broadly the same for single homeless people.
Temporary accommodation includes moves to another form of supported housing; this could be a positive step for the individual, but equally it could suggest that they had to leave their current support for a negative reason. The data does not provide any further insight on this matter.

The proportion of those moving on to live with family and friends is of interest. Knowing more about the suitability and stability of this accommodation may help us understand whether this is an option that could be explored for others.

A number of agencies commented that they have seen people who have been housed already returning to homelessness. This has not been possible to identify through available data.

Finally, 20% of housing related support data did not record the accommodation outcome, or described this as other. This seems a very high proportion: across England as a whole, the accommodation outcomes reported for single homeless people for 2013/14 show 1% as missing and 3% as other, and other Core Cities (Manchester and Newcastle) have figures at around 1% for both missing and other accommodation outcomes.

### 5.5 Stakeholder and customer perspective on unmet need and existing services

The majority of the service users who participated in the review were single homeless people, and most of the agencies working with single homeless people also contributed. Feedback presented here is common to all single homeless people.

**Unmet need**

Agency and service user responses focused on the following key issues:

**Floating support**

- There was concern about the impact of impending funding cuts for floating support services on people’s ability to sustain accommodation. People are reported to be struggling after having been rehoused.
More help was felt to be needed to stop low level rent arrears escalating to higher levels in social housing, once people have moved on from supported housing.

Provision for women
- In recent consultation carried out by the council with women and staff in the women’s provision, service users and staff expressed a view that it is important that existing women-only accommodation is retained, particularly to allow both women fleeing domestic abuse and women with complex needs to be accommodated in women-only facilities
- It is felt there are insufficient beds in women-only services for women with complex needs.

Health and care provision
- Whilst the health care services working with single homeless people (the Brownlow Practice outreach team) were praised and felt to be making a significant difference, accommodation providers working with single homeless people with health needs felt more frequent visits to hostels are required, but the outreach team simply doesn’t have the capacity to do this. For example, some residents need to have dressings changed more frequently than outreach team visits (usually weekly) and there is a need for support to work with people who experience confusion as a result of long-term alcohol use
- Providers reported that access to social care and health care is increasingly difficult for single homeless people. Their staff are undertaking care and nursing tasks, for example, helping with eating and changing dressings, but they do not necessarily have the skills to do this. The council does not expect that providers will do this and they are not funded to deliver this type of work. Furthermore, undertaking these tasks may require services to be registered with the Care Quality Commission. The outreach team concurred with the idea of further training being provided but do not have the capacity to provide it.

Complex needs
- There was a perception that there is an increase in the number of people with complex needs seeking supported accommodation. Whilst new provision (Waves of Hope) is providing nine beds at the YMCA and other intensive support for this group, stakeholders feel that there are too few beds in the accommodation for this group, and that there will be insufficient turnover to cope with the demand. This is discussed in more detail in the section on complex needs in this report.

Welfare reform
- Agencies feel that the impact of welfare reform on single people is not being adequately addressed.

Existing services
For the most part, services are well respected by stakeholders and service users alike, and valued by commissioners. Improvements in provision over recent years was noted:

“Significant improvements over past few years and can see difference”

“Better and more services in place”

“Hostel accommodation dramatically improved – no more like prison cells as mostly self-contained accommodation”

Stakeholders cited the following as very positive developments:
MainStay: this system has led to improved communication between agencies with greater transparency. Needs are met in a more effective and timely way (working alongside the Hub and Sit-Up work for rough sleepers) and better joint intelligence has been generated about rough sleeping and single homelessness. Evictions from supported accommodation have reduced – improvements are discussed in more detail later

The Hub and Sit Up services

The development of services at Whitechapel and the Basement, the new bond schemes for single homeless people

A new focus on complex needs through the Waves of Hope (Fulfilling Lives) project and the Urban Outreach and Response Service to be in place shortly

Partnership working between health (district nurses and the outreach team) and hostels

The start of an approach to develop Psychologically Informed Environments (PIE: an approach adopted by supported housing providers and others to working with homeless people who have mental ill health)

Dogs in hostels policy introduced by Chapter 1 and some other providers

An increase in ‘second stage’ accommodation (accommodation, often in shared houses or flats, for people who still need to supportive environments and are not yet ready for independent accommodation even with floating support)

Improvements in the way that floating support is provided.

The following are areas for improvement in current service provision identified by stakeholders.

**Homelessness prevention**

Opportunities to prevent homelessness for single people and couples are felt to be missed.

- Existing services and how they work together are not adequately publicised
- People are ‘put off’ by the time it takes to see a Housing Options advisor at the council’s service (there is no data available to understand if this is the case)
- The council’s Housing Options Service is reported to often direct single people to Whitechapel and The Basement advice and prevention services (not commissioned by the council). Whilst these are good services, there may be people who do not follow the council’s advice to access them. (Again, the lack of available data about single people and the service they receive at HOS means the actual number of people referred from HOS isn’t known)
- Inflexible approaches amongst staff within some social housing landlords are felt to have resulted in homelessness that could have been prevented. Examples cited included housing officers who: do not always recognise that single vulnerable people are going through a financial or other crisis, continue to ask for repayments of rent arrears which are unaffordable, and ignore difficulties which contribute to arrears.
MainStay

Providers report that MainStay has improved the prioritisation of needs and vacancies in the city, although it appears there may still be capacity amongst providers to meet higher needs, and to better meet the needs of those who come through the system.

Other areas for MainStay improvement are:

- **Assessment points and assessments:** a number of providers noted that assessments are not always accurately recorded by some of the MainStay assessment centres, and information (particularly about complex needs) may be missed out. The result can be that no decision can be made by the provider receiving a referral, or the provider has to reassess the person on admission, or that the customer misses out on a referral to the most appropriate accommodation.

- **Vacancy management to ensure vacancies are most effectively used:** the system can result in an individual being placed, and remaining, in a service that is not the most suitable to their needs in the longer-term. Although there is flexibility for providers to move people between services, after they have been allocated by MainStay, not all providers are aware of this.

- **Reducing eviction and abandonment from supported housing:** eviction and abandonment from first stage accommodation accounted for 32% of unplanned exits from supported housing in the first year of MainStay. Data for July-September 2014 suggests an improvement and may be linked to policy initiatives such as working with a Psychologically Informed Environment (PIE) approach, as well as to new facilities being in place. The YMCA, for example, reported that evictions fell, from eight per month to one per month, following the use of Cognitive Analytical Therapy in a Psychologically Informed Environment – see examples of good practice later. This, amongst other interventions, focuses on helping residents and staff to understand the triggers to behaviour which could lead to the loss of the accommodation.

- **Reducing other non-positive move-on:** 40% of unplanned exits are to non-MainStay accommodation or ‘no address’. The Liverpool Complex Needs Panel (shortly to be reformed to take in the Waves of Hope case management process) considers how to resolve needs for people who have been multiply excluded, but there is no group currently which looks at those who move around between hostels, or at ways of improving move-on outcomes.

Homes in the private sector

Service users and stakeholders commented on poor conditions in some of the private hostels / Houses in Multiple Occupation (HMOs) used by single homeless people around the city. These services are not commissioned by the council and as a result, there is no contract in place between them and commissioners against which providers can be monitored and held to account for poor performance. Concerns raised included:

- A high number of drug-related deaths in one of the most-used establishments

- Fears for health and safety of staff going into some of the establishments

- Lack of effective management at some premises – staff allowing drug dealers onto the premises, and allowing unlimited use of alcohol

- Staff not allowing all agencies access to see their service users in some establishments (health care staff reported being the only people allowed into some places)
• No support provided for residents in most of the private establishments and a lack of referrals to other agencies for help and support

• Where private providers do provide support, service users report that support can be minimal, with little contact other than to discuss payment of service charges

• Repairs not carried out when reported (examples given included a bedroom door not mended after being kicked in, and one client was left without heating for a substantial period of time despite attempts by a support worker to resolve the issue)

• Residents being expected to live alongside others with drink, drug or hygiene problems, with little input from staff to manage the situation

• Lack of clean bedding on occasion

• Landlords providing false statements about who is living in the establishments

• Financial exploitation.

In respect of one of the establishments, stakeholders reported recent improvements in conditions and management.

Staff at The Hub said that there are times when there is no other temporary accommodation available other than the private provision, indicating that there is insufficient accommodation available at the right time. However, some single homeless people reported that they had remained rough sleeping instead of accessing this.

There is no single source of intelligence about the number of single homeless people occupying this sector.

5.6  Gaps in services, or changes needed

Additional requirements are for:

• Homeless prevention services e.g. to address debt, to reduce the number of single homeless people requiring accommodation and support in the city
• Smaller affordable settled (not supported) accommodation
• Greater availability of accommodation for men
• Women-only accommodation for women with complex needs
• Mental health and nursing support
• Support for end of life and other health care and social care needs.

Changes are required to:

• Enable supported housing to be affordable for people who are in work or trying to get into work

• Develop an ethos within all homelessness services of actively supporting service users into work through education, training and volunteering, developing routes into employment within the sector, and developing services for deployment within the sector which can provide a route to gaining skills, qualifications and jobs
• Make use of the Flexible Support Fund (FSF), administered by Job Centre Plus to help reduce barriers to people accessing employment

• Connect plans to develop skills and employment in the city to the single homeless or at risk population

• Reduce eviction and abandonment from supported housing

• Address workforce development needs within the housing and homelessness sectors:
  ▪ Social housing officers: to enable them to identify and respond to the needs of their single and couple tenants who may be at risk of losing their home, to prevent homelessness. A particular focus is needed on single people who have previously been homeless
  ▪ Hostel staff: to enable them to respond appropriately to health care and social care needs
  ▪ MainStay assessors and providers: to ensure the right information is collected and recorded first-time.

Further research/investigation is need to understand (and act on):

• Repeat homelessness

• The movement of people between homelessness and other forms of accommodation and services.

5.7 Positive practice relevant to Liverpool

There are a number of areas of positive practice in Liverpool. A notable example is the development of Psychologically Informed Environments (PIEs) which are, amongst other interventions, beginning to reduce the rate of unplanned moves, and particularly evictions, from those establishments using this approach. Other examples include the outreach health services working with homeless people in hostels and elsewhere, and Whitechapel’s bond schemes for single homeless people.

The Psychologically Informed Environments (PIE) approach
A model built from the work of supported housing agencies around the country, with five key principles:

• Adopting a ‘psychological model’ within each service
• Making buildings suitable to address the psychological and emotional issues of users
• Managing relationships between staff and residents, and between residents
• Supporting and training staff to work with people’s psychological and emotional needs
• Gathering evidence and building reflective practice into everyday work.

Liverpool YMCA has adopted this approach recently and is in the process of training all staff to work in a consistent way with service users, using a Cognitive Analytic Therapy (CAT) framework. A local psychologist is providing training on CAT and supervision of staff to use this approach.

As with other frameworks used by PIE adopters, CAT enables staff to work with residents to identify the triggers for their behaviour and then begin to help them to adapt their behaviour so that incidents which might result in them losing their accommodation, or other resources, are less likely to occur.
Private hostels and HMOs

A number of local authorities around the country are beginning to tackle the problem of poor conditions and management, improving their knowledge of who is living where, and improving safeguarding for what is often a vulnerable group of residents.

One or two local authorities, such as Sunderland and Blackpool, have begun to see some improvement in the provision or the use that is made of it in their areas, as a result of actions such as:

- Assessing the number of people staying in private hostels and HMOs, and tracking those who move in after having left other homeless accommodation
- Trying to reduce the flow into the most problematic hostels for people from outside the area
- Reducing the number of bed spaces in the most crowded places
- Exploring ways of linking Housing Benefit (HB) payment to assurance of housing quality
- Tackling HB fraud
- Spot checks (unannounced) at the worst properties or more frequent announced visits
- Developing partnerships with the best landlords, entailing training on safeguarding for their staff and Disclosure and Barring Service checks
- In-reach work from drug and alcohol services and/or homeless outreach services, linked to multiple and complex needs (Making Every Adult Matter or MEAM) approaches
- Day centre services based in an area with high levels of private accommodation
- Developing a set of desirable standards for all private hostels and bed and breakfasts.

Reducing evictions from supported housing

A number of approaches are being seen as successful around the country, including:

- Listening to, and working with, service users to revise policies and procedures so as to minimise the chance of eviction and developing preventative policies across all provision
- Monitoring evictions and abandonments by agency and by client group (already in place in Liverpool), ensuring that all evictions are sanctioned by the commissioner
- Arranging for moves between schemes where this may alleviate or improve a situation (this is in part already done at the Complex Needs Panel, but could be added to by involving a person in managing MainStay moves)
- Adopting the PIE approach; helping staff and service users to understand the triggers for incidents which may lead to eviction is a fundamental part of this approach.

Supporting service users into employment

Thames Reach heads up the GROW (Giving Real Opportunities for Work) initiative aiming to support the sector to help service users into employment within the sector. Currently, 20% of its staff have experienced homelessness. A range of initiatives based within the organisation are aimed at supporting homeless people into work, including:

- An Employment Academy which helps homeless and other disadvantaged people into work in South London
- A literacy support service
- A painting and decorating service supporting people moving on at the same time as providing training for service users in skills which could lead to employment
- A volunteer mentoring scheme to help service users build the confidence and skills to move into work
- A farm project providing opportunities for gaining horticultural and other outdoor skills
- A mentoring scheme to help service users to gain IT skills.
Health services
The Brownlow GP practice in Liverpool has a homelessness outreach team, with three nurses working almost exclusively with homeless people, most of whom are single people. A range of health needs are exhibited by the people currently on their list, including a high level of mental health, alcohol or drug dependence, and respiratory conditions, as well as lower levels of physical disabilities, eye problems, epilepsy, diabetes, chronic heart disease, and TB, plus other physical health conditions.

5.8 Summary of findings and options to consider – single homeless people and childless couples

Please note that this summary and the options draw on the review findings presented in the previous section, and those presented later throughout this report.

Summary
It is impossible to quantify the size of the population of single people and childless couples at risk of homelessness, or homeless. There is no single source of information.

Available intelligence indicates that homelessness amongst this population is increasing, with ‘new’ households who have previously been able to manage on a low income, including those in work, now affected. The population has been disproportionately affected by welfare reform. At the other end of the spectrum, the complexity of needs amongst the single homeless population and rough sleeping are also increasing. This is in line with reports nationally.

Government legislation does not award a high priority to homeless single people and childless couples. Approaches to the council are unlikely to result in the council accepting a household as homeless, although it appears that Liverpool City Council is more likely to do this than other Core Cities. Instead, the population seeks to meet its own needs, staying with family and friends for as long as possible, and largely 'out of sight' from services until crisis. This presents a real challenge to preventing homelessness.

The single homeless population is as diverse as the general population – it is not appropriate to consider the population as a homogenous group – but there is a greater proportion of males, the population is younger, health and wellbeing is significantly worse and households are much more likely to be out of work.

Options
There has been considerable action to improve services and accommodation, and access to these, for single homeless people in recent years – noted by stakeholders and customers. However, the focus has been at one end of the ‘system’: homelessness (crisis) response. Opportunities to prevent homelessness are missed. This is costly for all concerned, and cannot be sustained in the current fiscal climate.

Adopt a prevention and early intervention strategy for single people and childless couples. Recommendations which follow support this (see also section on prevention).

The young age of the single homeless population in Liverpool is a significant concern, as is the evidence that the needs of this population are increasingly difficult to meet; many of these people have already begun a ‘career’ in homelessness, health and care, and criminal justice systems. The cost of this to the individual, their family and communities, the public purse and the economy is extremely high.
It is known that the earlier households in the single homeless population come into contact with the 'system', and the longer they stay in touch with it, the greater the risk of them developing additional needs. In recent national research Liverpool is cited as having the third highest prevalence of people with severe and multiple disadvantage.

Preventing future generations of single homeless people with additional needs has to be a priority for the city. There are a number of interventions already in Liverpool that should contribute e.g. the Families Project (described elsewhere in this report), and the new mediation service, but the extent to which these, and other interventions, are successful depends on:

- Timeliness
- 'Reach' – young people do not access or use services in the same way as older people
- The operating environment.

The Positive Pathway model, developed from considerable research in youth homelessness, presents a good basis for revising the system in Liverpool, but should be tailored to reflect the particular needs of young people in the city e.g. health and wellbeing. Birmingham City Council is notable for its adoption of the pathway and commitment to ending youth homelessness.

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Develop a city-wide systems- and outcomes-based approach to preventing homelessness amongst children and young people, using the positive pathway model. (Action to respond to complex needs is described later.)

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The population is primarily working age but the vast majority are out of work. Health needs appear to be the main barrier to employment, but not for all households. Although there is some good practice in Liverpool’s homelessness and housing support services to enable people into work, generally the outcomes of the latter are poor. Services are not, on their own, in a position to achieve this outcome. It is also important to recognise that services accessed by this population are not funded entirely, if at all, the council. This is common elsewhere.

Out of work, most of the population relies on welfare benefits and other forms of financial assistance and, unsurprisingly, any changes to these systems will affect household income, and ability to pay housing costs. Assistance is also needed to enable homeless households to begin life in a new home, when they have nothing to their name.

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Bring together health and wellbeing, economy, skills and employment, and housing, partnerships and providers to develop routes into education, training and employment for single people who are at risk of homelessness or homeless.

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The impact of welfare reform on this population is not felt by stakeholders to have been understood or managed to any great extent. Sanctions are contributing to homelessness in Liverpool, reported by stakeholders and data which indicates that problems with benefits have prevented access to supported accommodation.

There are a number of sources of welfare assistance accessed by homelessness and housing support providers but these are often not timely enough, or known about by everyone. There will be consequences for this population should the council not continue the Liverpool Citizens Support Scheme.

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Work with DWP and Job Centre Plus to review the use of sanctions and implement practices that prevent the use of these wherever possible, for example outreach and targeted work (as is the case for Liverpool’s Families programme).
It is evident that there is considerable and unmet demand for affordable and quality smaller accommodation (shared and one-bed). This is beginning to impact on the ability of services to meet the needs of their customers, and prevents access to their services for new customers: homelessness cannot be prevented by a move into accommodation; customers are unable to move on from temporary and supported accommodation. In addition, a large proportion of single homeless people do not have support needs and simply need somewhere to live but they are accessing support services (at a cost to the council) to access a bed.

The introduction of MainStay to manage access to supported accommodation for single homeless people has been of real benefit to Liverpool, and suggests that a ‘single point of access’ model would be useful to enable access to other services and accommodation. As a relatively new system there remain a number of areas for improvement which have emerged over time, particularly to ensure that the available accommodation is used in the best possible way to meet the presenting needs, and to generate robust data to inform commissioning and service management.

There are a number of households who are moving in and out of homelessness, and in between services and accommodation. It is difficult to understand the exact size of this population but the level of ‘unplanned moves’ from supported accommodation suggests it could be significant. The particular needs of these households are also not known, but it should not be assumed that they are too complex for current services to meet (and therefore will be met by Waves of Hope or the Fair Chance project).

Stakeholders report supporting people into settled accommodation, only for them to leave this shortly afterwards. This is largely attributed to insufficient floating support in the city and particularly for those moving into and living in the private rented sector. Planned reductions in floating support in Liverpool will exacerbate this problem. Regardless of the extent of available support in the future, it is clear that it should be flexible, targeted towards those who have been previously homeless, and to those living in the private rented sector.

Preparation for managing a home, and assistance to access and ‘make a home’, are also important but there are unmet needs. Bond schemes have proven successful but do not meet demand. The ‘Passport to Accommodation’ adopted for young people and accepted by many social landlords suggests that it is worth investing in training (although this scheme should be evaluated).

It is also evident that there are alternative approaches to supporting people whilst they are in services and short-term accommodation that are more likely to result in a planned move and positive outcomes, for example adopting Cognitive Analytical Therapy and Psychologically Informed Environments (the YMCA in Liverpool). There are other examples elsewhere. For example, it is known that adverse experiences in childhood (also referred to as ACEs) are more likely to result in poor physical and mental health and other social outcomes in adulthood. Acknowledging this in the process of supporting individuals has been proven to inform new relationships with customers and results in new, more positive, solutions to their needs.

With partners in the sector review the availability of welfare assistance in Liverpool to understand and improve access, and to identify the gaps that exist/will exist should LCSS end.

Increase the supply of suitable smaller accommodation in the social and private rented sectors (see also sections on access to housing).

Revise MainStay to address issues identified in this review.
It is becoming increasingly difficult for housing support providers to meet the specific needs of customers. This is a direct result of a reduction in the availability of, and changes in access to, specialist services: substance misuse and mental health provision; social care; end of life care. The support workforce is not equipped (or paid) to meet specialist health and care needs, although staff are meeting physical health care needs where they can. Potential customers deemed to present too high a level of need are at risk of being refused access to supported accommodation.

The health and wellbeing of most single homeless people (including rough sleepers) is significantly worse than that of the general population, with the average age of death reported by research as 47 years old. Within Liverpool’s single homeless population it appears that the number and complexity of needs is increasing; services are finding it difficult to meet their needs, and are preventing access in some cases.

The new, Big Lottery funded, Waves of Hope project has been introduced to meet these complex needs. It is early days for the services involved and the planned regular reviews will be an opportunity to understand how effective this model is. To achieve success it is known that ‘systems redesign’ is required and there are considerable challenges to this (this is reported by other Big Lottery funded projects). It will also be important that whilst Waves of Hope is in operation, action is taken to prevent future needs arising.

Similarly, a successful bid to the government’s ‘Fair Chance Fund’ is expected to address the gap in provision for young people with complex needs, enabling them to access education, employment and training.

It is a challenge to define the population of ‘people from abroad’ and within this, to identify the extent of homelessness, related needs, and how these are or could be met. The review does however suggest:

- Rising numbers of single people with No Recourse to Public Funds in Liverpool, resulting primarily from changes in the welfare system for EEA migrants, and increasing demand for services in the community and voluntary sectors as a result
Considerable use of local authority services and commissioned services to meet the needs of homeless refugees (single people and families), exacerbated by the practices of Serco (the NASS provider) and delays in obtaining a National Insurance Number.

The council understands there are problems and has recently sought to review all existing intelligence about this population (including homeless review findings), to inform action.

Review options to meet the needs of populations within ‘people from abroad’ and adopt an approach with partners that seeks to meet these as far as possible within the constraints of public funding.

Within Liverpool there are a wide range of services and accommodation options available to meet the needs of offenders, but it cannot be said that these are working together to achieve the best and most cost-effective outcomes. This is not just a problem in Liverpool. It results from the lack of integrated commissioning and services across criminal justice, health and social care, housing and employment systems.

The government’s Transforming Rehabilitation reforms are intended to address the challenge of reducing reoffending through improvements to resettlement, particularly for short-sentence offenders who previously did not receive any supervision in the community and often no support in prison. As with all single homeless households, challenges to this are the lack of suitable accommodation and access to specialist health and social care services, but offending behaviour alone (even where this presents no risk to others) presents a particular barrier to accessing a home, services in the community and employment. For these reasons it remains necessary to take a targeted approach to this population.

With reducing reoffending and other partners e.g. health, social care, economic, develop a strategy to enable access to the ‘right home environment for rehabilitation’, beginning with opportunities to prevent homelessness on first contact with the criminal justice system.

Drug and alcohol use and addiction are particularly prevalent in Liverpool. People who are homeless are much less likely to complete treatment and recover. Early indications in community-based housing support services are that there is an increasing use of IV drugs, particularly amongst young people.

Whilst it is apparent that the level of homelessness and housing need amongst people in structured treatment has declined in the last two years, the opposite is true for people in unstructured treatment (this includes housing related support). This is unsurprising for a number of reasons: nationally, the importance of a home to successful treatment completion and recovery has been strongly communicated to treatment providers; success in housing support services depends on the availability of specialist services; engagement in treatment suggests to a prospective landlord that there is less risk than from someone who has not engaged.

There is a pathway to treatment, recovery and housing for this population – there have been a number of improvements in recent years – and the overall supply of homelessness and housing support accommodation provision is felt adequate. However, there is room for improvement in how individual’s needs are addressed, including: widely communicating what is available; better communication between specialist services and support services; a homelessness and housing support workforce skilled in identifying and responding to needs; alternative models of providing treatment e.g. community detox models in supported housing, and/or alternatives to current provision e.g. a wet house, step-up/step-down accommodation etc.
Intelligence about sex workers, and homelessness amongst this population is very limited. Stakeholders suggest both are on the increase, and that is more difficult to meet housing needs than in the past.

Despite the considerable success of the No Second Night Out (NSNO) approach in Liverpool, rough sleeping is rising in the city and services, particularly the Sit-Up, cannot meet demand. This is the picture nationally. A contributory factor is the impact of changes to benefits for EEA migrant workers. Reductions to NSNO provision will result in greater numbers of people rough sleeping.

The decision of some Merseyside authorities to not provide a service or accommodation to address rough sleeping is contributing to the level of demand for Liverpool’s services. However, if this demand was met, it is unlikely that current Liverpool provision could be reduced; the majority of increases in demand has originated from Liverpool citizens.

There are early indications that the health needs of rough sleepers are increasing, particularly related to alcohol use, drug use and mental ill health. Changes in specialist provision to meet these needs impacts on the ability of housing support services to meet these needs; this is contributing to an increased length of stay in NSNO services and move-on for these individuals from supported accommodation.

In the current climate more action is needed to prevent rough sleeping; options to consider elsewhere in this report should contribute to this. The severity of the situation – current provision unable to meet demand now, and this is may worsen should services be reduced - should be widely communicated both in the city, and in other Merseyside authorities.

5.9 Service list

This section lists the services provided for single homeless people and couples. Other sections of the report list the services which are used by single homeless people who also have other needs (such as substance misuse or offending histories) or services aimed specifically at young people.

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day centre / drop-in and health services</td>
<td>Basement Drop-in</td>
<td>• The Hub and Sit-up service (shared with Whitechapel).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Drop-in for rough sleepers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Centre with shower, laundry facilities, kitchen, comfortable seats and TV,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>treatment room with computers, treatment room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nurse service twice a week and visiting dentists, doctors, holistic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>therapies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peer mentoring courses and training for volunteering</td>
</tr>
</tbody>
</table>
### Table 9: Floating support (these are generic, specific services are mentioned in other sections)

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move On Move In</td>
<td>Whitechapel</td>
<td>Resettlement and floating support</td>
</tr>
<tr>
<td>Floating support</td>
<td>Nugent Care</td>
<td>Floating support for LMH tenants at risk of homelessness (funded by LMH)</td>
</tr>
<tr>
<td>Floating support</td>
<td>Riverside ECHG</td>
<td>Homeless prevention / single homeless</td>
</tr>
<tr>
<td>Floating support</td>
<td>Plus Dane</td>
<td>Generic floating support</td>
</tr>
<tr>
<td>Floating support</td>
<td>Stonham / Home Group</td>
<td>Generic floating support</td>
</tr>
</tbody>
</table>

### Table 10: Supported accommodation for single homeless people and couples

<table>
<thead>
<tr>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Fowler House</td>
<td>38 beds for homeless women aged 16+</td>
</tr>
<tr>
<td>Darbyshire House</td>
<td>45 beds for homeless men/women aged 16+</td>
</tr>
<tr>
<td>Green Lane (Salvation Army)</td>
<td>23 beds for homeless men aged 16+, includes three emergency Housing Options beds for men accepted as statutory homeless</td>
</tr>
<tr>
<td>Leeds Street (YMCA)</td>
<td>60 beds funded by LCC – self-catering, self-contained</td>
</tr>
<tr>
<td></td>
<td>9 Waves of Hope beds funded through Big Lottery, self-catering with support, self-contained</td>
</tr>
<tr>
<td>Lister and Ullet (YMCA)</td>
<td>28 beds on two sites with 24-hour cover</td>
</tr>
<tr>
<td>YMCA</td>
<td>35 beds in dispersed flats</td>
</tr>
<tr>
<td></td>
<td>Dutch Farm in Garside, providing facilities for horticulture, archery, arts and crafts, and cookery</td>
</tr>
<tr>
<td>Geneva Road (LCC)</td>
<td>25 rooms for women:</td>
</tr>
<tr>
<td></td>
<td>12 for Housing Options Service for statutory homeless</td>
</tr>
<tr>
<td></td>
<td>11 for non-priority women through MainStay</td>
</tr>
<tr>
<td></td>
<td>1 for a rough sleeper</td>
</tr>
<tr>
<td></td>
<td>1 for young people 16-18 (funded through Children’s Services)</td>
</tr>
<tr>
<td>Chapter 1 (Mildmay)</td>
<td>50 beds for men aged 18+ (26 in 24 hour staffed (now replaced by refurbished house Blackburn Place: 24 in 8 flats shared by three men as second-stage accommodation</td>
</tr>
<tr>
<td></td>
<td>Staffed 9.00am to 10.30pm</td>
</tr>
<tr>
<td></td>
<td>Breakfast Club provided 3 mornings a week and dinner one night</td>
</tr>
<tr>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Supported Tenancy Scheme (Nugent Care)</td>
<td>• 26 self-contained flats for men and women aged 18+, no disabled access, bedsitters in old houses</td>
</tr>
<tr>
<td>Tenancy Support scheme (New Start)</td>
<td>• 70 units in shared accommodation for men, low level support, some self-contained others with communal kitchen and lounge</td>
</tr>
<tr>
<td>Community Housing</td>
<td>• 57 units in dispersed properties, mostly single person housing, for singles, couples and some families</td>
</tr>
<tr>
<td>Homeground (Local Solutions)</td>
<td>• 29 units of accommodation for single homeless people aged 16-35 at risk of homelessness (included here as covers 25 to 35 year olds)</td>
</tr>
<tr>
<td>Shaw Street (Riverside ECHG)</td>
<td>• 20 units of accommodation for single homeless people</td>
</tr>
</tbody>
</table>
6. Young People (18-24 years)

6.1 Why is homelessness amongst this population significant?

Information in this section is sourced from Homeless Link’s annual report on youth homelessness (2014) unless otherwise referenced\textsuperscript{xxix}.

Young people who experience homelessness are at risk of embarking on a ‘career’ in the homelessness, criminal justice, healthcare and treatment systems, at significant cost to their own health and wellbeing, their families and communities, and to the public purse\textsuperscript{xxx}.

Recent national research into the scale and nature of the population who are in contact with services in these systems – people facing severe and multiple disadvantage – concluded that:

- 25% of this population (over 250,000 people) are aged between 18 and 24 years (the second largest proportion after 25 – 44 year olds)
- Most people facing this form of severe and multiple disadvantage have long-term histories of economic and social marginalisation and childhood trauma.\textsuperscript{xxxi}

Nationally 53% of people using homeless accommodation projects are under 25 years of age.

Young care leavers are at particular risk of homelessness. The needs of this group in Liverpool are discussed in section 17.

Health and wellbeing

Ill health is a trigger for homelessness: 11% of young homeless people surveyed in 2014 reported drug and alcohol use as a cause, whilst 9% report physical or mental ill health.

Young homeless people are significantly more likely to have been diagnosed with a mental health condition than the general population (27% compared to 6%)\textsuperscript{xxxii}.

\textbf{Peter’s story:}

Peter is aged 21 and has been homeless for four months. He was in care from a young age and went through a high number of temporary foster placements until the age of 18 when, he stated, ‘the support just stopped’. His homelessness stemmed from domestic violence: having fled an abusive relationship he spent three weeks living in a car before self-referring to the Whitechapel Centre.

Community safety

Young offenders are particularly at risk of homelessness (13% of all young homeless people approaching local authorities nationally in August 2014). Crime can also result in homelessness: 7% young homeless people report this as a cause of their homelessness.

The estimated cost of youth crime was in excess of £1.2 billion in 2009; £23 million a week\textsuperscript{xxxiii}.

There is strong causal link between both unemployment and crime and educational underachievement and crime\textsuperscript{xxxiv}.
Economy
Young homeless people are more likely to not be in education, employment or training (NEET) than the general population (around 50% compared to 17.6%).

In 2010 the cost of youth unemployment and inactivity was estimated to be £22 million per week in Job Seekers Allowance, and £133 million in productivity loss to the economy\textsuperscript{xxxv}.

6.2 \textbf{What do we know about homelessness for this population nationally?}

It is very difficult to capture the scale of homelessness amongst young people. They may choose to stay temporarily with friends or family or sleep rough. They are also increasingly approaching service providers instead of local authority services for assistance; their need is unlikely to be recorded and reported as part of official statistics. September 2014 statutory homelessness statistics for England suggested an upward trend.

There are a number of factors contributing to homelessness amongst young people.

- High and rising levels of youth unemployment – the unemployment rate for people aged 18-24 was 15.1% in September to November 2014, up 1.1% points from the previous quarter\textsuperscript{xxxvi}

- There is greater competition for shared accommodation arising from the extension of the Shared Room Rate to under 35 year olds in the private rented sector

- Relationship breakdown is the main cause of homelessness, and that this is attributed to relationship failures with parents, with step-parents or other family members. Overcrowding and financial pressure in the household are also triggers

- There has been an increase in the number of young people who have experienced benefit reductions as a result of sanctions, from 1.7% of cases in 2013 to 10% in 2014

- There are fewer service and accommodation interventions available in local areas to meet need.

It is apparent that young homeless people are:

- Increasingly approaching service providers directly for assistance, and not local authority services

- Presenting with more complex needs than in the past, and that a high level of needs may lead to a provider turning an individual away.

Three groups of young people are reported to be increasingly marginalised by the housing system: those who are vulnerable due to support needs; those on a low income; young families\textsuperscript{xxxvii}.

The government response to youth homelessness has centred on capital funding for the provision of accommodation for very vulnerable young people (the Fair Chance Fund) and in 2015/16 the Platform for Life programme, intended to deliver time-limited accommodation for young people who want to study or work but are prevented from doing so because of their housing circumstances.

It is clear that providing ‘bricks and mortar’ will be only part of the solution to preventing and reducing homelessness amongst this group, and that unless this population is targeted, there will be considerable cost to Liverpool in the future.
6.3 **What do we know about homelessness for this population in Liverpool?**

Given the aforementioned challenges in understanding the size of this population it is no surprise that there is significant divergence in the figures generated by services in Liverpool:

- 52 homelessness applications from young people were recorded in 2013
- 432 young people accessed housing related support in 2013/14
- 948 young people approached the council’s Housing Options Service for advice and prevention in 2013/14 (unfortunately it is not possible to ascertain how many of these are single person households)
- 2,881 referrals for young people were made to MainStay accommodation from July 2013 to June 2014.

Care needs to be taken when using these sources to understand trends.

The number of young single people aged 18-24 making homeless applications to the council appears to be declining.

**Chart 27: Homeless applications from 18-24 year olds**

![Chart showing homeless applications from 18-24 year olds](image_url)

*Source: LCC Housing Options Service*

Data from housing related support services also points to a decrease in the number of 18-24 year olds accessing homelessness related services (the 2014/15 estimate should be taken with caution: this is based on the first quarter of the year only).
Gender
Within the young homeless population, there are a greater proportion of males: 61% of homelessness applications were from young men (between April 2012 and September 2014); 58% of young people accessing a housing related support service in Liverpool between April 2012 and June 2014 were male.

More young women than young men are accessing floating support services which may indicate that they find it easier to access independent accommodation but still require support to maintain whereas young men may be presenting with more complex needs that necessitate a stay in supported accommodation prior to gaining a tenancy.
Ethnicity
There is greater diversity amongst young people at risk of homelessness or homeless in housing related support services when compared to the profile of Liverpool’s population.

Chart 30: Ethnicity of young people aged 18 – 24 entering housing related support

Sources: Census 2011: www.liverpool.gov.uk/council/key-statistics-and-data/data/population & Client Record Forms

Economic status
Two thirds of young people entering a housing related support service between April 2012 and June 2014 were claiming Job Seeker’s Allowance (JSA). This is higher than the national figure of almost 50%. Stakeholders report that the majority of their service users are NEET.

It appears that the proportion of young people entering housing related support services who report being unable to work because they are ‘long-term sick or disabled is steadily rising: 10.5% in 2012/13; 19.1% in 2013/14; 20.9% in the first quarter of 2014/15. One service manager reported an increase in the number of young people claiming Employment Support Allowance (ESA).

Problems with welfare benefits are preventing access to housing related support services: 68 young people were refused access to supported accommodation due to benefit issues and a further 25 were refused due to them being ‘long-term sanctioned’ between July 2013 and June 2014. Stakeholders report an increase in the use of sanctions against young people mainly for failure to attend, or late attendance at, interviews and failure to comply with job search requirements.
Health and wellbeing

Between April 2012 and June 2014 an average of 40.2% of all young people aged 18-24 entering a supported accommodation or floating support service declared a health problem (alcohol, drugs, mental health or ‘complex needs’).

Poor mental health is often cited as a disability by young people (two thirds of those who reported a disability also reported mental ill health).

Chart 31: Health needs of young people entering a housing related support service April 2012 – June 2014

Source: Client Record Forms

Chart 32: Primary and secondary characteristics of young people entering a housing related support service April 2012 – June 2014

Source: Client Record Forms

Data indicates that drug misuse, poor mental health and a combination of these two problems are significant factors for young people accessing housing related support services in Liverpool.
Stakeholders report an increase in young people with poor mental health and problematic drug use. Levels of alcohol misuse are, however, lower than expected in light of stakeholder reports.

2013 research in Liverpool reported that young people are presenting to services ‘with more complex problems, largely alcohol dependence and substance misuse’\(^{xxxviii}\).

Local research by Homeground into the number of young people with complex needs who would not have their needs met through existing provision, identified 256 young people who met the criteria. Presenting needs included substance misuse (35%) and mental and emotional health (45%).

### Community safety

14.7% of young people entering housing related support services in 2013/14 were reported to have an offending history (92).

68 young people entering housing related support services in 2013/14 were reported to be the victim of domestic abuse (only 39 were the subject of a Multi-Agency Risk Assessment Conference or MARAC).

Local complex needs research (Homestay) indicates that 30% of young people meeting this criteria have an offending history, and 30% have perpetrated or been the victim of violence.

### Main causes of homelessness

Causes of homelessness for young people in Liverpool reflect the national picture of relationship breakdown between young people and their parents, followed by a series of temporary stays at friends and relatives.

The consequence of having to leave the parental home or exhausting the offer of accommodation from other family or friends is stark; there is a real risk of rough sleeping. It is for this reason that many young people access supported accommodation.

**Robert’s story:**

Robert is aged 22 and first became homeless at age 16 when his family evicted him. He comes from Halton and said that he made multiple presentations to the local authority but stated that he had been ‘fobbed off’. After two years ‘sofa surfing’ he went to live with his grandfather who died shortly afterwards, leading to another period of transience including several episodes of rough sleeping.

Relationship breakdown, with and without violence is also a significant causative factor however making up around 15% of the total application reasons in 2012 and 2013.
Details of the homeless young person’s vulnerability is also recorded by the council’s Housing Options Service for those who have been owed the main homelessness duty. Violence features again in this data. It also suggests that being a care leaver plays a greater part than is suggested in ‘reasons for homelessness’. These could be young people who have left care, and/or moved on to alternative accommodation but, for various reasons, have not been able to continue living there. Mental ill health is also identified as a vulnerability.
6.4 Homelessness prevention and resolution for young people

Young people are able to access the services which are described in the overarching section on single homelessness. Specialist services open to young people are described in the relevant section, for example, ‘substance misuse’. In summary services targeted at young people, or solely for young people are:

- Advice services
- Family mediation
- Supervision for young offenders
- Young person specific supported accommodation, including supported lodgings
- Support into education, employment and training, and skills development
- Floating support
- Mentoring.

Sections 6.6 and 6.8 describe these in more detail but the following information enables an understanding of the use of these services by the population.

Advice, prevention and assistance
The first ports of call for young people who are homeless or are at risk of homelessness include the council’s Housing Options Service, Whitechapel and the Basement.
Although there were 948 approaches to the council’s Housing Options Service by young people recorded in 2013/14, it has not been possible to identify household type: this figure will include families whose head of household is aged 18-24 years.

Of the 149 applicants who made a homeless application between April 2012 and September 2014, a total of 48 were accepted for the full homelessness duty. Data suggests that whilst the number of young people making applications has declined (see earlier chart), the proportion of those owed the duty has increased: 24.3% of young applicants in 2012; 60.8% in the first three quarters of 2014.

**Temporary and supported housing**
The majority of those owed a duty are placed in temporary accommodation (this did not include bed and breakfast accommodation).

Access to single persons supported accommodation through MainStay is enabled by: Whitechapel; the Basement (the Sit Up service) and the council’s Housing Options Service. It is not known what proportion of young people come through each route. Although there is designated young persons’ provision, young people can access other MainStay accommodation.

There is a higher than average (54%) refusal rate for young people’s MainStay accommodation (the refusal rate for single homeless services is nine percent; for dispersed accommodation and second stage hostels it is 41%; for substance misuse accommodation services the rate is 36%). The predominant reasons for refusal are: too high a level of risk; support needs are too high; the young person does not meet the criteria.

**Chart 35: Reasons for refusal of supported accommodation. MainStay young people’s services (all) July 2013 – June 2014**

![Refusal reasons to MainStay young persons accommodation chart]

Source: MainStay

**NB there will be some young people aged 16 and 17 included.**

Young people are also more likely to be evicted from MainStay accommodation than other single homeless people but are less likely to abandon their accommodation.
Unacceptable behaviour is a likely contributor to evictions. Lower levels of abandonment may indicate that there are fewer options available for young people outside of the accommodation on offer. High rates of refusal and eviction, and reasons for refusal, provide an indication that services are not equipped to respond to the level of presenting need. Despite levels of eviction and abandonment, young people’s MainStay accommodation reports that 63% of moves are planned, compared to the average for all MainStay accommodation of 61%.

Although there have been fluctuations, the length of stay for young people in accommodation based housing support appears to have risen slightly; from 136 days in 2012/13 to 153 days in 2013/14. This may be an indication that the needs of young people require support for a longer period of time and/or young people may be ready to move-on but there are fewer available options. The increase in time spent is however very small at around two weeks.

Moving-on from housing related supported accommodation is primarily into social housing or another form of supported housing, or moving in with family or friends.

The data show a high number of young people moving into social housing which seems to contradict the views expressed by stakeholders that social landlords are reluctant to offer tenancies to young people. MainStay data also show high numbers going to live with family and friends.
Chart 37: Immediate destinations of young people leaving a supported accommodation service: 2012/13 and 2013/14

Source: Outcome Records

Chart 38: Outcomes and destinations for young people leaving MainStay accommodation July 2013 – June 2014

Source: MainStay

NB these data will include some 16 and 17 year olds and some people aged over 24 leaving the Homeground Project
Access to social housing is via Property Pool Plus (this is discussed in more the section on access to housing). Priority for accommodation relates to homelessness status (i.e. the council owes the full duty – few single people of any age are in this position), or if they are living in temporary accommodation, defined as ‘applicants from hostel, approved probation hostel and supported accommodation’. There is no data available to understand how many homeless young people have accessed social housing.

Access to the private rented sector is enabled by supported housing providers. Nothing is known about the outcome of these ‘placements’.

6.5 Stakeholder and customer perspective on unmet need and existing services

The positive aspects of current provision cited for single homeless people generally apply to young people. In addition:

- The prioritisation of temporary / supported housing residents under Property Pool Plus was generally applauded by young people’s service managers
- The increase in second stage hostel accommodation for young people provided by the YMCA and Riverside ECHG (Shaw Street) was also noted as a positive change (although these services are not young-person specific)
- Young people’s hostels were praised for keeping young people isolated from older and ‘entrenched’ homeless people.

An identified gap in preventing homelessness from the parental or family home has resulted in a successful bid for funding for a family mediation service. In addition, a successful bid to the government’s ‘Fair Chance Fund’ is expected to address the gap in provision for young people with complex needs, enabling them to access education, employment and training. The lead agency for the Liverpool project expressed confidence that the funding would make a difference.

Issues cited for single homeless people are also generally relevant to young people, for example:

- The allocation of supported housing through MainStay; whilst it is an improvement, people are not always placed in the most suitable service
- Anticipated reductions in the availability of floating support and an increase in unmet need
- High demand for the rent bond scheme and the lack of good quality one bedroom accommodation; these are barriers to move-on from supported accommodation.

Other areas for improvement identified by stakeholders include:

Homeless prevention and response
Young people reported approaching Whitechapel or Basement services as their ‘first port of call’, and not the council’s Housing Options Service. This could mean that the council will not have had the opportunity to attempt early prevention work, and may access the supported accommodation. Approaching Whitechapel or Basement direct is felt more likely to begin the young person on the pathway into supported accommodation rather than prevention (although Whitechapel does offer an advice and prevention service and HOS does refer to MainStay).

Some stakeholders also suggested that the council’s service was not particularly effective for young people, and can be as little as ‘giving a list of private landlords’ (HOS does not hold such a list). It
appears that there is not a shared understanding of the services on offer from the council to young people, and particularly those who are not identified as being in ‘priority need’.

**Housing related support, including supported accommodation**

Although the increase in second stage hostel accommodation for young people has been positive, Shaw Street is reported to operate a waiting list.

Mixing young people aged 16 and 17 with older single homeless people aged 18-25 was seen as a potential issue as the ‘older’ young people may be negative role models.

Reductions in funding for services are reported to have:

- Reduced the number of staff within some services for young people (housing related and other types of provision e.g. counselling, education and training, mental health and drug services)
- Increased referrals from housing related support services to other providers in order to meet needs e.g. training needs for young people with no qualifications and/or
- Raised the need for staff training in housing related support services as they are no longer able to refer to specialist services, for example, to meet the needs of young people with multiple and complex needs.

Service managers noted that staff members were not able to cope with the rise in cannabis use and drug induced psychosis, and that Young Addaction is no longer engaged with supported housing.

Service managers interviewed stated that they found difficulty in engaging outreach mental health services for young people in short-term supported accommodation especially now that the threshold for receiving a service has been raised. The homeless mental health team has been reduced and has been integrated into a Community Mental Health Team (CMHT). They have had to cut back on outreach and also provider training. They do assessments but only take on those with, generally, treatable conditions for whom they have capacity.

The need for more life skills training for young people was noted and it was suggested that a ‘Passport to Accommodation’ should be developed in partnership with the City Council, social landlords and private landlords.

**Access to settled housing**

Stakeholders report that move-on from supported accommodation is taking longer than necessary owing to difficulties in securing settled housing (‘length of stay’ data presented earlier also indicates this could be a problem).

Young people are felt by service managers to face discrimination from some social landlords, who appear particularly reluctant to accommodate them. The data from supported accommodation and MainStay do not support this view however, and show a significant number moving on to social housing. Also, there are a number of social landlords who support the Passport to Accommodation, suggesting this reduces the risk of tenancy failure.

### 6.6 Gaps in services, or changes needed

Many of the gaps and changes identified within the single homelessness section are applicable to young people but are replicated here as solutions may be more effective if targeted or specific to young people:
Additional requirements are for:

- Better access to homeless prevention services such as family mediation and relationship counselling
- Young persons’ specific supported accommodation
- Smaller affordable settled (not supported) accommodation
- Mental health support
- Alcohol and drug use.

Changes are required to:

- Ensure that the pathway to settled housing for young people begins with homeless prevention, and not immediate access to supported housing; Ensure homeless young people who present to MainStay providers are offered prevention interventions where this is not already the case
- Gain support for the ‘Passport to Accommodation’ scheme from all social (and some private sector) landlords
- Understand and take steps to address the very high level of refusal of supported accommodation by MainStay providers
- Reduce eviction and abandonment from supported housing. The rates of eviction and abandonment are particularly high for young people
- Address workforce development needs
- MainStay assessors and providers: to ensure the right information is collected and recorded first-time
- Enable the health care needs of young people in supported housing to be met
- Enable intelligence about the young person’s housing history to be captured and analysed.

Further research/investigation is needed to understand (and act on):

- The journey young people embark on, on first becoming homeless and before they present to services
- The extent to which referrals into MainStay could have had their needs met through a preventive service
- Evidence that there is move-on into social housing, despite stakeholder perceptions. There may be positive practice that other social landlords could learn from, alongside the perceived discrimination
- Monitor and evaluate the success of the new family mediation service.
6.7 Positive and emerging practice

Liverpool

Involve Northwest (formerly Wirral Mediation) has recently been awarded funding from Comic Relief to develop a family mediation service for 18-24 year olds facing homelessness in response to a perceived shortage of prevention services. The intention is to provide an intervention whilst the young person is still at home. It is advertised in sixth form colleges and agencies such as the Youth Offending Team and young people can self-refer. The service will be available across the city.

Local Solutions has developed a ‘Resettlement Passport’: a pre-tenancy course to help young or vulnerable people prepare to move into their own tenancies. Practical and interactive, it can be delivered one-to-one, or in small groups. The Passport has been endorsed by a number of social landlords including: Liverpool Housing Trust, Plus Dane Group, Regenda and the Riverside Group.

A recent addition to the range of services available to young people is the Local Solutions ‘Fair Chance Fund’ service for young people aged 18-24 with complex needs. The project is a partnership between the Home Ground service and Oakmere Training and will provide accommodation and support into education, employment and training via an ‘intensive mentoring’ service to 110 young people in Liverpool.

Local Solutions, with the backing of Liverpool City Council, will deliver a programme of support to this client group with the aim of sustaining stable accommodation and achieving positive training, education or employment outcomes. Local Solutions holds a sub-contract agreement with Oakmere College to deliver the training and employment elements.

Local Solutions has commitment from the Local Authority to provide support via the RSL working group in order to identify and allocate accommodation for this client group. There is an arrangement with Liverpool YMCA to provide access to existing dispersed housing. Local Solutions will utilise its existing accommodation and Supported Lodgings provision where appropriate.

Positive practice in other local authorities

The Blackburn with Darwen Foyer, managed by St Vincent’s Housing Association, has increased access to supported accommodation for young couples both with and without children by the Foyer’s conversion of two commercial units into two self-contained two-bed flats for use by young families.

The two flats for couples at the Foyer are generally in high demand and ideal for young couples who are possibly not statutory homeless (e.g. each partner residing separately, possibly overcrowded, residing with parents, etc) but are expecting a child or have a child together and wish to commence living together.

The ‘Talk to Sort’ mediation service in Loughborough, Leicestershire, provides a good example of family mediation as a homelessness prevention tool.

The service works with young people aged 11-19 and families who may be having problems at home or with their relationships. Support is provided to resolve conflict and includes help with mental health problems and concerns around substance misuse.

In this way the service helps young people to avoid becoming homeless, in both the immediate and distant future. This involves working through a number of issues which may include:

- Arguments with parents / carers / siblings
- Disagreements over house rules, routines and/or chores
- Not being in education, employment or training
• Drug and alcohol misuse
• Physical mental health and learning difficulties
• Criminal or anti-social behaviour.

Other good practice examples going back to the late 1990s can be found in the Early Intervention ‘Toolkit’ – programmes to prevent Youth Homelessness; some examples from the UK National good practice guides published by the Depaul Trust\textsuperscript{xli}.

The Positive Pathway for homelessness prevention and the options for addressing mental health issues in young people’s homelessness service from the De Paul Trust are not actual examples of good practice from other authorities. They do however contain very useful information for commissioners and practitioners seeking to prevent youth homelessness or address the mental health problems that as has been shown, are significant amongst the young homeless population of Liverpool.

The ‘Positive Pathway’\textsuperscript{xlii} is the result of research and consultations undertaken with charities, organisations and young people by St Basils and Homeless Link in 2012. It was then used in the 2012 government report on homelessness ‘Making every contact count’. The Positive Pathway aims to give local authorities and other organisations a clear framework to better prevent young people from becoming homeless in the first place.

The Positive Pathway is focussed on the provision of accommodation but recognises that without suitable housing and the stability that brings, vulnerable young people, at risk of homelessness are highly unlikely to achieve positive outcomes in other parts of their lives. Integral to the success of the Positive Pathway an integrated approach from agencies, working together to support young people in terms of:

• Achieving in education
• Career success and resulting economic independence
• Being healthy, both physically and mentally
• Having positive relationships with peers, family and within local communities
• Involvement in meaningful, enjoyable activities, including volunteering, sports and arts.

The ‘Pathway’ was endorsed at a training event in 2012 by the Youth Homeless North East Partnership which involves Darlington, Newcastle, Northumberland, County Durham, Stockton and Middlesbrough. Work is underway to review and revise the Pathway to incorporate services that meet wider needs, for example, health.
The Positive Pathway aims to support the following outcomes for young people: achieving in education; career success; being healthy; having positive relationships, and involvement in meaningful, enjoyable activities.

Steps 1 – 4: An integrated focus on PREVENTION: Young people staying within the family network for as long as its safe and possible to do so. If they need to leave, agencies pro-actively plan with the young person & family

1. Minimise Demand
   Education work in schools/other youth provision on reality of housing choices for young people

2. Reduce crisis & demand:
   Early intervention work is targeted to keep young people at high risk of homelessness in the family home/network

3. Reduce crisis
   Plan & prepare with those at high risk of homelessness BEFORE they are in crisis

4. A Single Integrated Service Gateway:
   Jointly delivered and/ or commissioned by Housing & Children’s Services
   Functions: Pro-active prevention of homelessness, assessment of needs, planning and advice on options & access to short stay/longer stay accommodation if needed
   But also easy access to a wider range of advice and support, e.g.:
   - Advice & support re: education, training & employment
   - Health services e.g. counselling, substance misuse, sexual health
   - Life skills & income maximisation advice

5. Supported accommodation
   Supported as a starting point for higher needs or young age (16/17/18). Living in a hostal, a family or supported lodgings until assessed as ready for next move.

6. Floating Support
   Young person is ready to make their next move with minimal/no support, they are positively engaged in education, training or employment, they have good health & emotional well being, positive relationships & the ability to manage a tenancy & sharing with others for most young people

7. Shared student accommodation
   For those in FE, accommodation based on level of need, to support success in education, training & employment, health & well-being & ability to manage tenancy.

Steps 5 – 7 Young people can access 3 broad options and can move between them until they are ready to move on into more settled accommodation (Step 8). A big focus here is on stabilising, engaging in education, training & employment. This part of the pathway is based on the concept of progression & readiness to succeed, so accommodation & level of support are tailored to individuals. Support may be on site, floating support, or light touch: lead tenant, concierge, college/ training provider.

Source: DCLG: developing positive accommodation and support pathways to adulthood: Minimising the risks of youth homelessness and supporting successful transitions for young people

‘Putting it in Place’ is the second of two documents published by the Depaul Trust in partnership with AstraZeneca. It contains a set of recommendations stemming from research into the mental health needs of young homeless people carried out by a consortium of London based agencies and by Depaul UK and AstraZeneca under the Young Health Programme.

The report provides a number of useful prompts that could be used in Liverpool.

6.8 Service list

Table 11: Service list

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and prevention services</td>
<td>Young People’s Advice Service (YPAS)</td>
<td>Services at YPAS include advice, support and group work. A drop in service is operated where advice on housing issues is provided</td>
</tr>
<tr>
<td></td>
<td>Involve Northwest (formerly Wirral Mediation)</td>
<td>Developing a family mediation service for 18 to 24 year olds facing homelessness</td>
</tr>
<tr>
<td>Floating Support</td>
<td>Barnardo’s: Tenancy Support</td>
<td>Tenancy support for 52 young people (male and female) aged 16 – 21. Average age 18</td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Floating Support (cont’d)…</td>
<td></td>
<td>• Up to 12 months support (not two years as in most Housing Support services)</td>
</tr>
<tr>
<td>Supported accommodation specifically for young people</td>
<td>Riverside (ECHG): Powerhouse Foyer</td>
<td>52 beds for young single homeless men and women aged 16 - 25</td>
</tr>
<tr>
<td></td>
<td>Plus Dane: Anne Conway House</td>
<td>13 beds for young people 16-25 primarily from BME backgrounds</td>
</tr>
<tr>
<td></td>
<td>NACRO: The Elms</td>
<td>10 beds for young men and women aged 16-25</td>
</tr>
<tr>
<td></td>
<td>Great Places: Rodney Street</td>
<td>26 beds for young women aged 16-25</td>
</tr>
<tr>
<td></td>
<td>Local Solutions: Supported Lodgings</td>
<td>40 (dispersed) beds for young men and women aged 16-25</td>
</tr>
<tr>
<td></td>
<td>Local Solutions: Homeground</td>
<td>29 beds for single homeless people with complex needs aged 16-35</td>
</tr>
<tr>
<td>Specialist service for young people with complex needs</td>
<td>Local Solutions and Oakmere Training 'Fair Chance Fund' AIMS Project</td>
<td>One to one to one and group work support for up to 110 young people aged 18-24 with complex needs. Service will provide support to access and maintain accommodation and facilitate entry into education, employment and training</td>
</tr>
</tbody>
</table>
7. People from abroad

7.1 Why is homelessness amongst this population significant?

Four groups of people who come to Liverpool from abroad may be affected by homelessness:

- Destitute asylum seekers – people who have been forced to leave their home country due to a well-founded fear of persecution, but whose application for asylum has been turned down
- Migrant workers – people moving to the UK for work
- Refugees – individuals whose request for asylum has been accepted
- People who have been trafficked into the UK – brought here by deception, fraud, abduction or force.

Groups not permitted to have access to public funds (welfare benefits, public housing, or asylum support), are referred to as having No Recourse to Public Funds (NRPF), and include destitute asylum seekers, people who have overstayed their visas, people on student or tourist visas, people in the UK illegally, and some migrant workers from Central and Eastern Europe. More detail can be found on the NRPF network site\textsuperscript{xlvi}.

Health and wellbeing

There are concerns about health needs for this group, particularly for those who have NRPF and are possibly ‘below the radar’.

Asylum seekers and refugees may have experienced trauma, violence, rape and other abuse, and may have been tortured. They may be very vulnerable at the start of their stay in the UK, and may face additional barriers to access for health services including language barriers, and not knowing how systems work in the UK, whilst having health needs related to their experiences at home, or on the way to the UK.

There is evidence that lack of access to funds to support vulnerable patients who have NRPF severely compromises treatment access, completion and cure for tuberculosis (TB), despite the fact that treatment for TB is free\textsuperscript{xlvii}.

The scale of the issue nationally

The number of people with NRPF increased in 2014 as a result of recent changes in the welfare system\textsuperscript{xlviii}. These have mainly affected European Economic Area (EEA) citizens; homelessness amongst this group has risen because:

- Those who come to the UK for work, may now not claim Jobseeker’s Allowance (JSA) for at least three months and may not claim JSA for longer than six months (from November 2014 this was reduced to three months), unless they can show they have a promise of work
- Once able to claim JSA, they are not eligible for Housing Benefit or for housing or homelessness assistance
- For those who have been in work, if they have lost their employment and claimed JSA, a break in their claim means that the new rules now apply and they cannot claim Housing Benefit.
The government's approach
There are concerns that the Immigration Act 2014 will make matters considerably worse for people from outside the UK trying to resolve their accommodation needs. Starting with a pilot scheme in the West Midlands in December 2014, it will be illegal to grant tenancies or lodging arrangements to illegal migrants. Private landlords and their agents must check that each person applying for a tenancy is permitted to rent a home in the UK. There is a potential fine of up to £3,000.

The Immigration Act will also introduce phased charges for primary care other than for GP visits, and for some secondary care. Banks and Building Societies will not be allowed to open a current account for people not yet in the UK, or without leave to enter or remain.

From February 2015, people who do not have clear job prospects will see their claim for Job Seekers Allowance ended and their right to reside in the UK as a jobseeker withdrawn. Homeless Link has raised concerns that this is likely to significantly increase the number of rough sleepers on the streets in the UK.

Proposals recently made by the Prime Minister (November 2014) to remove the right of working EU migrants to receive tax credits and council houses until they had been here for four years, to remove migrants from the UK after six months if they have not found work, and to stop migrants claiming Child Benefit for dependents living outside the UK, are likely to add to the number of migrants unable to pay for their housing costs. There is no timetable for these proposals to be introduced as yet.

The approach in Liverpool
Liverpool is one of five places in the UK where asylum assessments are carried out, although whilst waiting for the result of the assessment, applicants are placed in dispersed accommodation throughout the North West of England.

In 2013 Liverpool was home to the largest number of dispersed people seeking asylum amongst the Core Cities and within the North West, with around 1,350 people of the total of 2,970 awaiting a decision housed by Serco Ltd (commissioned by the Home Office) within Liverpool.

Liverpool became a City of Sanctuary (now one of 35) in 2013, pledging to:

- Support local people in welcoming and helping new communities to integrate into local and civic society
- Recognise the positive contribution migrants make to the social, cultural and community life of Liverpool
- Support community and voluntary organisations in assisting in this process.

The motion to council mentioned the need to work with and through the voluntary sector to offer support to destitute asylum seekers, and noted that local authorities should be permitted to provide emergency provision to refused asylum seekers in the same way as to other homeless people. However, this is not permitted under current immigration legislation and Liverpool City Council is faced with the position that it may not itself resolve the housing needs of people in this group, as with others in the NRPF group.
7.2 **What do we know about homelessness for this population in Liverpool?**

Where possible the population has been described alongside the four headings provided earlier, but not all sources of data enable this analysis. This section begins with what is known for the population as a whole.

**The scale of the total population**

**Asylum seekers**

922 asylum seekers were reported to be living in dispersed accommodation in Liverpool in 2013. The majority are reported to be young adults, and almost half are single men. The most common country of origin of people seeking asylum in Liverpool was Pakistan, but a large number of countries from nearly all regions of the world are also represented.

**Refugees**

The Merseyside Refugee Support Network reports that they see over 500 customers each year. This is all that is known about the number of refugees living in the city.

**Migrant workers**

It is extremely hard to estimate the scale of the migrant worker population. A large study carried out in 2008 by Salford University to estimate the population explained this difficulty, but did conclude, with great caution, that there were anything between 2,133 and 4,977 A8/A2 migrant workers in the city. The figure is likely to have increased since 2008.
Victims of trafficking
It is very hard to assess the number of people who have trafficked in the UK. It is estimated that:

- Out of a total of 17,000 migrant workers working in off-street prostitution in 2010, 2,600 women were trafficked for sexual exploitation in England and Wales.
- A further 9,600 'vulnerable migrants' may have been trafficked.

Other victims of trafficking for domestic servitude, or child victims, are less easy to identify.

It is accepted by the police and other agencies in Liverpool that there is no real way of estimating the size of the trafficked population living in the city.

The scale of homelessness for this population
There is no single source of data showing the number of people from abroad who are homeless in Liverpool. Sources include: records of advice enquiries to the council’s Housing Options Service; homeless applications to the council and decisions taken for foreign national applicants; health needs assessment; data captured by other agencies working with asylum seekers or refugees; housing related support service records; MainStay records.

Available intelligence for the whole population tells us:

- 145 households accessed housing related support services from Home Office accommodation in the period April 2012 - March 2014: 90% (130) of these households were recorded as homeless.
- Figures suggest an increase from 64 households accessing services in 2012/13 to 81 households in 2013/14.
- There are usually five long-term rough sleepers with NRPF in contact with the Hub, and another five who intermittently sleep rough.
- 4 (50%) of rough sleepers counted in 2014 were people with NRPF.
- Whitechapel services have, in the first nine months of 2014, seen almost a two-fold increase in the number of service users with NRPF compared to 2013 (19 in 2013, 34 in the first nine months of 2014).
- Homelessness applications to the council from people from abroad appear to be rising, particularly from EEA citizens.
- Health needs amongst people from abroad, particularly asylum seekers, are reported to be increasing, notably TB, HIV, mental health needs and trauma.
Asylum seekers
In a 30 month period (April 2012 - September 2014), 512 households approached the council’s Housing Options Service for housing advice and assistance to prevent homelessness, an average of 17 per month. The number appears to be decreasing slightly year-on-year.

58% of households were headed by a male. Advice and prevention records do not include the household type, and there is no data about the size of households.
Chart 42: Age of asylum seeker enquirers to the council’s Housing Options Service

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enquirers</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>50</td>
</tr>
<tr>
<td>25-34</td>
<td>250</td>
</tr>
<tr>
<td>35-64</td>
<td>400</td>
</tr>
<tr>
<td>65-74</td>
<td>350</td>
</tr>
<tr>
<td>75+</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: LCC Housing Options Services

352 of the 512 households were supported by the Housing Options Service to either prevent homelessness or make a homelessness application.

Refugees

The Merseyside Refugee Support Network reports that, of the over 500 customers they see each year, around half are homeless or at risk of homelessness, a number that has stayed the same over recent years.

81 households accessed housing related support services in 2013/14, having previously lived in Home Office accommodation (64 in 2012/13). The proportion of male/female heads of household is roughly the same.

It appears there are slightly more single person households accessing housing related support than families: 60% of households in 2013/14. A number of single people accessing services were recorded as ‘homeless family with support needs’: they may be exercising their right to family reunion following a grant of leave to remain (9 households in 2013/14).
Homelessness is the primary reason for households accessing housing related support. Only five of 81 households in 2013/14 were reported to be ‘not homeless’, and households were typically described as either being ‘single homeless’ or ‘homeless family with support needs’.

Source: Client Record Forms
Chart 45: Primary need of households accessing housing related support from Home Office accommodation 2013/14

Reasons for homelessness

Stakeholder feedback provides the only real source of intelligence about why people from abroad become homeless. Aside from lack of money to pay for accommodation costs, the following are cited as contributory factors.

The current practice of Serco, who asks people to leave their dispersal accommodation before all their paperwork is in place, and in particular before the person has their National Insurance number (NINO). Without a NINO:

- It is not possible to claim benefits or to register for work
- There may be difficulties moving into accommodation if they cannot show that they can pay for it.

It is reported that it can take as long as three months for a client to receive their NINO.

Having provided assurances to a landlord that they can pay for accommodation, and having been accommodated, delays in arranging a NINO can lead to a landlord evicting their tenant.

DWP cutbacks on interpreter services are also felt to be affecting people’s ability to claim benefits in a timely manner.

It should be noted that other EU migrants (including Irish) face the same delays in receiving their NINO as do others from the wider EEA. These delays have significant impacts on people’s ability to access services, work, support and accommodation. ICCM has highlighted the particularly severe impact of delays on families and individuals that have fled community intimidation and life threats.
7.3 Homelessness prevention and resolution for asylum seekers and refugees

In summary targeted and specific services include:

- Advice and advocacy
- Day centres, and related activities
- Food services
- Floating support to people living their own home
- Supported accommodation
- Other short-term accommodation (voluntary sector).

Sections 7.5 and 7.7 describe in detail the available provision for people from abroad. Information in this next section provides more detailed understanding about the use of the services, where information has been made available.

Advice, prevention and assistance
NASS accommodation providers are obliged to provide advice on move-on options.

Housing Options Service (HOS) and Serco have agreed that all new asylum seekers will be notified to HOS, which then writes to the household to make contact. Of the 512 households accessing the HOS service between April 2012 and September 2014, over 50% (288) are recorded as self-referrals, when in fact most are likely to have been contacted by the HOS (HOS is reviewing how it records these contacts now), and almost 30% were referred by Refugee Action.

For almost a third of households it is not known what happened to them following their initial contact with the service; sample evidence of ‘non-positive outcome’ cases indicates that most are so recorded because they fail to keep appointments or there is no further contact. This rate of non-positive outcome is not out of line with other groups that make contact with the Housing Options Service.

For households with a recorded positive outcome, almost 70% were enabled to access accommodation or homelessness from their current accommodation.

Chart 46: Reported outcome from the council’s Housing Options Service

Source: LCC Housing Options Service
57 of the 91 homelessness applications were made by former asylum seekers between April 2012 and September 2014. Of the 57 who were accepted as in priority need and owed a full homelessness duty, the majority were households with dependent children.

Chart 47: Priority need of former asylum seekers accepted as homeless by the council

Temporary and supported housing
At the time of writing there are 10 asylum seeker households (families) accommodated in Belvidere House from a total of 16 units; it is reported by the Housing Options Service that the majority of units are occupied by this group.

Destitute asylum seekers (and migrant workers with no recourse to public funds or who are awaiting receipt of NINOs) cannot access the Sit Up and other No Second Night Out resources.

76% of new services users to housing related support in 2013/14 accessed supported accommodation, unsurprising given that homelessness appears to be the main support need (see earlier in this section). Data from the council’s Housing Options Service appears to underplay the use of housing related support services by refugees: four households were recorded by the service with a supported accommodation outcome between April 2012 and September 2014 but Client Record Forms for housing related support indicate 145 households accessing services in the period April 2012 – March 2014, of which 81 were nominated or referred from the council.

MainStay supported accommodation is accessed by refugees, and in a few cases asylum seekers. On average 12 single people are assessed and seven (58%) are placed; this remained largely the same for the 14 months of reported data.
EEA migrant workers
The only information pertaining specifically to EEA migrant workers is from MainStay. In a 14 month period from July 2013 to September 2014, 123 households from the EEA were assessed for accommodation. Five could not be placed as they were not entitled to benefits but 55 were successfully placed in services. This represents an average of just under nine households a month seeking an assessment, and just under four per month being placed.

Chart 49: EEA Nationals presenting to MainStay services July 2013 – Sep 2014

There is no information about the number of people who access the Sisters of Mercy accommodation or other services listed later in this section.
Victims of trafficking
Victims of trafficking can be accommodated by City Hearts through a national referral mechanism, for up to 45 days (for ‘recovery and reflection’). Thereafter if the person has no recourse to public funds, their lack of ability to pay for accommodation means that they have very few options, as shown below.

7.4 Stakeholder and customer perspective on unmet need and existing services

Unmet need
Agencies report an increase in the number of people with no recourse to public funds (NRPF), and very limited means by which to resolve homelessness.

The increase is felt to particularly relate to European Economic Area migrant workers who have lost accommodation when a benefit claim was interrupted, were now either relying on the limited accommodation available (see below) or were sleeping rough, many in parks or allotments. It was reported that some are sleeping in tents, and others are staying with friends. The latter can mean large numbers of people sleeping on the floor or sofas.

The main gap in services provided in Liverpool is accommodation for people with no recourse to public funds, a gap which statutory agencies and services funded through public funds are not permitted to fill. The small number of units of accommodation provided by the Sisters of Mercy, by Asylum Link and by a few churches is not felt to meet the needs of destitute asylum seekers and unemployed migrant workers, contributing to homelessness amongst these populations.

There is a particular gap for women asylum seekers and migrant workers, including those who are pregnant. Sisters of Mercy provides male-only accommodation.

Victims of trafficking can be accommodated by City Hearts through a national referral mechanism, for up to 45 days (for ‘recovery and reflection’). Thereafter, if the person has no recourse to public funds, their lack of ability to pay for accommodation means that they have very few options.

There are no longer any specialist floating support services for refugees in the city. The one specialist service stopped in 2013, following cuts to the housing-related support budget in 2011. Two generic floating support services are operated by Plus Dane and Stonham. They still work with refugees but do not receive as many referrals for this group as might be expected, other than, in the case of Plus Dane, referrals for its own tenants and a small number for people leaving Ann Conway House.

Existing services
Services for asylum seekers being granted leave to remain are largely meeting needs and agencies are complementary about those services. Migrant workers, on the other hand generally recognise that there is a limit to the offer that can be made for those who are not entitled to benefits or to assistance paid for out of public funds. However, some agencies reported that recently some migrant workers have been less willing to accept that there is no accommodation available for them, and their behaviour has been difficult to manage, perhaps made worse by being under the influence of drugs or alcohol at a MainStay assessment centre.

Some improvements could be made in the provision of interpreting and translating services. On occasions, homeless women may be accompanied by men who are translating for them, so it can be difficult to find out what their real needs are if these relate to personal issues and histories of abuse in their home country or in the UK, particularly if this includes any violence or an experience of rape.

People from abroad may hide information about themselves if they fear this will be used as part of an attempt to send them home, and it can be doubly difficult to uncover important information if there are
also barriers caused by not having skilled interpreters available. Although the facility for interpretation should be offered at all One Stop Shops, this has not been the experience reported by stakeholders, and there was a suggestion that MainStay assessment centres were sometimes missing important facts about people who do not have English as their first language. As a result, some providers are holding interviews with potential residents in order to check the information they have been provided with following the assessment.

Some agencies working with people from abroad were disappointed about the lack of knowledge amongst some Housing Options Service staff. There was a view that training on matters relating to immigration is not adequate, and that staff do not always know how to deal with vulnerable, newly arrived refugees and the issues that affect them. Also, there is insufficient awareness of the processes and pathways in place to help staff decide if they have financial responsibility for each group.

Where refugees arrive on a reunion visa, accommodation can only be reserved in the Belvidere temporary accommodation by HOS at the request of the Red Cross once there is a confirmed date for them to arrive. A cost may be incurred when people leave before their NINO has come through and do not cover the arrears which have built up in the meantime.

Refugees say that Serco is not observing the 28 day period of notice after leave to remain is granted. Serco would prefer asylum seekers to be treated as in temporary accommodation as soon as they get their refugee status, but the implications of this are that the council (HOS) would be required to cover the cost of accommodation from the time that leave to remain is granted.

The Chartered Institute of Housing / Joseph Rowntree Foundation Good Practice Guide on housing asylum seekers and refugees notes that in practice, the 28 day period is often as short as two weeks because of communication failures or administrative problems. NASS accommodation providers are obliged to provide advice on move-on options. There has been discussion between the council and Serco about this issue, and further discussions are needed to put pressure on the provider to ensure that proper plans can be made for people to move on to other accommodation, with National Insurance numbers in place or at least applied for.

There is also a difference of view between the council and Serco about whether more units of National Asylum Support Service (NASS) accommodation can be situated in the parts of the city where asylum seekers are living. A concentration of NASS accommodation in particular districts of the city is seen as not helpful to asylum seekers who can become targets of racist behaviour and abuse.

### 7.5 Gaps in services, and changes needed

A network of organisations working with people from abroad with housing needs should be established, aligned with/contributory to the existing networks.

Additional requirements are for:

- Accommodation options for people with NRPF, particularly for women.

Changes are required to:

- Improve the experiences of people from abroad of DWP to reduce delays in benefit claims and allocation of NINOs, and to ensure that not understanding English is not a barrier

- Address housing workforce development needs to enable them to better understand the immigration system, and the needs of people from abroad
Ensure that ethnic monitoring is specific enough to pick up variations in outcomes for people who are not white British (including white Irish).

Further research/investigation/monitoring is needed to understand (and act on):

- The size and nature of the population of people from abroad who are experiencing housing problems.

### 7.6 Positive practice relevant to Liverpool

The NACCOM (The No Accommodation Network) was set up in 2006 in response to increasing destitution and homelessness amongst asylum seekers and other migrants in cities across the UK. It produces guidance and a network for agencies providing services for this group around the country. In its 2013 report, *Tackling homelessness and destitution amongst migrants with no recourse to public funds*, it reports on a survey of its members, and lists the different models used by organisations around the country working to accommodate this group. In 2013, members of NACCOM accommodated 349 people in 29 projects around the UK.

The main models were:

- Night shelters, church premises and convents
- Empty vicarages and presbyteries
- Housing association premises
- Loaned private houses
- Rented private houses.

Some services were staffed, with many relying on volunteers for some or all of their staffing. Funding for these resources ranged between those with individual donations only to those with funding from charitable trusts and individual donations. In a few instances, there is cross-subsidy from Housing Benefit and housing-related support grant to support a few people with no recourse to public funds.

NACCOM’s report called upon a number of types of organisations to get involved in accommodating this group, including:

- Private landlords – could offer rooms at no charge or reduced rates
- Private individuals – could offer spare rooms
- Housing Associations – could offer empty rooms in regeneration areas
- Churches and businesses – could make use of empty buildings.

At present, accommodation in Liverpool is organised and offered by a small number of faith-based groups, one supported housing organisation, and by Asylum Link. Housing Associations are not involved, and there are many empty buildings in the city which could be brought into use for people with no recourse to public funds.

Local councils are called upon by NACCOM to use their resources to support the development of accommodation, for example by remitting council tax on properties housing destitute people. Other actions that the council could take to support this include bringing agencies together to find properties, seek funding, and organise referral systems.
Accommodation for people with no recourse to public funds (NRPF)

Harrow Firm Foundation Winter Night Shelter operates a 10-bed winter night shelter for homeless men including destitute asylum seekers and others with NRPF. It is organised through a consortium of churches, and funded through a mix of charitable and individual donations, Homelessness Transition Fund, and other sources. In 2013, it accommodated 17 men for up to three months, and also linked them into health services, drug and alcohol treatment, and help to get long-term accommodation and employment. Five of the 17 men had NRPF; the mix of funding allowed the Shelter to offer accommodation to people in this group, though long-term accommodation options were very limited. There is a three-bed house as a short-term solution for people with NRPF who have no housing options, but whose poor health means that rough sleeping would be ill-advised, or for people needing a stable address before they can move into employment.

Northampton NAASH NO Second Night Out operates two houses for entrenched rough sleepers, and has been able to accommodate a few people with NRPF in its second house. The original NSNO (No Second Night Out) funding has now run out and the scheme is now largely reliant on Housing Benefit as well as donations.

Open Door North East – Destitution Housing provides a number of bed spaces in accommodation available for destitute asylum seekers, usually for a limited time whilst clients re-engage with the asylum system or make informed choices about their future. Usually clients must first access a night shelter, making use of beds in different churches around the area, before a bed space in a shared house will be made available to them. Other services are the Refugee Advice Project, Employment Support Project, a drop-in, work club, and women’s group.

7.7 Service list

Table 12: These agencies work specifically with people from abroad

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported accommodation</td>
<td>New Roots, New Start</td>
<td>51 units for refugees given leave to remain or notice to leave. Shared houses for single people or families. Helps them become tenancy-ready, to access and maintain benefits, to reunite with families, and to learn English</td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>Bed Space and Active8</td>
<td>Care leavers and unaccompanied child asylum seekers, and adult asylum seekers and others with NRPF. Placed under social services duties</td>
</tr>
<tr>
<td>Accommodation</td>
<td>Sisters of Mercy (Missionaries of Charity)</td>
<td>16 beds of short-term accommodation for men not entitled to benefits. Users of the service must be there to seek bed by 5pm. No drug or alcohol use permitted in the building</td>
</tr>
<tr>
<td>Support</td>
<td>Red Cross</td>
<td>Volunteers support vulnerable people to access mainstream services after they get permission to stay in the UK, in the transition from Home Office accommodation to other accommodation</td>
</tr>
<tr>
<td>Support and advice</td>
<td>Refugee Action</td>
<td>• Help to organise voluntary return</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhanced legal support for those who are allowed to appeal against a refusal of their application for asylum (Section 4 support – a very limited group of circumstances for appeals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preventing homelessness for asylum seekers</td>
</tr>
</tbody>
</table>
### Service type | Service name and provider | Description
---|---|---
Advice | Merseyside Refugee Support Network | Advice to individuals recently granted refugee status and refugees who have particular integration needs, and who may have severe trauma.
Advice and outreach support | Irish Community Care Merseyside (ICCM) | ICCM identifies and responds the needs of both the Irish (including people of Irish descent) and Irish Traveller communities: providing a daily drop-in information and advice service; welfare benefits advice and advocacy; and outreach support to homes, prisons and hospitals. See [http://iccm.org.uk/](http://iccm.org.uk/) for a full list of services.
Day centre, advice and advocacy | Asylum Link Merseyside | Provides a day centre, advice and social and practical activities, to support destitute failed asylum seekers. Provides four meals a week for around 40 people, and vouchers for food for around 40-45 people. Large house accommodates around 30 people a year, another 30 have accommodation with hosts, and another 14 beds in three private rented sector houses. Not commissioned.
Food |  |  |
Accommodation | Liverpool Presbytery | Accommodates six single women or those who are under 28 weeks pregnant. Not commissioned.
Advice, support and accommodation | City Hearts | National organisation providing support and accommodation (including one in Liverpool) for a limited period for rescued victims of human trafficking. Works with other agencies (Salvation Army – has national contract) in the city to find move-on accommodation and support.
Accommodation and support? | Frontline Church | (Attempts to contact this organisation have failed)

In addition, a number of agencies accommodate refugees and other people from abroad as a significant proportion of their caseload:

- **Single homeless people:**
  - Shaw Street, Salvation Army
  - Ann Conway House, Green Lane, Geneva Road, YMCA Leeds Street, Lister and Ullet Hostels

- **Families:**
  - Belvidere House

- **Floating support – generic services which work with refugees:**
  - Stonham, Plus Dane

- **Floating support and day care contract:**
  - Mary Seacole House

Refugees, asylum seekers and migrant workers also make use of the food banks and other free or cheap food offered around the city (see Rough Sleeper section) and the many faith-based groups offering food and other support.
8 Offenders including young offenders

Offenders are defined as people who have a history of offending behaviour. This includes people who have received a prison sentence or a community sentence. Young offenders are defined as those aged 18-24; those aged 16 and 17 are covered in the chapter on 16 and 17 year olds.

8.1 Why is homelessness amongst this population significant?

People who come into contact with the criminal justice system are amongst the most marginalised and socially excluded members of our society. A common issue underpinning their exclusion is a lack of stable accommodation.

Crime and the criminal justice system

Homelessness can be a contributory factor in offending behaviour, or result from offending. Research suggests:

- 15% of the prison population reported being homeless before custody (of a sample)\textsuperscript{lv}
- 79% of offenders who had been homeless prior to custody are likely to be reconvicted within a year, compared with 47% of those who had accommodation\textsuperscript{vi}
- Prisoners say that meeting their accommodation needs is a key factor in helping them to not reoffend\textsuperscript{vii}
- Housing provision could reduce reoffending by 20\%\textsuperscript{viii}.

Having nowhere to stay is also a motivation for committing anti-social behaviour and crime; Crisis research suggests that:

- 28\% of single homeless survey respondents had committed a crime in the hope of being taken into custody for the night
- 20\% had avoided bail or committed an offence with the express purpose of receiving a custodial sentence as a means of resolving their housing problems.

\textit{Jim’s story:}

‘Jim’ grew up in care and, like many young people in the care system, experienced many moves between different foster placements before beginning to commit crime in his early teens. He has been in and out of prison for the last 30 years and considers himself to be institutionalised. Jim has had three flats of his own and lost each one – he freely admitted to committing crime with the object of being returned to prison where he felt safer than he did in the community. Jim has been with Adullam for nearly two years and, unlike many service users, does not want to leave: ‘rather than looking forward to having my own place I am dreading it’.

A recent North East study also reports that: ‘\textit{anti-social behaviour was often a consequence of being homeless, and not the cause. For example, some people reported turning to drugs and alcohol as a coping mechanism to numb the cold and get them through living on the streets or to cope with hostel environments. Others stole food and drink for survival. In other cases, homeless people reported}'}
committing crimes in order to avoid sleeping rough, with prison often seen as a short-term housing solution.\textsuperscript{ix}

### Health and wellbeing

Offender health is considerably worse than that of the general population, and there are health inequalities within the offender population.

Local research has found that that ‘housing is a central issue that impacts upon the health of offenders.’\textsuperscript{ix}

Health and wellbeing issues of particular relevance to the planning of housing services and accommodation in Liverpool for offenders include:\textsuperscript{x}\textsuperscript{iii}

- Offending lifestyles are more likely to put people at risk of ill health; a marginalised lifestyle is likely to lead to little or no regular contact with health services
- 9% of the UK prisoner population experience severe and enduring mental illness
- Female prisoners tend to have more mental health problems than the male prison population
- 90% of prisoners have substance misuse problems, mental health problems or both\textsuperscript{xii}
- There are higher incidences of drug misuse among female prisoners
- Increased risk of blood borne diseases e.g. tuberculosis is a common factor
- Whilst existing health problems are particularly exacerbated for offenders serving custodial sentences they also exist for those in the community; the health of offenders may actually worsen on release due to a less disciplined lifestyle and easier access to (stronger) drugs and alcohol\textsuperscript{xiii}
- Offenders within the community are socially excluded, and experience difficulty in accessing services to meet their needs.

For those offenders receiving treatment in prison for drug and/or alcohol problems, tuberculosis or other communicable diseases, homelessness or unstable accommodation on release can mean that treatment is not completed. Not only does this have consequences for the individual’s health and wellbeing, in the case of a communicable disease there are consequences for the public, and the cost of treatment in prison is wasted particularly if homelessness follows release.

The cycle of poor health, offending, incarceration, homelessness and poor health will be perpetuated unless effective action is taken on reception into prison, throughout the sentence and, perhaps most importantly, on release. Poor quality housing and neighbourhoods, precarious housing circumstances and homelessness are arguably more detrimental to offenders, yet it is common knowledge amongst those working in this field that it is exactly these circumstances that most offenders live in whilst in the community.

More information on disability issues and the health problems presented by offenders in Liverpool is provided under the ‘related needs of offenders’ heading below.

### Employment

Offenders who have accommodation arranged on release from prison are four times more likely to have employment, education or training arranged than those who do not have accommodation\textsuperscript{xiv}.\textsuperscript{100}
Having nowhere to live severely hinders offenders chances of finding employment, in addition to the attitude of employers to offenders: in 2010 only 12% of employers surveyed said that they had employed somebody with a criminal record in the past three years and around one in five employers said they did exclude or were likely to exclude ex-offenders from the recruitment process\textsuperscript{lxv}.

**Inequalities in access to housing**
Nationally offenders face particular difficulties in accessing accommodation:

- Commissioners and providers across the criminal justice system and in the community are not working together to achieve the outcome of a settled home
- It is impossible to understand the scale and nature of the housing problems faced by offenders – intelligence is not collected or shared
- Offenders are rarely found to be in priority need or unintentionally homeless by local housing authority homelessness services
- Capacity to support high-risk offenders to resettle has been reduced over time (in the Probation Service)
- There is little or no support for short-sentence offenders to resettle (in theory this should be addressed by the introduction of the Community Rehabilitation Companies)
- The nature of the offence, and/or housing history of offenders means they are more likely to be excluded in social housing allocations and lettings policies and practice.

**Trends**
The relationship between offending and homelessness has long been documented. The five-year strategy to reduce reoffending published by the government in 2006\textsuperscript{lxvi} contained a commitment to work with partners at the local and regional level to help prisoners keep their accommodation while they are in prison and to develop and roll out a standard prisoner housing form and encourage landlords to use it. There is very little evidence, nationally or in Liverpool, to suggest that either of these commitments have been kept.

Despite recognition, homelessness remains a significant issue (nationally, 12% of offenders released from custody in 2012/13 had no settled accommodation), and one that requires systems redesign and leadership. Transforming Rehabilitation, the government’s reform of the criminal justice system, should, in theory, contribute to a reduction in homelessness and reoffending. Reforms include:

- Offenders serving sentences of less than one year will be subject to statutory supervision, for the first time
- Support and supervision of low and medium-risk offenders will pass from the Probation Service to Community Rehabilitation Companies (CRC), who in turn will deliver services or commission voluntary and private sector providers
- Higher-risk offenders will be supervised by a new National Probation Service (NPS)
- Offenders serving short sentences and those with less than three months to serve should be held in ‘resettlement prisons’, in or linked to the area in which they will be released
Resettlement services should be organised on a ‘through the gate’ basis, making greater use of mentors than at present and with providers paid in part according to the outcomes they achieve in reducing reoffending.

On 29 October 2014, The Ministry of Justice announced that the preferred bidder for the Merseyside Community Rehabilitation Company (CRC) would be Purple Futures, a partnership between Interserve PLC, 3SC (a social enterprise), P3 (a specialist service delivery organisation); Addaction (drug and alcohol services); and Shelter (homelessness and housing charity).

As the only opportunity to change the current picture of homelessness for offenders, the council and other partners in the local housing system must work with the National Probation Service and Merseyside Community Rehabilitation Company to establish access to the right home environment for the rehabilitation for offenders.

A 2014 national report from HM Inspectorate of Prisons, HM Inspectorate of Probation and Ofsted found that ‘Despite accommodation needs being assessed on an offender’s arrival in custody, little was done until close to their release.’

8.2 What do we know about homelessness for this population in Liverpool?

Scale of homelessness amongst offenders
There are a number of sources of information about the scale of homelessness and offenders at risk of homelessness. However, each only captures part of the population. Homelessness services do not monitor offending behaviour and there are gaps in the monitoring of homelessness amongst criminal justice agencies. For example it has been reported nationally that the suitability and sustainability of the accommodation people leaving prison go to is not checked, and many prisoners do not go to the address they gave as their release address. It is likely that figures will be higher but there is no data to substantiate this.

Available data indicate that:

- 1,020 prisoners in HMP Liverpool accessed the Shelter housing advice service in 2013/14 (this will include people who may not be returning to Liverpool)
- In December 2014, 317 people, from a cohort of 1,110 (29%) of all offenders under the supervision of the Probation Service, were reported to have a housing problem
  - 68 were recorded as having no fixed abode
  - 249 were recorded as living in unsuitable or unstable accommodation.
- The Probation Service reported that 97 offenders (23%), of 428 subject to supervision by the probation service on release from prison, were released on license into the Liverpool area without suitable accommodation between January and December 2014
- 307 offenders accessed housing related services in 2013/14 (85% accessed an offender specific service).

Information from the CRC has been requested to inform the following sections.
Gender
Male offenders are the primary users of housing-related support services. Over a 27 month period: 88.8% of new users of accommodation based services were male; 79.6% of new users of floating support were male.

Chart 50: Gender of offenders entering supported housing services (accommodation based and floating support) April 2012 – June 2014

This gender split is unsurprising: nationally around 75% of people convicted of a crime are males.

Age
Offenders aged 18-34 represent 55.6% of prisoners in HMP Liverpool. This is almost the same average age of those accessing a housing related support service at 54.1%. There are other prisons that discharge into Liverpool but we do not have data from these.

Chart 51: Age profile of offenders accessing housing related support and inmates of HMP

Ethnicity
The majority of offenders accessing housing related support services in Liverpool are white, which compares with the city’s profile and HMP Liverpool.

People of mixed race appear more frequently (4.2%) in housing related support than they do in HMP Liverpool (1.0%) or the general Liverpool population (2.5%). The percentage is close to the national picture however (3.9%). Local differences could be attributed to the HMP Liverpool’s prison status, and the length of time offenders remain here. Also, the high (9.8%) of prisoners in HMP Liverpool whose ethnicity is ‘unknown’ may account for some of the discrepancy.

Chart 52: Ethnicity of offenders entering housing related services, inmates of HMP Liverpool and the Liverpool population

Economic status
The vast majority of offenders receiving housing related support are economically inactive either because they are unemployed or classed as ‘long-term sick or disabled’. A further large cohort is classified as ‘not seeking work’; information about health needs suggests that this includes those who are unable to work because of ill health or other unknown reasons.
Health needs and disability
The health of offenders in Liverpool is the same as for offenders elsewhere in the country; drug problems are particularly prevalent, followed by alcohol and mental health problems.

Chart 54: Needs of offenders and mentally disordered offenders entering housing-related support services

Source: Client Record Forms
Chart 55: Needs of offenders identified in support planning, reported in outcomes records

The extent of need, and challenges in meeting this, is further emphasised by the recorded outcomes from housing related support services. These strongly suggest that needs relating to alcohol and drugs are the hardest to meet during the time offenders receive the service.

Chart 56: Outcomes from housing related support

Reasons for homelessness
Many offenders are likely to lose accommodation whilst in prison, unless action is taken to prevent this where possible e.g. to end a tenancy:

- 1,020 prisoners in HMP Liverpool accessed Shelter’s housing advice service in 2013/14
- 76 people made enquiries to the council’s Housing Options Service in 2013/14 on release from prison
Seven offenders were accepted by the council between April 2012 and March 2014 ‘as a result of leaving custody’.

The contributory factors that have led to homelessness, for example ill health, debt, relationship breakdown, are not reported. Liverpool stakeholders have however identified triggers of homelessness for offenders.

Table 13: Triggers and consequences of homelessness amongst offenders

<table>
<thead>
<tr>
<th>Primary triggers</th>
<th>Secondary</th>
<th>Consequences</th>
<th>Long-term consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences (ACE)</td>
<td>Crime</td>
<td>Cycle of:</td>
<td>Offending background /</td>
</tr>
<tr>
<td>Poor housing</td>
<td>Drug/alcohol misuse</td>
<td>Offending</td>
<td>Criminal record</td>
</tr>
<tr>
<td>Poverty</td>
<td>ASB</td>
<td>Prison</td>
<td>Long-term homelessness</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Low self esteem</td>
<td>Homelessness</td>
<td></td>
</tr>
<tr>
<td>Cultural / social</td>
<td></td>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
<td>Offending</td>
<td></td>
</tr>
<tr>
<td>Peer pressure</td>
<td></td>
<td>Prison</td>
<td></td>
</tr>
<tr>
<td>Negative role models</td>
<td></td>
<td>Homelessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unemployment</td>
<td></td>
</tr>
</tbody>
</table>

Source: Stakeholder consultation event 23/10/2014

8.3 Homelessness prevention and resolution for offenders

Offenders are able to access the services primarily designated as ‘single homeless’. Services targeted at offenders, or solely for offenders include:

- Prison-based housing advice
- A ‘through the gate’ service
- Supervision services (at time of writing these were available to high risk offenders only; all offenders will have this in future)
- Access to social housing (the allocations panel)
- Approved Premises for high risk offenders, and a separate accommodation unit
- Offender specific supported accommodation
- Floating support services for ‘low risk’ offenders
- Training and employment services
- Counselling, health and wellbeing services
- Programmes of positive activities
- Peer mentoring.

More detail is provided later in this section. The following information provides a better understanding of how these services are used by offenders.

Advice, prevention and assistance

There are opportunities to prevent homelessness for offenders in prison, pre-release. Shelter and Nacro both offer prison housing advice services in HMP Liverpool.

Between April 2013 and March 2014 a total 1,020 HMP Liverpool people presented to Shelter’s housing advice service. 297 were supported to ‘avoid homelessness’, through a number of routes:
Table 14: Numbers of those supported to ‘avoid homelessness’

<table>
<thead>
<tr>
<th>Homelessness avoided</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client secured supported accommodation</td>
<td>125</td>
</tr>
<tr>
<td>Permanent existing accommodation retained</td>
<td>70</td>
</tr>
<tr>
<td>Client secured permanent/settled housing</td>
<td>68</td>
</tr>
<tr>
<td>Homelessness prevented</td>
<td>23</td>
</tr>
<tr>
<td>Permanently re-housed</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>297</strong></td>
</tr>
</tbody>
</table>

Source: Shelter HMP Liverpool housing advice

Of the 208 service users recorded by caseworkers as being temporarily accommodated, the Shelter outcomes were as follows:

Table 15: Temporarily accommodated outcomes

<table>
<thead>
<tr>
<th>Temporarily accommodated</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client secured temporary accommodation</td>
<td>196</td>
</tr>
<tr>
<td>Client taken into custody/given prison sentence</td>
<td>11</td>
</tr>
<tr>
<td>Client admitted to hospital/care home</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>208</strong></td>
</tr>
</tbody>
</table>

Source: Shelter HMP Liverpool housing advice

**Michael and Fred’s story – part one:**

‘Michael’ has been a serial offender since his early teens and has also spent much of his adult life in custody. He is looking forward to having his own accommodation and is appreciative of the support that has been offered by his offender manager ‘she always has time for me’ and the staff at the supported accommodation unit.

‘Fred’ has been in supported accommodation since leaving prison and also praised the work of the probation service in helping him to access this accommodation which was arranged whilst he was still incarcerated ‘it really helped me knowing I had somewhere to go when I came out’.

31% of offenders presenting to the council’s Housing Options Service on release from prison had their homelessness successfully prevented (of 108 cases where an outcome has been reported in the period April 2012 – June 2014). This is lower than the average of around 40% recorded for all cases over the same period.

It is not known how many offenders made a homelessness application to the council, but it is known that seven people were accepted as owed the full duty in 2013/14 and no applicants were accepted in 2013/14 as a result of vulnerability due to prison discharge or being on remand.

**Temporary and supported housing**

Prevention interventions used by prison services and probation include resettlement services and housing related support services

It is noteworthy that 85 referrals to supported accommodation and floating support services between April 2012 and June 2014 were labelled ‘other’ under the referral source category despite the vast majority being in prison prior to referral. This practice prevents a better understanding of the pathways offenders use to access services as it is unclear as to which agency actually made the referral.
Offenders are staying for longer periods of time in supported accommodation when compared to all single people. Reasons for this could include that the individual has higher levels of need, requiring longer periods of support, and/or, that they are ready to move on but they face greater barriers to accessing accommodation than other single people do.

Chart 57: Average length of stay for offenders in supported accommodation April 2012 – March 2014

Housing solutions for offenders leaving supported accommodation indicate that social rented housing, supported accommodation, living with family, and the private rented sector are the main options at 'move-on'.

Chart 58: Outcomes for service users leaving a supported accommodation service April 2012 – March 2014

The increase in the number and proportion of offenders moving on into social housing is significant and suggests that an intervention has been put in place to improve access, particularly in light of the pressures on smaller social housing discussed in the single homeless chapter. This is a surprise given
service user and stakeholder feedback (see ‘do services meet needs’ later). There has been no explanation offered by stakeholders.

**Michael and Fred’s story – part two:**
Michael’s chief frustration is with Property Pool Plus; he has been registered to bid for almost one year but has been unsuccessful so far in securing a property and is worried that his allotted time with the supported accommodation project will come to an end before he finds a suitable property and he will then in effect become homeless again.

Fred has only recently registered with Property Pool Plus however and appears to have ‘slipped though the net’ as far as the agreed protocol (registering in the last two weeks of imprisonment) is concerned. Fred is unsure of his future, he would like a social sector property as he does not relish the thought of sharing but he is doubtful that he will be successful as he has heard from other residents how difficult it can be.

Prison has been an outcome for some leaving supported housing (an average of 19.5% of offenders across a two year period). This is the worst outcome. National research shows that 79% of offenders who had been homeless prior to custody are likely to be reconvicted within a year, compared with 47% of those who had accommodation.

In terms of planning to meet future needs, the number of offenders living with family, and friends is of interest. This option won't meet everyone’s needs – for the offender they may wish to start afresh and move away from the influences of family and friends, and/or it may not be in the best interests of the family, friend or wider community for the offender to live there. However, it will meet the needs of some offenders, but it is likely that the offender and family will benefit from interventions whilst in prison, and in the community, to enable this to be a success.

8.4 **Stakeholder and customer perspective on unmet need and existing services**

The complexity of the ‘system’ within which offenders’ housing and related needs are met is such that it is impossible to accurately identify need and understand whether this is being met in the most effective manner. Stakeholder and customer feedback is therefore important.

**Unmet need**
In the community stakeholders suggest that unmet needs are arising as a result of reductions in service provision (related to reductions in spending on services), and poor joint working. This is discussed in more detail in the section ‘do services meet needs?’

Additional requirements are for services to meet the needs of people with alcohol and/or drug problems. Agencies report a reduction in the capacity of substance misuse services.

Stakeholders also reported an increase in referrals for older offenders, offenders with chronic health problems, and offenders with multiple and complex needs, and that services are not equipped to meet these needs.
Existing services
Although there is a wide range of services available for offenders both to prevent and respond to homelessness, the outcome of the right home environment for rehabilitation is not always achieved; there is no obvious pathway to this outcome.

Clear and timely pathways for offenders to access the right home environment for successful rehabilitation are essential. Organisations and individuals working with offenders should be clear about their role and responsibilities in enabling the outcome to be achieved. Failings in the current system are resulting in offenders ‘slipping through the net’ – their needs are not being met.

Areas for improvement identified by stakeholders are:

Homeless prevention in prison
Feedback suggests that there is room for improvement in the prevention of homelessness in prison; current interventions are not felt to be early enough – for example closing down a tenancy on entrance into prison to prevent rent arrears accruing. Finding accommodation at the end of the sentence, or making a homelessness application just 28 days prior to release (without previously informing the council of the intention to do so), is often too late; people are leaving prison without a home.

The prison referral pathway is further blurred due to the apparent difficulties in managing two contracts with different bodies with two suppliers to achieve the same outcome – successful resettlement in accommodation. This matter may be resolved with the introduction of the Merseyside CRC, and their resettlement responsibilities.

Homeless prevention in the community
For offenders in the community who are not subject to supervision by the Probation Service the path is even less clear. As described in the single homeless chapter, the route many take to resolve their homelessness is to access supported housing, and opportunities to prevent homelessness may be missed.

Housing related support
Supported accommodation services were reported by stakeholders as currently meeting the accommodation needs of offenders but service managers have expressed concern that they will not be able to respond to needs as effectively if their budgets are cut. The NACRO floating support service, for example, has lost over half of its capacity since 2011 when the team consisted of eight full time staff. At the time of the review there were four full time staff and the service user cohort has reduced from 45 adults and five young offenders to 20 adult and two young offenders.

Settled housing
The council’s allocation scheme (behind Property Pool Plus), at the time of the review, presented a number of hurdles and barriers to accessing social housing, as has lettings practice – there are reported ‘blanket bans’ and inconsistencies between housing providers.

A revised allocations scheme due in January 2015 provides clearer guidance on how applicants with an offending background are assessed, taking account of previous appeals and practices and feedback from Probation Services. Training sessions for all of housing providers will pay particular attention to the issue of how offenders are assessed. Training will also be provided to the Community Rehabilitation Company and the National Probation Service staff. In addition housing will be represented by the council on the Reducing Reoffending sub group, one of a number of groups reporting to the Criminal Justice Board. The outcome of this should be monitored.

Issues relating to the social housing sector are reported to include:
• Unwillingness to ‘hold’ a property so that it is available on release, primarily affecting low risk offenders

• Inconsistencies across housing providers, for example, period of ‘good behaviour’ required before an applicant will be accommodated

• The ‘claw back’ of Housing Benefit from individuals who have been identified as having former tenant arrears (these arrears can arise from a previous tenancy not being satisfactorily ended when someone enters prison). This is reportedly increasing.

Issues in the private housing sector relate to the requirement for a deposit and/or bond, a credit check, references, etc. These are very hard to provide for offenders in general and people being released from prison in particular.

8.5  Gaps in services or changes needed

It is essential that clear and timely pathways are introduced, supported by terms of reference, protocols and information sharing, and performance monitoring.

The ideal position is for this pathway to consider needs from point of arrest, through to release into the community/community sentence, and for partners to develop a set of standards describing the services and accommodation on offer across this continuum.

Additional requirements are needed for services to meet the needs of people with alcohol and/or drug problems (In addition to gaps and changes identified for all single homeless people).

Changes are required to:

• Prevent homelessness at an earlier point in prison

• Improve access to social housing (the impact of the revised allocations scheme and training should be assessed)

• Improve access to quality accommodation in the private rented sector.

8.6  Positive practice relevant to Liverpool

There are a number of examples of good practice when working with homeless offenders that have been adopted by other local authorities and sub-regional groups that may be adopted in Liverpool; a summary of these are outlined below.

Standards for services and accommodation across the offender journey. Research completed in Greater Manchester in 2014\textsuperscript{i} describes a Gold Standard that is intended to prevent homelessness and enable access to the right home environment for rehabilitation. This work was completed for Cheshire and Greater Manchester CRC, now delivered by the same organisation as Merseyside CRC.

Liaison and diversion services at point of arrest\textsuperscript{ii}. These aim to ensure that those who require care and treatment from health, social services, and housing, etc, are able to access these services and more speedily than might otherwise be the case. Good links between services with all parts of the housing sector – advice providers, homelessness services, and housing providers – are essential, as well as robust information sharing agreements with these agencies.
Enabling access to quality accommodation in the private sector. The Safe Lets (formally PLANS) private sector access project operates across Lancashire. It leases properties from owners and also brings empty homes back into use under contracts with some of the local authorities. Housing management staff work in partnership with appropriate agencies to ensure a support package is in place and being delivered. Safe Lets has been known to take a referral on behalf of a serving prisoner and provide self-contained accommodation that is available on the day of release. In most cases Safe Lets does not ask for a bond or any ‘up front’ rent.

8.7 Service list

The table below shows the targeted and specific services for offenders who are at risk of homelessness or homeless.

Table 16: Services for offenders homeless or at risk of homelessness

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service provider / name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services within the secure estate</td>
<td>Shelter</td>
<td>Housing advice service within HMP Liverpool. Helps to complete housing and homelessness applications</td>
</tr>
<tr>
<td></td>
<td>North West Prison Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liverpool Mentoring Service</td>
<td>Peer mentoring for inmates of HMP Liverpool</td>
</tr>
<tr>
<td></td>
<td>Nacro Through the Gate Service</td>
<td>Arranging accommodation whilst the offender is still in prison and providing support post release</td>
</tr>
<tr>
<td></td>
<td>Irish Community Centre Merseyside (ICCM)</td>
<td>Advice and referral service for Irish nationals serving sentences in HMP Liverpool</td>
</tr>
<tr>
<td>Advice and referral</td>
<td>PSS Turnaround</td>
<td>Housing advice for female offenders</td>
</tr>
<tr>
<td>Supported accommodation specifically for offenders</td>
<td>Adullam Prince’s Road (Probation High Support)</td>
<td>16 beds for adult male and female offenders with high support needs subject to supervision</td>
</tr>
<tr>
<td></td>
<td>Adullam Newstead Road (Probation High Support)</td>
<td>6 beds for adult female only offenders with high support needs subject to supervision</td>
</tr>
<tr>
<td></td>
<td>Adullam Dispersed</td>
<td>26 dispersed tenancies for offenders with lower support needs</td>
</tr>
<tr>
<td></td>
<td>NACRO Wavertree</td>
<td>10 beds for low to medium risk offenders</td>
</tr>
<tr>
<td></td>
<td>Merseyside Probation Trust</td>
<td>Four approved hostels for offenders supervised by the probation service:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Merseybank: 28 beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Canning House: 27 beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Southwood Hostel: 23 beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adelaide House: 22 beds for females</td>
</tr>
<tr>
<td></td>
<td>NACRO The Elms</td>
<td>2 beds for young offenders within young people’s service</td>
</tr>
<tr>
<td></td>
<td>North West Property Custodians</td>
<td>16 beds (B&amp;B) for adult offenders</td>
</tr>
<tr>
<td>Floating Support</td>
<td>NACRO Prison Floating Support Service</td>
<td>Floating support for 20 offenders leaving prison most, but not all, with substance misuse problems and for two young offenders</td>
</tr>
<tr>
<td></td>
<td>Shelter</td>
<td>Floating support for up to 66 low risk offenders</td>
</tr>
</tbody>
</table>
9. Substance misuse, dual diagnosis and complex needs

9.1 Why is homelessness amongst this population significant?

Homelessness can be caused or exacerbated by substance misuse:

- Family relationships are often put under great strain when people are addicted to either drugs or alcohol, leading to the loss of accommodation

- Those who have addictions may not be able to keep accommodation because of money spent on drugs or alcohol, or because of their behaviour

- Homelessness can be a route into addictions, either for people on the streets, or for people staying in supported accommodation, hostels or bed and breakfast (B&B) where others are using drugs or alcohol

- Substance misusers may find it difficult to access or sustain employment, with a subsequent need to rely on welfare benefits.

Health and wellbeing

The health impact of substance misuse for homeless people is significant:

- Rough sleepers with addictions are, for example, at risk of being infected by blood-borne viruses, or tuberculosis (TB), and are at greater risk of assault than the general population

- Sharing drugs, either illegal or prescription drugs, or legal highs, can mean that people can take unidentified substances or can be unaware of the health consequences for them

- Taking legal highs (also known as New Psychoactive Substances, or NPS) is causing behavioural problems of a different nature to other drug use

- Alcohol-related illnesses and diseases (liver diseases, skin problems, and brain injury), heart disease, and gastro-intestinal problems are common amongst homeless people who have been long-term alcohol users, as are memory loss and Korsakoff’s syndrome

- Both drug and alcohol abuse are also associated with cancer, and long-term alcohol abuse can lead to loss of manual dexterity and to depression.

The use of legal highs and its impact on homelessness is a new phenomenon, witnessed in enough scale to affect services since around November 2014. The impact has included psychotic episodes and aggressive behaviour, and on one day in particular, three ambulances had to be called separately for people having psychotic episodes and collapsing. It has also resulted in aggression towards others, and is difficult to manage. Compared with alcohol or other drug use, it is harder to tell if someone is under the influence until it is too late, or to see what they are taking in the first place.

Dual needs (mental health and substance misuse) are common amongst homeless people, particularly those on the streets and on the edge of rough sleeping. There is a good deal of evidence to show that mental ill health and dual needs are more prevalent amongst the homeless population than the general population. Homeless Link’s audit of health needs reports that 12% of participants in their survey who were diagnosed with mental health issues also reported drug and alcohol problems, and 41% of those people with mental health needs said they self-medicate with drugs and/or alcohol. A key issue
reported throughout the literature about homelessness is the difficulty of accessing mental health services, and the barriers are considerably higher for those with a dual need, despite government guidance dating back to 2002 aimed at reducing the barriers to dual needs.

**Community impact**
The current government’s Drug Strategy (which covers alcohol as well as drugs) notes that ‘People who suffer from drug or alcohol dependence are at greater risk of cycling in and out of homelessness, rough sleeping or living in poor quality accommodation. Homeless people are also more likely to require assistance to access and sustain specialist drug treatment and to help them to live independently.’

It goes on to say that a failure to provide housing for those with drug or alcohol dependence can have a range of negative consequences for local communities. These include acquisitive crime (burglary, shop theft, and street robbery), anti-social behaviour, nuisance caused by drug ‘dens’, drug-related litter, domestic violence, family breakdowns, and rough sleeping and begging.

The strategy notes that responsibility for tackling substance misuse lies with the whole of society, but that there is a key role for housing providers across all sectors as well as the criminal justice system and treatment agencies.

**The government’s approach to substance misuse, and homelessness**
The Drugs Strategy recommends a whole system approach, in which housing is one component of work done to help addicts move towards recovery, alongside help to get into work, to tackle health needs, to reunite with families, and to move away from offending. The development of recovery programmes is recommended and these should include plans to address housing need as well as these other areas of the person’s life.

The government supported the Recovery Partnership and the ‘Recovery Festival’, which in 2014 used one of its two days to focus solely on housing issues and create a dialogue between the treatment, housing and employment sectors. The panel at this event concluded that ‘There is hope – new models are being put into place’ and that, as important as bricks and mortar are, the key issue is ‘... the process of ensuring that there are appropriate pathways to align what people need with their recovery journey’.

Government focus was reaffirmed in its 2013 review of the Drug Strategy as trying free up access to social housing (through Localism Act 2011 freedoms) to house those who ‘genuinely need it the most for as long as they need it’ and also to encourage the use of reasonable preference priority for those who need to move on welfare grounds, such as moving on from a treatment programme. The review also referred to the Payment by Results initiative (PbR), notably the Drug Recovery PbR pilots, a model expected to have positive results in helping people to sustain housing and employment. However, use of the reasonable preference priority will only make a difference if local authorities decide to use this freedom. There is little evidence that this has happened to any extent to date.

Despite good developments in partnerships and new models reported at the Recovery Festival, the Recovery Partnership listed a number of concerns in an earlier paper (2011) on housing for the Inter-Ministerial Group on Drugs following a survey of their members, and most of these have some resonance today:

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1 Recovery is defined by the treatment sector as voluntary control over substance use linked to improved health and wellbeing and participation in society, rather than merely abstinence.
• Social housing services and safe, secure and appropriate housing difficult or very difficult to access, and concern that access would become difficult as a result of bedroom tax, and other welfare benefit changes

• Reductions in housing–related support funding following on from the removal of the Supporting People ring-fence

• Low levels of engagement from housing agencies (including social and private landlords) in the recovery agenda in some areas

• Concerns about the needs of people with a dual diagnosis.

In 2013 the Recovery Partnership reported that gaps in housing and housing support, and support for clients with complex needs, were most frequently mentioned by its members as concerns by some margin. A member noted that ‘Effective solutions for housing (are needed) whereby in every area there is ready access to reasonable standard accommodation. This is a prerequisite for any progress to be made with individual recovery.’

During 2014, Public Health England (PHE) published a number of guidance notes for commissioners planning to use Joint Strategic Needs Assessments (JSNAs) to develop integrated systems to address the needs of alcohol and drug users, for both adults and young people. Key principles set out in these documents include, in relation to housing, the principle that ‘Alcohol and drug users have the best possible access to warm, safe and affordable homes, suitable for their needs in the community, which those local conditions will allow.’

Questions posed within the guidance notes prompt commissioners to ensure that housing needs of substance misusers are identified, assessed in time to prevent homelessness, and are used to guide development of a set of suitable housing options for people at each stage of the recovery journey. Other issues covered in the guidance include the development of pathways to suitable emergency accommodation for rough sleepers with drug and/or alcohol addictions, development of hospital discharge policies and procedures, and training for frontline housing and supported housing staff in working with drug and alcohol users. This guidance could be usefully discussed between public health and housing-related support commissioners, and with treatment and housing support providers, to ensure that it can inform the JSNA and commissioning practices in Liverpool.

National trends in drug and alcohol use and substance-related deaths

The use of illegal drugs fell between 2001/2 and 2012/13 but started to increase in 2013/14, for both young people and all adult drug users. Heroin, crack cocaine and cannabis use followed a similar pattern. Use of New Psychoactive Substances (NPS or legal highs) had increased (deaths related to NPS were said to be at an all-time high in 2012).

Deaths related to illegal drug misuse rose in England and Wales between 2012 and 2013 by 23% for men and 12% for women, an overall increase of 21%.

In relation to alcohol use, Public Health England reports that, the number of people who died due to liver disease (caused by alcohol abuse and obesity) in England rose between 2001 and 2012 by 40%, and by 200% over the last 20 years, in sharp contrast to other major causes of disease which have been declining. In 2012, there were 326,000 hospital admissions related to use of alcohol, and 13–20% of all hospital admissions are alcohol-related. Reducing harmful drinking is one of PHE’s seven priorities for 2015, with a plan to develop a new whole system approach, and policies for prevention and treatment interventions.
Homeless Link’s Health Needs Audits have found that, amongst over 2,000 people in the homeless sector (in hostels, on the streets, or in B&Bs) 39% were experiencing or had previously experienced a drug problem and 27% an alcohol problem. Given that substance misuse is so common a problem for many homeless people, the recent increase in the use of illegal drugs and the increase in harmful levels of alcohol use might be expected to be reflected in increased levels of homelessness.

**Complex and multiple needs and multiple exclusion**

Over the last 10 years, a consensus has developed within the homeless sector about the need to tackle the systems that have left numbers of people with multiple needs being excluded. Typically the difficulties this group faces mean there are disproportionate costs on public services, often without their problems being addressed. The MEAM Coalition (Making Every Adult Matter) has joined up work between agencies at national and local level tackling homelessness, mental ill health, substance misuse and reoffending, and is encouraging the development of the MEAM approach (coordination of agencies and responses) in every area.

Liverpool has been successful in obtaining funding from Big Lottery for its Fulfilling Lives project, Waves of Hope, with a grant of £10 million over five years, aimed at delivering real and lasting change for people with multiple needs, building on the work of the Complex Needs Panel over the last four years. The services being delivered through this project are described below as well as the impact that it is hoped that this will deliver.

**9.2 What do we know about homelessness for this population in Liverpool?**

**Prevalence of substance misuse**

Drug and alcohol use and addiction are prevalent in Liverpool. Prevalence data is published by Public Health England for each authority for opiate and crack cocaine users.

In 2011 (the latest date for which the data is available), Liverpool recorded the highest use of these drugs in the North West and rather higher than the national average. Between 2007 and 2011 there were 184 drug-related deaths in Liverpool, an average of 37 deaths per year. The North West had the highest mortality rate from drug misuse in the year 2012 of all the English regions. Current data for drug-related deaths in the city are not thought to be accurate and have not so far been published. There is no data collected on the number who die whilst on the streets or in homeless accommodation in Liverpool.

The Local Alcohol Profiles for England show that Liverpool’s population exhibits high levels of alcohol use, alcohol-related hospital admission, liver disease, and alcohol-related mortality in comparison both to the North West region and to England as a whole. Overall prevalence of drug use in the general population in England is around twice as high among men as for women, and the treatment patterns for Liverpool show roughly the same ratio.

Stakeholders commented on trends they had observed in the use of drugs and alcohol:

- Whitechapel, The Basement, Big Issue and a drug agency said they had noticed a year-on-year increase in alcohol use and a corresponding decrease in intravenous (IV) drug use. They also noted an increase this year of IV drug use and cocaine use amongst young people for the first time.

- Use of legal highs has increased, but this is not recorded.

- More people appear to have significant physical health problems related to alcohol use as their use of heroin has reduced.
- Level of alcohol use has increased as a means to manage stress amongst Irish Travellers
- The number of young people arriving from Ireland has increased, and alcohol use amongst this population is problematic.

The growth in drug use was not confirmed by the two main drug treatment agencies, and one stakeholder thought it may be the case that better outreach work has resulted in more people in treatment. This situation needs to be monitored closely. It is likely to take a number of years before new drug users come into contact with treatment agencies.

**Scale of housing need and homelessness for substance misusers**

Information about the scale of need from substance misusers who are homeless comes from several different sources. None can provide a definitive number of people with substance misuse problems experiencing homelessness but they can provide a useful picture of current need. Data comes from the National Drug Treatment Monitoring System (NDTMS), the Merseyside Integrated Monitoring system which incorporates NDTMS as well as Goliath, housing-related support data, P1E data, and a Health Needs Audit carried out amongst the homeless population in Liverpool in 2013.

NDTMS records data for all individuals entering commissioned structured drug and alcohol treatment. The Goliath system was introduced across Liverpool in 2011 (now extended to other areas of Merseyside and Cheshire) to capture data about people entering services which do not provide structured treatment, but provide commissioned services such as brief intervention, advice, specialist accommodation, and activities for homeless people with drug and alcohol needs. There is some overlap between the agencies for people who receive both structured and non-structured treatment within the same period and therefore appear in both systems. Goliath data presented below has been adjusted to take out any duplication for data recorded for NDMTS.

At the end of 2013/14, 1,672 people with drug and/or alcohol problems in Liverpool had a housing problem of some sort on entering treatment; this represented 9% of the people in treatment; by the six month review this had decreased to 4.8%; and for those exiting treatment during the first quarter of 2014-15, the proportion with a housing problem was 2.6%, lower than the national average of 10.7%.

**Chart 59: Housing needs of drug and alcohol users in treatment in Liverpool**

![Housing need: in structured and not structured treatment](image-url)
1,256 new service users of housing-related support had a drug or alcohol problem or both in 2013/14. There was a very slight increase in the total number of service users from 2012/13 (43 people).

Chart 60: People with drug and alcohol needs in housing related support services

P1E records reveal that no households have been accepted as statutory homeless as a result of a drug or alcohol addiction in the last 3.5 years.

The Homeless Link Health Needs Audit carried out in Liverpool in 2013 noted that 41% of clients stated that they use drugs. This compared with 8.9% of the general population who had taken one or more illicit drug in the last year (16-59 year olds) (2011/12). The most commonly used drug was cannabis (used by 24% of the sample), followed by crack cocaine (14%) and heroin (11%).

64% of clients said that they drank, with 24% of clients (111 people) reporting that they usually drank four or more times a week. 166 clients stated that they had or were recovering from an alcohol problem; 73 clients said they wanted more help around their alcohol use, with the majority saying the help they were already receiving met their needs. Of those who did want more help, this was around reducing alcohol use or to stop drinking altogether.

Age and gender profile

As noted earlier, more men are in treatment in Liverpool for addictions than women, a pattern common around the country. In Liverpool the peak age for people in treatment (structured and unstructured) is between 40 and 49, for both men and women.

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2 Drug Misuse Declared Findings, 2011/12 Crime Survey England & Wales
However, housing is more problematic for younger age groups in treatment.

Source: Goliath records, Liverpool John Moore's University

Chart 61: Age and gender profile of people in structured and unstructured treatment in Liverpool 2012-13

Chart 62: Age profile of males in structured and unstructured treatment, with a housing problem, in Liverpool 2012-13

Source: Goliath records, Liverpool John Moore's University
Chart 63: Age profile of females in structured and unstructured treatment, with a housing problem, in Liverpool 2012-13

Source: Goliath records, Liverpool John Moore's University

Ethnicity
Data recorded in the Client Record Forms for entrants into short-term housing-related support for people with drug or alcohol problems as their primary need shows that the majority are white British, with a small proportion being black or black British (5%), a small proportion being white Irish (3%), and very small percentages of people from other ethnic groups. The picture for 2013-14 is very similar, with a larger white British group (91%) and slightly smaller black/black British group (3%).

The proportion of white British substance misusers is higher in Liverpool compared to England as a whole, which matches the ethnicity for the general population.

Chart 64: Ethnicity of substance-misusing entrants into short-term housing-related support 2012-13

Source: Client Record Forms
Dual need
Of the 351 people entering short-term housing-related support with drug or alcohol problems as a primary need in 2012-13, 63 also had a mental health need (18%). Of the total of 1,213 people with drug or alcohol problems, 158 also had a mental health need (13%). In 2013-14, the number of those with drug and alcohol problems as a primary need who also had a mental health need had gone up to 96 (33%) and the total number of people with dual needs was 181 (14%).

The Homeless Link Health Needs Audit noted that 32% of clients with a diagnosed mental health problem said that they have dual diagnosis, and 41% (185 people) of the group of clients with mental health needs said they ‘self-medicate’ using drugs or alcohol.

Household composition
99.2% of housing support service users with any substance misuse problems are single people.

9.3 Homelessness prevention and resolution for substance misusers

The following pathway, identified by stakeholders, is in place in Liverpool:

- Client identification and referral – Whitechapel / Basement
- Residential detoxification – Basement, Windsor Group Practice
- Residential treatment or similar – Park View Project, Tom Harrison House, Transforming Choices
- Abstinence-based supported accommodation – The Bridge House Project, Harmony Project, Harvey Project
- Supported accommodation for people still using – YMCA, Aigburth Drive, and others
- Independent / semi-independent living in social rented sector or private rented sector – Property Pool Plus or private landlords
- Floating support – Whitechapel, Irish Community Centre Merseyside, and other generic floating support.

More detail about these services is provided in sections 9.5 to 9.7. The following information provides a better understanding of how services are used, where information has been made available.

Advice, prevention, assistance
It is not possible to identify enquiries made to the council’s Housing Options Service from people who were at risk of homelessness, or homeless, with a substance misuse problem.

No individuals were accepted by the council as in priority need as a result of drug or alcohol dependency in 2011/12, 2012/13, 2013/14 or to date in 2014/15. This is not unusual in England.

Temporary and supported accommodation
Three commissioned services for substance misusers receive MainStay referrals: the Harvey Project, New Start, and Park View. The following table shows the number of placements to each service.
Table 17: placements in commissioned supported accommodation for substance misusers

<table>
<thead>
<tr>
<th>Service</th>
<th>Placements 1/7/13 - 30/6/14</th>
<th>Placements 1/7/14 - 30/9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey Project</td>
<td>32</td>
<td>8</td>
</tr>
<tr>
<td>New Start</td>
<td>48</td>
<td>5</td>
</tr>
<tr>
<td>Park View</td>
<td>105</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185</strong></td>
<td><strong>39</strong></td>
</tr>
</tbody>
</table>

Source: MainStay

People with alcohol or drug use as their primary need who left short-term supported housing during 2013/14 were able to move on in a planned way in almost three quarters of cases (74%), above the target for this group of 65%. However, more providers missed their individual target than those which met the target. For long-term services, the target of 97% across all services was exceeded for drug and alcohol users.

MainStay data shows that evictions and abandonments together account for 34% of all exits from the three commissioned services in the year July 2013-June 2014, and 47% in the quarter July-Sept 2014. 31% moved to long-term social or privately rented homes in the first year and 25% in the first quarter of the second year. A smaller number moved in with friends or family, or returned to their former home, or to care or custody, whilst for a small number in each period, their move-on situation was unknown. The high proportion of people leaving through eviction or abandonment is not unexpected in this type of provision, but suggests that action might be needed to reduce the number. Park View has already taken a step in this direction, by introducing a buddy from amongst other service users for people moving in to the accommodation. It is too early to say if this has had any impact on the numbers choosing to abandon their placement.

The Harvey Project, Harmony Project and the Bridge House Project all provide supported accommodation for people who are not yet abstinent or even able to say that they have been abstinent for 24 hours. The private hostel and bed and breakfast sector also accommodates some people who have to leave residential rehabilitation because of a relapse.

Liverpool’s Community Safety Plan for 2014/15 identifies alcohol as a cross-cutting theme, and aims to address street drinking. A REST centre (Rehabilitation, Education, Support and Treatment Centre) is planned to provide a safe and supervised place for street drinkers to drink and to access health and other services. A short-term pilot facility established in 2013 resulted in fewer arrests and admissions to Accident & Emergency and demonstrated a need for a more permanent indoor facility, to be managed by Whitechapel. This is planned to be established during 2015, when suitable premises can be found.

9.4 Stakeholder and customer perspective on unmet need and existing services

Unmet need

Stakeholders and service users were broadly satisfied that needs are being met for this group, but there were suggestions of unmet needs in the following areas:

Safe accommodation for people who are not yet abstinent

There was a call for more provision for people who relapse, as part of a ‘step-up, step-down’ service. This would prevent these clients from either having to return to the streets and start again, going to generic hostels where the degree of sharing can lead to people being influenced by others to continue to use drugs or alcohol, or going to private hostels or bed and breakfasts which are often seen as not safe places where people are supported not to drink or use drugs.
Insufficient options of residential rehabilitation:
Most of the current provision relies on a 12 Step approach, which may not suit all needs.

Insufficient options for women experiencing domestic abuse who also have substance misuse problems:
Many refuges will accommodate only those substance misusers who are engaged in treatment, and may limit the number of women with addictions in their refuge at any one time. Beyond providing specialist refuges, the main solution is to seek other women-only accommodation where women can be kept safe at the same time as addressing their addictions.

Wet house provision
Alongside some confusion about whether Aigburth Drive should be classified as a wet house (it does not allow drinking in the house but the residents may drink in a facility in the garden, between certain hours), there is also a debate about whether it is better to allow residents to drink within their rooms, in a safe and controlled environment. Agencies such as the YMCA which have adopted this strategy have begun to see the benefits in terms of being better able to help residents control the amount or strength of what they are consuming. It is suggested that there is an open debate about the value of establishing a wet house in Liverpool, and whether all non-abstinence hostels might benefit from a policy of allowing people to drink in their rooms rather than pushing them outside to do so.

Community detox within supported housing
• It is very difficult to access detox whilst living on the streets, and also to ensure that people leaving detox who are homeless or living in a hostel can go back to a situation which supports successful withdrawal from alcohol

• The residential course run by The Basement is a well-received facility, and attracts alcohol users from amongst their client base who might otherwise not access detox, but at the time of writing there is no funding in place for this course for the forthcoming financial year

• Another option worth exploring is the provision of community detox within supported housing (see positive practice later).

Services for alcohol users who have care needs, including end of life care:
• The experience of stakeholders is that many their service users have care needs but they do not meet the eligibility criteria for social care

• There are currently only limited residential services for people with Korsakoff’s syndrome – a condition that often results in a need for long-term care

• Marie Curie services provide some input to end-of-life care in hostels, but agencies reported that it can be difficult to persuade statutory health and care services to provide sufficient input in hostels for people with conditions that are beyond support workers’ skills and knowledge (e.g. changing dressings, bathing). It can be expected that around 20 people in the homeless population in Liverpool will die each year and might need end of life care

• Agencies such as Aigburth Drive and the YMCA which work with people with long-term and chronic alcohol addiction are supported by the specialist nurses in the Brownlow Group Practice and noted that additional training could be of help in working with this group. Existing staff within the Brownlow Practice do not have the resource to provide training for other agencies.
Talking therapies and longer periods of therapy:
Waiting lists for treatment can be quite long, and people may be offered a course of only six weeks, which may well not be long enough for someone who has a longstanding addiction as well as mental ill health.

Insufficient floating support:
- The Whitechapel floating support service for drug and alcohol users is constantly over-subscribed (it is currently working with 188 service users rather than the 176 in its contract)
- There is a call for agencies to be funded to do more resettlement work, so that the strong working relationships already built up with service users can be continued to help them to support service users to maintain services and accommodation.

Existing services
There have been several new services and other developments for people with substance misuse needs, and stakeholders note improvements in the last three years, notably in relation to working with street drinkers and rough sleepers with substance misuse problems. Generally it is felt that there is an effective pathway in place, notwithstanding the gaps identified earlier in this section.

The increased level of outreach work provided by Whitechapel and Basement is reported to have had a very positive impact on the speed and seamlessness of the response for homeless people with substance misuse problems. Quick referrals into detox and recovery services can now happen for many people. Most service users felt that the specialist accommodation available was of very high quality and had helped them to remain abstinent.

From April 2015, the new Urban Outreach Response Service, commissioned jointly by Adult Services and Public Health, and to be provided jointly by Whitechapel and The Basement for rough sleepers and street drinkers, will reduce any duplication within the current services provided (and commissioned) separately. The service will target the most frequent street drinkers and entrenched rough sleepers, many of whom have substance misuse problems, as well as new rough sleepers.

Other improvements noted by agencies include a flexible approach, trying to help service users to adapt their behaviour rather than seeking to evict. Successful work with people with drug problems and also with dual needs is preventing homelessness; Whitechapel's floating support clients are mostly engaged in treatment and maintaining a tenancy well by the time their support package comes to an end.

Areas where improvements are reported to be needed are:

A greater number of skilled substance misuse workers based within supported accommodation
Drug treatment agencies were concerned that limited knowledge and skills can impede progress for drug users at times, and may mean that people take longer to get into effective treatment. One service user also gave an example of their support worker trying to agree a contract about reducing heavy drinking before the person was ready for this. It resulted in the resident abandoning their accommodation and going back to the streets, and to using both drugs and alcohol.

Social care and mental capacity assessments:
- These are reported to take a long time to arrange
- A common problem is that fluctuating needs are not always detectable by social care or health staff who are not so familiar with the person as housing support staff working with the person
• Supported housing staff, with training, could carry out basic assessments, so saving time for health and care staff, and reducing waiting times for assessments for service users

• Training to carry out basic mental capacity assessments is a requirement of housing agencies under the Care Act 2014.

Joint approaches and communication between homeless agencies and substance misuse agencies are not strong enough:
• Not all housing agencies are invited to the Drug Treatment Recovery Group, including some which work solely or substantially with substance misusers

• The group’s regular conferences involve showcasing treatment provision but not housing provision, missing an opportunity to help treatment staff to understand how the housing sector works with its clients

• There is currently little joint commissioning between housing-related support commissioning, public health and the Clinical Commissioning Group. The opportunity to tie in together the desired outcomes from housing support work with this group is being missed.

Reducing the mix of drug and alcohol users with others who are at different stages
Reducing the size of supported housing schemes may be the way to do this. Supported housing providers with mainly shared houses or other smaller schemes do not experience the problems that come with large provision where people who are trying to reduce or abstain from substance misuse are mixing with others still at the chaotic stage.

MainStay assessments can be hard to complete for staff unused to working with people who are drug or alcohol users. Assessments cannot necessarily be delayed until someone is no longer under the influence, so there is a need for training to carry out assessments in this situation.

Lack of consistency around management of drug use in hostels
Some service users may have been evicted from short-term accommodation for behaviours that could be managed. There is no data to provide evidence of this, but the lack of a policy and consistency about managing drug use was mentioned by a number of agencies.

9.5 Gaps in services, or changes needed to respond to need

Additional requirements are for:

• Community detox facilities in homelessness services and in supported housing
• Floating support, including to enable people to resettle into their own accommodation.

Changes are required to:

• Enable all stakeholders to understand what accommodation is available to people across the pathway
• Develop the housing and treatment workforces to:
  ▪ Understand each other’s sectors/systems
  ▪ Enable them to meet housing needs more effectively e.g. enabling the housing workforce (such as MainStay assessors) to be confident in working with people who have a substance misuse problem
  ▪ Enable care needs to be identified and met in supported housing settings
  ▪ Enable hostels to more effectively manage drug-use to prevent eviction.
Further research/investigation/monitoring is needed to understand (and act on):

- Whether there is a demand for:
  - A wider range of options (beyond the 12 step approach) to meeting the needs of people with alcohol problems
  - A wet house, or a change in policy in supported accommodation to enable people to drink in a controlled environment.
- A reported increase in the use of IV drugs, and the number of younger people using opiates and crack cocaine
- Demand from clients with more multiple and complex needs as reductions in funding for support services reduces
- The number of drug-related deaths for people on the streets and in homeless accommodation

9.6 Positive practice relevant to Liverpool

Successful drugs, alcohol and housing partnerships

Figure 2: Drug and alcohol housing partnership, Kirklees

This case study demonstrated joint working between substance user support providers and housing providers / housing-related services in supporting recovery from substance misuse in Kirklees.

Purpose to the Kirklees Drug and Alcohol Housing Partnership:
- To increase and improve communication and joint working between member organisations of the partnership including staff, volunteers and managers
- To increase understanding of each other’s roles and remits
- To improve pathways and support for service users
- To solve problems and celebrate successes
- To share and reflect upon practice issues.

The partnership has active representation on the Kirklees Homelessness Forum and therefore issues can be fed to and from this group to a wider housing partnership.

The group makes sure key messages are communicated to key stakeholders, including staff.

Source: The Role of Housing in Drugs Recovery: A Practice Compendium CIH 2012

Lessons from the North Yorkshire serious case review concerning ‘Robert’

This case study is taken from: ‘Social Care Institute for Excellence (SCIE): Guidance for frontline housing staff and contractors on adult safeguarding: Identifying tenants with care and support needs’
Robert’s situation dramatically demonstrated the problems caused by different definitions of vulnerability. He was a young, long-term rough sleeper. He asked for help with his housing due to ill health. Two weeks later, in January 2012, he died from morphine intoxication. Staff at the voluntary homeless hostel had continually stressed Robert’s level of vulnerability but this did not appear to have been fully understood or acknowledged by the out-of-hours housing service. His care needs were overshadowed by a focus on his eligibility under homelessness legislation. Both housing and social services failed to sufficiently acknowledge the concerns of the homeless shelter and primary health care staff. Duties to assess vulnerable people in need of care and support under both housing and community care legislation were not fully considered. The response by housing and care agencies was very focused on eligibility for service and there was no evidence of a joint approach to meeting Robert’s needs.

As a result of this case the following recommendations have been implemented:

- Ensuring that the emergency duty team has an up-to-date knowledge of eligibility criteria, thresholds for assessment, safeguarding procedures and services available for adults
- Ensuring that cover over extended holiday periods is sufficiently robust
- Strengthening working relationships between the housing authority and local homeless project
- Increasing awareness of the needs of street homeless people among health services
- Improving call handling with the police and the housing authority
- Additional joint training on rough sleeper related issues for housing, health and social care staff.

Newcastle Temporary Accommodation Drug Management Protocol
This Protocol describes what the law says about how to deal with the use and supply of drugs in shared accommodation, and helps staff to understand what they must do to comply with the law. It provides guidance on what to do when drugs are found on the premises or someone is found using or sharing drugs. It sets out when and how the police should be involved, how the ‘bag and tag’ system works (to collect drugs or drug paraphernalia found on the premises), and what the role of the police is. The Protocol also describes the way that drug treatment agencies are asked to work, and to support the work that their colleagues in supported housing are doing with drug users. A poster is available to put up in all supported housing to let service users know what the policy means for them.

http://www.newcastle.gov.uk/housing/housing-advice-and-homelessness/information-for-professionals/temp-accommodation-drug-management

Examples of detox, rehab and other substance misuse services which are provided in housing settings
Detox and community rehab facilities within supported housing and in day centres enables people who are living on the streets or in hostels to access detox. In addition to examples described here, elsewhere in the country there are detox services for people on low level substitute programmes who are living in supported housing, detox services operated by medical staff within supported housing, and detox and pre-detox beds within a larger supported housing scheme.

Society of St James, Hampshire
This Hampshire-based homelessness charity provides accommodation and support to over 1,000 people. In its early days, many of the organisation’s clients were men who were struggling with heavy drinking, and it was quickly realised that offering shelter was only the first step. Since then, the Society has developed a wide range of services for drinkers and people using drugs, including:

- Community rehabilitation service
- Drug and alcohol recovery services – operated in conjunction with treatment agencies
- Alcohol Pathfinder Service offering wraparound services
- Day programmes and groups
Leisure, education and volunteering services
Specialist supported accommodation
Residential care for people aged 50+ who have severe alcohol dependency problems and/or mental health problems, incorporating short-term residential respite care, day respite and alcohol detox support.

Logos House, Salvation Army Lifehouse, Bristol
This provision has now closed: a different model of detox has been commissioned by Bristol City Council, but it showed very positive outcomes (see below for outcomes in the last full year that it was in operation). It had four detox beds and ten pre-detox beds within a hostel of around 93 beds. The hostel was registered as a nursing home (not thought by nursing staff to be necessary). The detox unit mainly worked with people with drug problems. People stayed typically for up to 12 weeks in the pre-detox beds, preparing for detox, and then in detox for 12-14 days. Move-on from the detox beds was into rehabilitation or their own accommodation with support. A support package post-detox ad to be in place before detox started.

The staff for detox unit were:

- Three nurses
- A GP carrying out medical assessments pre-admission, providing prescriptions, and attending the hostel once a week
- Outreach staff to do other assessments
- An art therapist
- Mutual aid groups
- Volunteers.

The detox unit is detached from the rest of the hostel. Detox residents use the facilities in the hostel (dining room, etc) but only if accompanied and at different times from other residents. They may only leave the building if accompanied.

Outcomes were positive: in 2012-13, 80% planned moves, and 80% occupancy, low levels of eviction and abandonment (around 5% each).

Derby Step Up (Action Housing and Support)
This project supports 20 individuals within dispersed supported accommodation to detox from drugs or alcohol, to stabilise before accessing residential rehabilitation, or as the next step after rehabilitation. The project also provides tenancy support.

The detox is intended for people living in accommodation that is unsuitable for detox. A detox or rehab programme must be in place beforehand. In 2011-12, 87.5% of service users successfully exited the scheme, moving on to stable long-term independent accommodation.

9.7 Service list

Table 18: List of services

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported housing</td>
<td>Aigburth Drive, LCC</td>
<td>34 beds, a wet house for men over 40 who do not want to stop drinking. The majority have alcohol problems, many with chronic problems and a range of mental health problems alongside physical ill health related to alcohol abuse.</td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Supported housing            | Harmony Project, New Start                                      | • 43 units (only 20 beds funded through LCC, others funded through HB only)  
• Male and female, 80% must have been abstinent for one day, and in a treatment programme of some sort.  
• 20% for harm reduction – people struggling to become dry or clean |
| Supported housing            | Harvey Project, Big Life Project and New Start                 | 20 units, in two 10-bed houses (single occupancy flats in two large houses) supporting single adults and some couples with active alcohol and drug addictions. Part of this provision is female only |
| Supported housing            | The Bridge House Project                                       | 17 residents in low support accommodation provided in four houses: one or women, and one for men (both 24 hour staffed) and two unstaffed 24 hours. Service users have to be abstinent for a day for most referrals or may take immediate referrals and do assessments that day for people relapsing from rehab.  
**Not commissioned** |
| Supported housing            | Tom Harrison House                                             | For 16 ex-service personnel who are street homeless and have been discharged from the armed services due to addiction. Started with men but can accommodate women. |
| Floating support, advocacy and other support | Recovery Floating Support (Harm Reduction and Dual Diagnosis), Whitechapel | 176 units between the two (now joined-up) services, provides access to treatment agencies on-site and provides help to access other treatment such as: individual work and group sessions, floating support for people struggling to maintain a tenancy, or in a hostel and moving on to settled housing. Users can self-define whether they have a mental health need. They are piloting different methods of working to maximise throughput – including geographic teams, and outreach surgeries |
| Floating support and advice  | Irish Community Centre Merseyside                               | • Advice, guidance, information and floating support to Irish and Irish Traveller communities who are vulnerable through age, poor health, isolation, poor accommodation, homelessness, drug and alcohol misuse, and social exclusion.  
• Also prison in-reach and outreach services.  
• Services are accessed by people of all ages, many of whom have chronic alcohol problems |
| Residential detox and courses | Community Spirit, The Basement                                  | Two week pre-treatment detox residential course, and Taster Life Course (six weeks, one morning a week) |
| Residential rehabilitation   | Park View Project                                               | Three stages: primary stage has three buildings 29 beds, secondary has two buildings and 17 beds, and tertiary has three houses with 22 beds (low level support, funded only by HB). 40 beds funded by LCC |
| Residential rehabilitation   | Transforming Choice                                             | 12 week residential detox and rehab based in a large house at 30 Aigburth Drive, space for 20 people. Focus is on street drinkers, most with complex needs, can take people who are on methadone but not people using drugs, do not have to be abstinent, but have to be assessed to be sure they are fit enough to do detox |
10. People with complex needs

We have used the term complex needs here, but there are several different terms in use in the UK, including multiple needs, chronic or multiple exclusion, and severe and multiple disadvantage (SMD). The latter term was used in the recent report *Hard Edges* published by Lankelly Chase, with the note that the term is shorthand for the problems faced by adults in the homelessness, substance misuse and criminal justice systems in England, with ‘poverty an almost universal, and mental ill health a common, complicating factor’.

10.1 What do we know about homelessness for this population nationally?

Hard Edges has estimated the prevalence of the population in England with at least these three needs as 58,000, with around 250,000 people being affected by two of the three needs. This translates into an estimate of an average population of 1.5 people per thousand with all three needs or 4.2 people per thousand with two needs. The average local authority area might expect to need to work with around 385 people with disadvantages in all three domains, or 1,470 people with disadvantages in two of the three areas. The largest group affected by SMD is white men aged between 25 and 44.

The research also estimates that 55% of the population with all three factors also have diagnosed mental health conditions, and 92% a self-reported mental health need. In relation to physical health needs, the report notes that a wider range of problems is more often found amongst SMD groups than in the general working age population, with epilepsy, difficulty in seeing, stomach/liver/digestive, chest/breathing, cancer and stroke at between two and five times the prevalence seen in the general population.

Other aspects of disadvantage include unemployment – 60% are likely to be unemployed and 29% unavailable for work, with a small number in education or training (3%) or in employment (6%) – as well as financial management problems, and a lack of social support and boredom.

The evidence indicates that severe and multiple disadvantage appears to result from a combination of structural, systemic, family and personal factors, leading to great difficulty in achieving positive outcomes with this group. The report suggests that, amongst other courses of action, developing resilience amongst younger people (to prevent becoming severely or multiply disadvantaged) and developing psychologically informed services seem the most likely to lead to making progress.

National focus

There has been a great deal of interest in, and investment in, tackling the needs of people with complex and multiple needs in the last five years.

A research programme funded through a partnership between the Economic and Social Research Council, DCLG, Homeless Link, Joseph Rowntree Foundation and the Tenant Services Authority into Multiple Exclusion Homelessness provided insight into the picture and causes of social exclusion amongst groups of people with multiple needs.

In 2012, the government strategy, *Social Justice: Transforming Lives* recognised that, for people with multiple needs and disadvantage, ‘co-ordinated, outcome-focused support delivers better results for a person’s life chances in the long-term’.

The Making Every Adult Matter (MEAM) Coalition campaigned for action to address multiple exclusion and established a number of pilot schemes which demonstrated that progress could be made for individuals, through better coordination, and that system change could also be achieved. This work informed the Big Lottery’s Fulfilling Lives programme for tackling multiple needs, announced in 2013.
Investment of £112m over eight years will be made in 12 areas of the country, with the aim of transforming the lives of individuals who are experiencing the following problems: homelessness, reoffending, problematic substance misuse and mental ill health.

In November 2014, the government’s autumn statement contained proposals to strengthen the work started by the Social Justice Strategy, looking at the cost benefit of supporting people with multiple needs, reviewing funding for service transformation, and using funding regimes to encourage better co-ordination and integration of services to tackle multiple needs.

10.2 What do we know about people with multiple or complex needs?

The Hard Edges report provides an assessment of the scale of need in the areas with the highest and lowest scale of need. Liverpool has the third highest prevalence, after Blackpool and Middlesbrough. For those authorities at the top of the list, the prevalence is likely to be two to three times the average.

Table 19: highest prevalence of severe and multiple disadvantage

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>SP (people received housing-related support related to homelessness)</th>
<th>OASys (people receiving services related to offending)</th>
<th>NDTMS (people receiving substance misuse services)</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackpool</td>
<td>378</td>
<td>298</td>
<td>244</td>
<td>306</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>152</td>
<td>306</td>
<td>387</td>
<td>281</td>
</tr>
<tr>
<td>Liverpool</td>
<td>265</td>
<td>200</td>
<td>249</td>
<td>238</td>
</tr>
</tbody>
</table>

Source: Hard Edges, Lankelly Chase, 2015

The MainStay system has enabled some analysis of multiple needs, and an exercise carried out earlier in 2014 provided the charts below about people with more than one need.

Chart 65: MainStay assessments of need for people with more than one need where one need is clearly at a higher level 01/07/2013 - 31/01/2014

Source: MainStay data
It is possible to analyse the Client Record Forms to identify how many people had more than one need of the four that are collected.

Table 20: Analysis of Client Record Forms to show numbers of people with multiple needs

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two needs</td>
<td>1316 (38%)</td>
<td>866 (28%)</td>
<td>356 (52%)</td>
</tr>
<tr>
<td>Three needs</td>
<td>468 (13%)</td>
<td>385 (13%)</td>
<td>141 (21%)</td>
</tr>
<tr>
<td>Four needs</td>
<td>217 (6%)</td>
<td>205 (7%)</td>
<td>61 (9%)</td>
</tr>
</tbody>
</table>

Source: Client Record Forms

10.3 Homelessness prevention and resolution for people with complex needs

At local level, complex needs are addressed in two ways: the Complex Needs Panel and the Fulfilling Lives project, Waves of Hope.

The Liverpool Complex Needs Panel, in place for a number of years, seeks to find appropriate solutions for people with complex needs, typically those who have been accommodated and lost that accommodation a number of times, and whose behaviour or history has led to their exclusion from services and those where their current hostel accommodation is at risk.

A number of ring-fenced beds in supported housing have been made available, running alongside the MainStay system, to enable beds to be reserved for people who, without special consideration, would not be accepted into mainstream supported housing because of their high level of needs and past behaviour. The provision is mainly used to support a timely exit for rough sleepers from the streets. This has proved to be a successful move, and provided the confidence for agencies in the city to develop a bid for the Big Lottery’s Fulfilling Lives programme.
In 2013, a partnership led by Plus Dane with the council, CCG, supported and social housing providers, probation, treatment providers, Shelter, Business in the Community, and the CVS was successful in attracting Big Lottery Fulfilling Lives.

Building on the learning from both the Complex Needs Panel and MEAM pilots around the country, the Waves of Hope project, with funding of £10m to be spent over five years, aims to ‘transform the landscape for people with multiple and complex needs’ and to seek lasting change for individuals and systems. As in the other Big Lottery Fulfilling Lives programmes, the bid was built on a significant level of research and consultation involving people with lived experience at the heart of the work (222 people with multiple and complex needs took part), along with a range of agencies working with people with multiple and complex needs.

Fulfilling Lives targets people who have at least three of the four needs in their backgrounds: homelessness, particularly those from the entrenched rough sleeper group; reoffending; problematic substance misuse, and mental ill health. The objectives for the project are to work with people who in the past have not successfully sustained contact with services or have not been able to get their needs met to:

- Enable people to achieve better and more sustainable personal outcomes
- Ensure that services within the city are truly flexible and person-centred, that they promote and support recovery and that they are driven by service users
- Ensure that services are integrated and cohesive, so that there are no ‘wrong doors’ for people
- Provide a robust evidence base to inform and shape strategic thinking, planning and delivery.

The programme is overseen by Plus Dane HA and led by a Project Board, which has several roles: it is the body responsible for delivery of the programme, as well as providing strategic direction of the programme, will also monitor performance, and will identify ways of overcoming barriers to achieving change and successful outcomes for individuals, and system change. It reports to the Health and Wellbeing Board, to City Safe and the CCG.

Service provision identified for the Waves of Hope project recognises the key needs identified at the research stage:

- Services are required for people who will not, or are unable to, engage and for those unwilling to address their substance misuse and have challenging behaviour
- A different approach is needed for this cohort of service users, with a strong need to focus on individually designed solutions
- Access to a therapeutic approach and psychological/behavioural therapies is key and should form part of a service offer (though not a requirement)
- There is a need for an accommodation-based service which could effectively accommodate and support people with the most acute needs and entrenched lifestyles
- There is a need for assertive outreach and intensive case management, as part of a multi-agency approach.

Accordingly, the new complex needs services include the following:

- Intensive support work for around 150 people (Riverside)
• Peer support from peer mentors (Whitechapel) – people with experience of multiple needs and exclusion will be trained to provide peer support for service users who have complex needs

• Nine long-term beds in Liverpool YMCA for people excluded from all other provision, with support to move on to more settled housing or to other second stage supported housing as needs dictate

• Liverpool Recovery Campus, with a focus on mental wellbeing

• Personalised budgets to support the focus on tailored programmes of support.

The nine beds in the YMCA were filled within a few weeks of the service starting. Most of the service users in these rooms (one floor of the YMCA) are heavy drinkers and also have physical health problems, some also with mobility problem.

The Complex Needs Panel has now been subsumed into a panel which considers not only access to the ring-fenced beds and other solutions for people who could not easily access supported housing provision, but also how best to meet the multiple needs of the customers of the Waves of Hope project.

There was some concern around the city about the options for people with multiple and complex needs once these beds as full. The Waves of Hope plan is to make use of other supported housing along with settled housing, and resettlement work done through the intensive support service team has led to 15 of their clients being resettled into private rented sector accommodation. However, the focus of the intensive support approach was to work with clients in new ways, rather than addressing housing needs, and accordingly the team has moved away from earlier work to find accommodation for this group. Stronger partnerships with existing agencies such as The Basement and Whitechapel, including Waves of Hope drop-ins at their premises, are expected to support this approach by helping people with complex needs to resolve their housing needs. This will need careful monitoring to ensure that this expectation is met, and people do not fall through the net because there is more than one homeless agency expected to work with them.

Other activities taken on by the intensive support team so far include:

• Broadening the range of agencies using the Psychologically Informed Environments (PIE) approaches to improve the experience and outcomes for individuals

• Different ways of engaging people to begin to link into education, training and employment, such as helping people to move into voluntary work, building skills for applying for work, and developing skills to manage their time

• Developing independence skills (cooking, managing a tenancy, etc) in a house acquired for this purpose

• Accompanying people to appointments to support them to address their health needs, addictions, healthy eating, and improving contact with family

• Helping people to access mindfulness and similar courses to help with confidence, self-esteem and overcoming low level mental health needs

• Working with A&E to look at different ways of treating people with alcohol-related injuries, brain injuries and liver disease
- Working with mental health professionals to break the cycle of people with complex needs being turned away from services because of their high level of other needs or not meeting criteria for services.

The Complex Needs Panel has now combined with a new case management group set up within the Waves of Hope project, currently called the Multi-Disciplinary Team (MDT) panel to look at solutions for individuals identified as having needs which cannot be met within existing services and requiring multi-agency solutions.

10.4 Gaps in services, or changes needed

It is early days for Waves of Hope but clearly this initiative will need to be monitored on a regular basis and supported by commissioners in Liverpool when barriers to success are identified.

Further research/investigation is needed to understand (and act on) if the Housing First model would be another option to meet the needs of some individuals with complex needs.

10.5 Positive practice relevant to Liverpool

The Housing First model may be a useful resource for this group. This model was developed in New York in the 1990s, and its success has meant that it has spread to other cities in the United States, Canada, and now many countries in Europe.

Its main principle is that housing is a basic human right, and should be available to anyone no matter what else is going on in their life, as quickly as possible if other damage to the individual or family is to be minimised. Under this approach, chronic street homeless people with multiple and complex needs, who are not considered ‘housing ready’, are placed straight from the street into permanent accommodation. It recognises that people who are hard to house, with chaotic lives, often do not do well in hostels and shelters, and under the linear or ‘staircase’ model with a series of stages of increasing independence, they do not ‘earn’ their right to go on to the next stage but fall out, typically onto the street, to sofa surfing, or to the poorest private rented accommodation.

Pilot schemes in Exeter, Glasgow, Newcastle and elsewhere in the UK are already showing a good degree of success. The Changing Lives scheme on Tyneside which settled people into the private rented sector, people who had been excluded at least four times from supported housing and who exhibited all the signs of chronic and multiple exclusion, found that the keys to success were:

- Provision of independent accommodation on a ‘scatter-site’ basis, not on one site
- No requirements to be ‘housing-ready’ but people must be ready to ‘engage’
- Speedy assessment and access arrangements
- A harm reduction approach to clients with substance misuse issues
- Respect for client choice
- Provision of flexible and intensive support based on client need, and relatively small caseloads.

As in other Changing Lives provision, the fact that the majority of assertive outreach workers for this scheme were people with lived experience of homelessness and/or multiple exclusion, able to use their personal experience to shape their response, was thought also to have been a key factor in its success.

By January 2014, 49 clients had been supported into accommodation, with 46 still in their tenancies by the time of the evaluation. 38 of these had come from the streets, and the remainder were struggling to maintain other accommodation.
11. Sex workers

11.1 Why is homelessness amongst this population significant?

Homelessness is both a driver for and a key feature of sex work in the UK:

- Street-based sex workers are one of the most excluded and marginalised groups of homeless people. 77% of sex workers interviewed in a 2012 study stated they had problems with homelessness and housing.

- Another study in Stoke-on-Trent showed that involvement in street sex work directly impacted on women’s housing situations and that as long as a woman worked as a street prostitute, she was at risk of becoming or remaining homeless and was very likely to do so.

- Homelessness and drug addiction have been identified as the two most significant factors which drive people into on-street sex work, and two of the main barriers to stabilising the lives of sex workers (along with the principal factors which are a lack of economic opportunity and debt).

- Being homeless may force some women and men into seeking accommodation in places which compound their vulnerability, exclusion and destructive behaviours, such as staying with abusive partners, partners with drug addictions, sleeping in crack houses or sleeping rough.

- Sex workers may offer sex to punters they do not know well enough to trust, in order to get a bed for the night, or to fund chronic additions.

- Access to housing is often seen as the most effective way to help sex workers to make sustained changes in their lives.

Physical and mental ill health, risk of violence and abuse, drug addictions are common amongst sex workers. Drug and alcohol use are cited in several studies as coping mechanisms for childhood and other traumas amongst sex workers, but continuing use means that moving away from sex work requires significant help. Furthermore, high proportions of on-street sex workers have been found to have children no longer living with them and this can add to the risk of depression and self-abuse.

Research evidence has shown that people with no recourse to public funds (such as destitute asylum seekers) may turn to sex work in order to provide the means to live, and in order to be able to remain in the UK. Those who have been trafficked into the country will have the least control over their lives. Both men and women are trafficked into the UK for sex, though men tend to be trafficked into labour exploitation. The Salvation Army found that accommodation was the most common need for male sex workers who had been trafficked.

Two issues compound the difficulty of addressing the needs of sex workers who are homeless. The first is that many have already been excluded from accommodation in the supported housing sector, either because of their addiction-related behaviour, or because they have worked in the hostel or in the vicinity. The second is that there are barriers to accessing mainstream services in place, for example because of their reluctance to engage with statutory bodies such as the police and social services, a fear of being judged, past experience, or reluctance to give up their addictions, as well as the fact that some women will work all night and not be easily able to access services which are offered only during the day. Whilst services generally stipulate that people must not be absent from their rooms for more than three nights at a time, it does not appear that this is leading to sex workers being asked to leave.
Sex work taking place from the streets, where homeless people are most likely to work, is known to have negative implications for the community as well as for many of the sex workers involved. A report of consultation on managing street-based sex work in Liverpool by developing zoned areas noted that the likely impacts were:

- Levels of crime (including drug dealing and burglaries from nearby properties)
- Noise and other disturbance late at night
- Fear for personal safety and that of family and children
- Contamination of the local environment with used condoms and discarded syringes
- Increased risk of violence and street robbery for sex workers

Improving access to accommodation can thus improve not only sex workers’ chance of moving out of the sex trade, and tackling addictions, but the community’s quality of life.

11.2 What do we know about homelessness for this population in Liverpool?

There is no data available through MainStay, supported housing records, or homelessness data which shows the number of sex workers with housing needs. The only sources of quantitative data about the housing needs of this client group come from the Armistead Project and the Pearls Project.

For the Armistead Project, in the period April-September 2014:

- 96 people (81 women working on the streets and 15 male sex workers) engaged with their services
- Around 70% of these individuals were currently homeless or at risk of homelessness, staying in hostel accommodation, with friends, with punters, or temporarily with family
- An annual figure might therefore be around 130 people needing help with acute housing problems, either homelessness or a risk of homelessness.

The Pearls Project has contact with women in the homeless sector – staying in hostels, sofa surfing, staying with punters or rough sleeping. Details are not collected at the start of the women’s contact, and some of whom come for pamper nights only. However, the project is able to say that during the last two years, it has met 35 women, of whom 20 have been sex workers. Over the course of the two years:

- Three women have slept rough
- 26 were staying in hostels or other supported housing at some point
- Some of the sex workers have been sofa surfing or staying with punters
- Only three women have moved into social housing and several have moved into the private rented sector.

11.3 Homelessness prevention and resolution for sex workers

There is no clear pathway for sex workers to resolve their housing need. Advice and other prevention work is as for other single homeless people (notably The Basement and Whitechapel), with the addition of advice, befriending and signposting from the three agencies working specifically with sex workers (Armistead, Pearls Project and Streetwise).
There is no specialist accommodation for this group, either designated as part of other accommodation or in places where support workers have been trained to work with this particular group.

The Armistead Project is the main support service working with sex workers. It also works with lesbian, gay, bi-sexual and transsexual individuals and communities across Liverpool, Knowsley, Halton and St Helens, but it is funded to work with sex workers only in Liverpool. 90% of the sex workers who make use of the project’s services are women, and sex workers make up the bulk (around 90%) of the project’s service users.

Services are available through drop-in sessions, an outreach support service to female street sex workers and off-street parlour for sex workers, and a number of groups and workshops. It works with a number of housing and support agencies, with the main ones being Whitechapel, the Basement, Ann Fowler House and the Princes Trust (supported lodgings).

18 referrals were made for men to HOS or to housing support services by Armistead, but this may include repeat referrals. Six referrals were made for women to homelessness or housing support services.

The lower number of referrals for women, despite the much larger number involved in sex work and engaged with Armistead, reflects the fact that many women are involved in street-based sex work and have chaotic lifestyles involving drug use. Accessing supported housing may be harder for those who have already been accommodated in that sector, and who may be known to be using drugs.

Pearls Project and Streetwise offer signposting and referrals to housing agencies and access to supported accommodation is through MainStay.

Some sex workers access the private rented sector, but there is some very poor experience amongst some women sex workers who have been housed in accommodation where repairs (including water coming into the property and broken windows) have not been dealt with by the landlord or agent for long periods, and where one landlord has opened a bank account for new tenants to receive their Housing Benefit but has refused access to the tenant to the bank account, by keeping the bank cards. These examples mean that the only option for settled housing for some sex workers is not at an acceptable standard, though service users may choose this as it is the only option available.

11.4 Stakeholder and customer perspective on unmet need and existing services

Unmet need
There has been an increase in demand for the Armistead Project’s services, felt to be the result of welfare benefit changes, increasing competition for accommodation, and cuts in the provision of other advice services.

Agencies commented that it is becoming harder for people with a history of sex working to get established in settled housing, and that it is more difficult for former sex workers to find housing which will support them moving on from their former lives and lifestyles. The reasons for this include:

- Limited locations where settled housing is offered, and the likelihood of these being in areas where people previously engaged in sex work and in use of drugs; they would not wish to be housed here because of the high chance of having to come into contact with former drug dealers, pimps, and other drug users
Many women sex workers have complex needs, as a result of abuse in childhood, with longstanding mental health needs, drug and/or alcohol abuse, and other forms of abuse, and many years spent in the sex trade.

Chaotic lives and long years spent in a cycle of homelessness and abuse make it difficult to sustain housing – both settled and supported housing.

Greater demand for supported, social and other settled housing as a result of welfare benefit changes.

Insufficient time available within supported housing to help women to prepare for independence so settled accommodation is less of an option than it could be.

Stakeholders are aware that some women in Liverpool find accommodation with punters, offering sex in return for a bed, for one night or longer. As was reported earlier in national and other studies, this is concerning as this is known to lead to exploitation and to domestic abuse.

Existing services
Whilst MainStay is efficient in securing supported accommodation for most sex workers, there are no dedicated housing services for sex workers, and none which specifically set out to work with this group. As the example from Manchester shows, resources which plan to work with this group can have a good degree of success; by contrast, services in Liverpool which work with women working on the streets (outreach services and women’s hostels) say that whilst they are happy to accommodate sex workers, there are several issues which can make it hard to make this a sustainable option, such as:

- Insufficient linkage with the drug and alcohol treatment services in the city – hostel staff would like this to be more strategic, and more proactive, rather than just reactive to individual people’s needs (there is an option to consider this in the substance misuse section).

- Agencies not able to do positive work with women or to help them to get to appointments during the day, when they might be sleeping.

- Sex workers often move from one resource to another, if their chaotic and other behaviour leads to them being asked to leave (because of non-payment of service charges, theft or fighting related to drug use) or to abandoning a placement – there is a cycle of movement between the main hostels, with no route out unless substance misuse and mental health needs are addressed.

- A need for increased resources for staff to work with women to support them, through group work and other activities, to help women to exit sex work, and develop the skills and confidence to find other employment.

- Having to ask people to leave if they draw other residents into sex work.

- Concern for their safety and health – hostel staff remind women to take their mobile phones out with them and to contact someone if they are in any danger or difficulties, and also try to keep stocks of condoms and information about health matters in the hostels.

Agencies providing advice and support services for sex workers said that demand for advice and support to access other services and address health needs and addictions appears to be increasing.

Sometimes women find it difficult to be at the mixed Sit Up facility at Green Lane, where most people are men. A woman who has been placed at the Sit Up is likely to have run out of other options and is...
therefore very likely to be feeling very vulnerable. In such cases, the Sit Up can either organise for a female worker to be on duty, or arrange for the woman to go to a bed and breakfast or to a non-
MainStay hostel. For the most part, however, even quite vulnerable women can be supported to manage at the Sit Up, with close attention from the worker on duty, until a bed space comes available (usually more quickly than for men who are waiting for a bed).

Armistead, and Stop The Traffick (a voluntary group which campaigns on trafficking in Liverpool) suggested that more training could be provided to help supported housing and other homelessness and housing organisations understand how best to work with female sex workers, and with trafficked women. Stop The Traffick has started to work with homelessness organisations to make sure staff are aware of how to identify people who have been trafficked and to know who to contact in this situation. Armistead’s training can similarly help to develop approaches to working with sex workers and what forms of support can help people to exit from sex work.

The Merseyside Hate Crime Model has been much praised\textsuperscript{xcviii}. It aims to build trust and confidence amongst sex workers to report when they are attacked, which allows the police to identify and arrest dangerous people who pose a threat to the whole of society. The model prioritises the protection of people in the sex trade when they have been the victim of a crime, rather than enforcement of the law against prostitution. Agencies in Liverpool note that liaison with the police works well, and their overall approach is supportive, pragmatic, and provides a human rights approach to sex workers which prioritises their safety. This approach is supported by the ‘National Ugly Mugs’ facility which warns sex workers about dangerous people they may come across in any particular area.

One agency also raised a concern about access to rehabilitation services. Women street sex workers with complex needs, usually including drug addiction and mental health problems, currently find it very difficult to access residential rehabilitation services. One service based in the city will not accommodate people who are using some medication for mental health conditions, and this restricts access to their service for many of the women with complex and longstanding needs. In addition, women may prefer to access rehabilitation services outside the city but must meet the condition for accessing these services as set by Adult Social Care, to have engaged with treatment services (prescribing and other services) for at least three months; women with longstanding drug addictions, mental health needs, and chaotic lifestyles often find this condition very hard and rarely meet it.

\section*{11.5 Gaps in services, or changes needed}

It is difficult to estimate the scale of need amongst this group but the indications are that demand for support is rising, and that accessing settled housing is increasingly problematic. More concrete data is needed to show whether this is the case.

It is likely that if use of opiates and crack cocaine is increasing as has been suggested (see substance misuse section), the number of people engaging in sex work in order to pay for their drugs will also increase. Research carried out in Preston found that drug use was the single most common factor that led to women there being engaged in sex work, and also to remaining in sex work\textsuperscript{xcix}. A common theme running through the interviews was that sex work was preferable to having to constantly commit crime in order to fund their drug addiction.

Further research is needed to build on what is known about the lives of female and male sex workers in Liverpool, to find out what more is needed to help them to resolve their housing needs, to access and sustain accommodation and other services, and to support them to exit sex work, and drug use, at the point where they are able to do so. Peer research would be the most effective approach (see positive practice), and could also help to establish more evidence of need for housing and support.
Raising awareness amongst staff working in all homelessness and housing providers of sex working and trafficking is needed to enable people to have their needs better met.

Specialist supported housing services (either stand-alone or built into existing supported housing for women) as described below would be a significant step forward for women street sex workers. Services would ideally:

- Provide sufficient support time with each person to help them to build independence skills
- Provide an environment in which sex workers can begin to move away from sex work, including the provision of complementary therapies which can help to build confidence, self-esteem, and physical and mental health
- Have strong links with treatment services including rehabilitation services.

11.6 Positive practice relevant to Liverpool

Changing Lives Reaching Out services and research

Changing Lives (formerly The Cyrenians) provides an assertive outreach service for women involved in sex work, including those at risk of sexual exploitation. The service, offered in Newcastle, Sunderland and Doncaster, support women to work safely and securely, as well as help to leave sex work if they choose to do so, to access other and attend appointments at other services, and support them to make informed choices about their lives.

This strand of Changing Lives’ work began in around 2007, when a research study was launched to find out more about the hidden sex markets within Tyne & Wear as a response to what was at that time mostly anecdotal information about the lives of sex workers and their housing needs. The research was carried out by people who had been involved in sex work in the area (the Voices Heard Group), who were able to get privileged access to hear the view of others involved in sex work and/or drug use, people not all in contact with support agencies and not likely to be willing to speak to academic or other researchers.

The findings of the research included many that had not been uncovered previously, both about homelessness and the sex market, and had a significant impact on policy and practice locally. It was also accompanied by several art-based projects which enabled sex workers to make their voice heard about their experiences, histories, and challenges. This was followed by further research looking at the lives of both male and female sex workers. Current and past service users are still involved in research and in shaping future services, and their involvement has also led to the establishment of local and regional networks aimed at addressing their needs and improving protection for sex workers.

Longden House, Manchester – shared house with satellite properties (NACRO)

Longden House provides 10 self-contained flats with shared kitchen and bathrooms, and 24 hour staff, for women who have been homeless and who are at risk of harm from drugs. Many referrals are for women who are also sex workers, and they may also have a history of domestic violence. Most women are referred after a spell of sleeping rough, but also come via prison or a direct access hostel. They must be motivated to engage in treatment and group work, and are supported to engage in other activities. Visiting agencies include Lifeline, a street health project, agencies offering complementary therapies, a GP, and employment and benefits agencies. Group activities include sessions on health and nutrition, self-esteem, life skills, coping with change, citizenship, gardening, walking, and a discussion group.
These activities, and a willingness to accommodate and work with women involved in sex work, contribute to the scale of progress towards successful independence made by women at Longden House. A quick change is noticed in most women who come into the project, particularly because they are eating better, and taking care of their health. Some women move on to accommodation where they may be able to live with their children once more. Women are helped to move away from sex work, drug and alcohol addiction, and offending. For example, at the end of 2013, the project reported that 90% of the women did not reoffend once living at the project, and out of the 10% who did, half of these women were able to turn things around whilst still living at the project. All are supported to address the barriers to settled housing that are likely to have been a feature of their past. The newsletter can be downloaded from here: [http://www.nacro.org.uk/housing/housing-news/welcome-to-nacros-new-housing-newsletter,1711,NAP.html](http://www.nacro.org.uk/housing/housing-news/welcome-to-nacros-new-housing-newsletter,1711,NAP.html)

**Chrysalis Project – St Mungo’s with Commonweal Housing**

This is three phase housing scheme for women wanting to exit sex work, most of whom had complex needs. It is funded by Lambeth Council and has been going since 2009. The three phases are:

- Emergency accommodation and a formal assessment of needs – a safe environment away from the pressures of street prostitution, and an opportunity to get help with substance misuse and health
- A women-only hostel environment, with individually tailored support and tapering support as needs reduce
- Independent accommodation with floating support

An evaluation of the project completed in 2012 found that the project provided ‘a unique approach to supporting women to exit prostitution’\(^{11}\). The dedicated third stage accommodation was seen as crucial to the success of the project, providing high quality, dispersed accommodation, and enabling women to develop at a manageable pace whilst having the safety net of the project to call on if necessary. Between 2009 and 2012, ten women had been accommodated in the third stage flats, and all had successfully maintained their tenancies until they were ready to move on to settled accommodation. Most had made significant changes in their lives, including becoming responsible and independent, managing a home and a tenancy, reconnecting with children and other family, moving into or towards employment, and improving their confidence and self-esteem.

The project is supported by an approach to prostitution adopted by Lambeth Council which recognises that women sex workers are all too often excluded and face multiple disadvantages\(^{1\text{ii}}\).

### 11.7 Service list

Only the Armistead Project works specifically with sex workers in Liverpool. A small number of housing services are known to regularly accommodate women sex workers, and these are shown below.

**Table 21: List of services**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
</table>
| Support, information and sexual health promotion service | Armistead Project | - HIV prevention service for the LGBT community, male and female street-based sex workers and steroid users  
- Provides outreach in a variety of locations, between 6pm and 3am, on streets for sex workers |
<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith-based spiritual and practical support</td>
<td>Pearls Project</td>
<td>A service offered to women involved in street sex work and those involved in addiction. It provides a women’s group and activities, befriending support, pamper nights, signposting and referrals to housing, sexual health and treatment services</td>
</tr>
<tr>
<td>Soup kitchen</td>
<td>Streetwise</td>
<td>Food offered to street sex workers two evenings a week, and signposting and referrals to housing, sexual health and treatment service</td>
</tr>
</tbody>
</table>

Accommodation for sex workers, either men or women, is that available for other single people who are homeless. Male sex workers may be accommodated in any of the single person hostels. Women sex workers are most likely to be accommodated within one of the following resources:

- Ann Fowler
- Geneva Road
- YMCA Leeds Street, Lister and Ullet hostel
- Harvey Project.

12. **Rough sleepers**

12.1 *Why is homelessness amongst this population significant?*

In addition to the evidence that single homeless people, including people who are sleeping rough, have an average age of death of 47 years, and are frequently in contact with health and criminal justice systems, people who are rough sleeping face a number of additional risks to their life chances:

- Death by unnatural causes has been found to be four times more common than average amongst rough sleepers, and suicide 35 times more likely\(^{ciii}\)
- Rough sleepers are more likely to be assaulted than the average person\(^{civ}\)
- People who have a background in institutional life have a higher chance of being on the streets, including those leaving care, and prison\(^{cv}\)
- Alcohol and drug problems are very high amongst rough sleepers, and people being resettled from the streets are more likely to face problems sustaining a tenancy if they have these problems\(^{cvi}\)
- In London, it has been found that 22.5% of rough sleepers left their last settled home to seek work or to study, or because they had lost their job\(^{cvii}\).
After a year on the streets, there is a greater likelihood of a rough sleeper becoming ‘entrenched’\(^3\), and after several years, people are less likely to access short-term accommodation. Addressing rough sleeping before the individual reaches this point is critical.

As noted in the single homelessness chapter, the government’s policy in recent years has focussed on rough sleepers, particularly through No Second Night Out (NSNO)\(^{\text{CVIII}}\). All areas of the country were encouraged to adopt the NSNO approach or a similar local model. The Liverpool City Region was the first area in the country outside London to adopt a NSNO standard and approach, with a launch that took place in February 2012.

### 12.2 What do we know about homelessness for this population in Liverpool?

#### Scale of rough sleeping in Liverpool

Information from the annual rough sleeper count, carried out nationally, is insufficient on its own to draw conclusions from.

**Chart 67: Annual rough sleeper count Liverpool**

![Chart showing number of rough sleepers from 2011 to 2014](image)

*Source: Liverpool Annual Rough Sleeper count*

The number of people accessing the Hub – the gateway to services for those who are rough sleeping – appears to be increasing, as do the number of those who are eligible for the Sit Up service (a safe space for people to wait until they can be offered accommodation). This increase is also reflected in increased waiting time for people to get into accommodation from the Sit Up, discussed later.

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\(^3\) Entrenched rough sleepers are those who have spent a long time on the streets, many but not all with intermittent periods in accommodation, but all with a pattern of living on the streets. Other rough sleepers may be new to the street.
The increase is in line with the national picture: the 2013 national count/estimate of rough sleeping identified 2,414 people, an increase of 37% from 2010 (the first year that figures were collected for every English authority).

Increases in Liverpool and nationally are, in part, attributed to an increase in non-UK nationals, particularly migrant workers becoming homeless either on arrival into the UK, or after a break in their benefit claim.

Homeless Link is encouraging local areas to improve their understanding of, and response to, populations within those who are labelled ‘rough sleepers’. Typically consideration is given to ‘new’ and ‘entrenched’ rough sleepers, but there are also people who have returned to rough sleeping, having received assistance in the past, and people who could have been prevented from rough sleeping in the first place. This approach has in part been adopted in the assessment of individuals accessing accommodation through MainStay (chart below).

Table 69: MainStay assessments of rough sleepers

<table>
<thead>
<tr>
<th></th>
<th>Liverpool assessments</th>
<th>Merseyside assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrenched rough sleepers</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>Rough sleepers</td>
<td>434</td>
<td>142</td>
</tr>
<tr>
<td>In danger of sleeping rough</td>
<td>749</td>
<td>170</td>
</tr>
</tbody>
</table>

Source: MainStay data
MainStay data for the fifth quarter of operation, if extrapolated, suggest a decrease in across all three groups for those originating from Liverpool, particularly amongst entrenched rough sleepers. However, the same figures suggest a possible increase in those from outside of Liverpool who are assessed.

**Characteristics of rough sleepers**
The Hub does not record information about the characteristics of those being assessed. It is recommended that this is introduced.

**Age and gender**
There are two related sources of data on the age of people who are rough sleeping, generated from short-term housing-related support services. These present an interesting picture.

There are changes in the age profile of those who are entering a housing-related support service whose previous accommodation is recorded as ‘rough sleeping’:

- The proportion of 18 – 24 year olds has increased since 2012, whilst the proportion of 25 – 39 years has decreased
- The proportion of 40 – 59 year olds appears to be rising in 2014/15.

The pattern for 18-24 year olds and 25-39 year olds is replicated in data for individuals who have entered a housing-related support service and have been identified as having a primary need related to ‘rough sleeping’, for 2012/13 and 2014/15. However, the profile in the first quarter is considerably different, with decreases in the proportion of 18-24 year olds and 40-59 year olds, and growth in 25-39 year.

Possible reasons for the different profiles are:

- Rough sleeping may be identified as a primary client group only for those who slept rough immediately before they accessed the service
- More people are known to have slept rough in their past than access services from the streets.

**Chart 70: Age of people whose previous accommodation was rough sleeping, and/or have been identified as ‘rough sleepers’, accessing supported housing and floating support in Liverpool**

![Chart 70: Age profile of those in housing-related support: those previously rough sleeping and those recorded as ‘rough sleepers’](image-url)
Across England, the age profile for both groups closely resembles the profile in Liverpool for those with rough sleeping as primary need.

Around 85% of rough sleepers accessing supported accommodation and floating support in Liverpool are men. Again, this reflects the national profile.

Chart 71: Gender of those accessing housing support who were previously rough sleepers

![Gender profile chart](chart)

Source: Client Record Forms

**Ethnicity**

Around 86% of people who have previously slept rough are white British. Black/black British/ black African or Caribbean rough sleepers make up the next largest group. This compares with the single homeless population generally, and to the general population in Liverpool, with the exception of there being fewer rough sleepers from the Chinese community. The picture is similar to the national ethnic profile of rough sleepers with a slightly higher proportion of white Irish rough sleepers and lower proportion of black/Black British /Mixed black rough sleepers in Liverpool.
Chart 72: Ethnicity of people using housing-related support who previously slept rough, compared to single homeless people

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 Qtr 1</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 Qtr 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>White other</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Mixed other, Other Arab, Other</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Black / Black British / Mixed</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Asian / Asian British / Other</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>White Irish</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>White British</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Client Record Forms

Household composition
Rough sleepers in Liverpool are almost all single people and a small number of couple households:

- In 2013-14, there were two couples reported in Client Record Forms
- Whitechapel notes that they worked with nine homeless couples between April 2014 and the start of March 2015 – three were supported by the Outreach Team, and a further six couples were seen and supported through the NSNO Hub Service.

There is very little accommodation available for couples (only the Harvey Project has specific provision for couples) but even where couples are accommodated together, providers are more likely to record them as two single people rather than as a couple. A better way to ensure that the needs of couples is recorded and met might be useful.

Related needs of rough sleepers
The most prevalent needs of people with a history of rough sleeping are alcohol, drugs and mental health problems. Physical health needs are also very commonly associated with rough sleeping but there is no data in Liverpool to enable an understanding of this.

Chart 73: Primary and secondary needs of people entering housing-related support who had previously slept rough and/or whose primary need was related to rough sleeping
It is often the case that an individual has two or more of these needs, and these are particularly difficult for services to manage or meet. 265 people who had been rough sleeping who accessed accommodation through MainStay in its first year of operation (July 2013/14) were identified as having a high need in either mental health, substance misuse or offending:

**Chart 74: Number of rough sleepers accessing MainStay accommodation with one additional need**

Source: MainStay data
Around a quarter of rough sleepers accessing housing-related support services have declared a disability, related primarily to mental ill health (26%), or a learning disability (4%).

If the trend indicated by data for the first quarter of 2014/15 continues, it appears that there will be a sharp increase in most of the main areas of need presented by rough sleepers (particularly in alcohol use), with the exception of physical disability needs.

Chart 76: Trends in primary and secondary needs of people entering housing-related support services who had previously slept rough and/or whose primary need was related to rough sleeping

Reasons for homelessness

The Hub does not collect information about the causes or triggers of homelessness but it is thought that these are the same causes of homelessness for rough sleepers as for the single homeless population.

Speaking about the increase in presentations to Whitechapel and to the Hub, agencies suggested that relationship breakdown and alcohol use are the key factors which are increasing the chance of people becoming homeless and sleeping rough. Welfare Benefit changes were also thought to be a factor in the increase.
Previous address of people sleeping rough

People with no recourse to public funds (NRPF)
This population is discussed in chapter 7 but in summary:

- Four (50%) of rough sleepers counted in 2014 were people with no recourse to public funds
- There are usually five long-term rough sleepers with NRPF in contact with the Hub, and another five who intermittently sleep rough
- The number of people approaching services with NRPF is increasing – the current trend suggests an increase of 136% in 2014, on 2013 figures.

People originating from outside of Liverpool
Since the Hub started in 2012, around a quarter of people assessed are from outside of Liverpool of which, on average, 40% of these people came from another Merseyside authority. The number and proportion of people accessing the Hub who have not originated from Merseyside appears to be increasing.

Chart 77: Previous residence of people accessing the Hub

195 rough sleepers from another Merseyside area were placed in MainStay accommodation in 2013-14; 12% of all placements. This contrasts with 17 people who were offered accommodation outside Liverpool as a result of being seen at the Hub. Liverpool appears to be a net-importer.

Squatting as a form of rough sleeping
There is no data available about the number of people who are squatting in Liverpool. Anecdotal evidence suggests that there is likely to be a small number.

Experience elsewhere tells us that on any particular night, 6% of the homeless population are likely to be squatting and 40% of single people who have been homeless have squatted at some point in their housing career. A count of rough sleeping ought, ideally, to include those who are squatting as well as those who are staying in derelict buildings, but in practice it is almost impossible to make contact with these groups and thus to assess the scale of the problem.
12.3 Homelessness resolution for rough sleepers

The services available to single homeless people and couples without children described in section 5 are accessible to rough sleepers. In summary specific and targeted services for rough sleepers (described in more detail later) include:

- Street outreach
- The Hub (access to the Sit Up)
- The Sit Up and ring-fenced beds
- The Enablement Centre
- Resettlement services and bond scheme
- Food services.

The Urban Outreach Response Service, starting in April 2015, will bring the following services into one contract, to be run jointly by Whitechapel and The Basement from the Langsdale Street premises:

- Rough Sleeper Outreach Service
- Street Drinkers Outreach Service
- Enablement Centre
- Hub Homeless Resolution Service
- Hospital Outreach Service
- Basement Drop-in.

The new service aims are to reduce social exclusion and health inequalities, and help people to access and maintain accommodation, and it will have access to a personalisation pot of £50,000. It will deliver the NSNO outreach, verification and Hub and Sit-Up services, and homelessness resolution services, as well as education and engagement work, and work to ensure an effective pathway from hospital for former rough sleepers or those at risk of rough sleeping.

The Liverpool City Region has adopted the No Second Night Out (NSNO) standard and approach. The NSNO response is co-ordinated by Whitechapel’s Hub Project, where an assessment of need is completed and a placement in the Sit-Up service is arranged, if the assessment suggests an individual is eligible.

As reported earlier, the number of people approaching the Hub has increased year-on-year since its introduction in 2012; data for 2014 suggests a 50% increase in 2012 figures. Beyond this however there is insufficient data yet to indicate any trends, for example in the proportion of those who are ineligible (the first quarter of 14/15 suggests an increase in those who are eligible which, if this continues in addition to the overall increase in approaches, will place pressure on services and accommodation).
Fairly small numbers of people have refused their offer of accommodation or other help through the Hub. In 2013, 70 people (12.5% of the total) left following their assessment to an unknown place, 11 were asked to leave the Sit Up because of their behaviour, 16 found their own accommodation, and 7 returned home. These figures compare well with the London experience, where the evaluation of the first six months of their Hub service reported that 16% left the Hub for a negative reason before they received an offer of accommodation or reconnection either because they did not want what was on offer, or because of their behaviour\textsuperscript{cxi}.

In London the largest groups refusing to accept the offer made to them were those being reconnected to another area or another country, and those who were aged under 35. At present, the Liverpool Hub does not record sufficient information about the characteristics of individuals and reconnections to understand this picture in more detail.

From the Hub service offers of accommodation are made, and/or other offers of assistance e.g. referrals to the council’s Housing Options Service if it is thought the individual is in priority need due to their vulnerability.

It is evident that supported accommodation, funded by the council and primarily accessed through MainStay, meets the majority of needs. Ring-fenced beds are for people who are rough sleeping and require fast-tracking or need a second chance when they have been refused access by all other service providers.
Chart 79: Accommodation offer to those accessing the Hub

Source: Liverpool Hub

MainStay data suggests that entrenched rough sleepers waited an average of 13 days for a placement into supported accommodation in 2013/14. This is higher than the average for other rough sleepers who waited an average of eight days.

Having entered supported accommodation (funded by the council), the majority of rough sleepers move on in a planned way (92% in Q1 2014-15). There are however a small number of people with a history of rough sleeping who have left supported housing in Liverpool to go back to the streets: 13 in 2012-13 (6%) and 11 in 2013-14 (6%). This compares to 4% for England as whole in 2012-13, and 6% in 2013-14.

A key figure is the number of people seen sleeping rough following an assessment at the Hub. The total of 33 people (4.3% of those offered a solution in 2013) compares well to the London figure of 30% for the first six months of the NSNO project for new rough sleepers. Only 3 NSNO-eligible people in Merseyside spent a second night out following assessment in 2013 as a result of no services, including a Sit Up space, being available for them.

12.4 Stakeholder and customer perspective on unmet need and existing services

Without exception, stakeholders and customers made positive comments about the improvements made over the last few years in meeting the needs of rough sleepers (explored in more detail later), but there is further room for improvement.

Unmet need
Two significant gaps relate to other Merseyside areas, specifically:

- No Sit Up service in other areas, and lack of accommodation: agencies reported that this means that some people choose to sleep on the streets in Liverpool to access the city’s accommodation
- No access to MainStay assessments at weekends in their home borough, which leads to a placement Liverpool’s supported housing.
Other, Liverpool, gaps in provision identified were:

- Support for people who have slept rough for long periods
- People who move into accommodation after many years of sleeping rough may struggle to get used to being indoors, and being surrounded by other people. In addition, some supported housing is self-catering and there is a gap in provision of cooking skills. Some people in this situation need additional support for a short time
- Support to people who are not yet prepared to give up drinking
- Additional Sit Up provision, particularly for men
- Liverpool’s Sit Up service is under pressure at the moment, and it would seem that an increase in the number of beds available for single homeless people, particularly men, needs to be considered, if the number of people and length of time waiting in the Sit Up is not to grow further. Although this may be a one-off occurrence, a recent period of waiting of up to five weeks in the Sit Up was mentioned. One agency noted that the Sit Up was intended to be a more temporary solution than is currently the case, to be dispensed with when accommodation was better aligned with need, but in practice extensive use has been made of the service, and in the short-term, at least, it is still needed.

The end of funding for some projects through the Homelessness Transition Fund is causing some concern; the Liverpool part of the Hub and Sit Up is being re-commissioned as part of the Urban Outreach Response Service, but a reduction in the overall funding available for related services is expected to lead to some aspects not being delivered to the extent they are currently.

Concern was raised about the likely impact of reductions in relevant services and accommodation in neighbouring local authorities’ on NSNO services, Liverpool-based services and accommodation. DCLG sub-regional monies fund the current extended Outreach Service covering the Merseyside area. To date only Knowsley, Sefton and Halton are proposing to continue to pay for outreach work. This could potentially leave a gap in services in St Helens and Wirral.

Existing services
As indicated earlier rough sleeper services have been praised by stakeholders and service users:

- [Rough sleeper services] treat you like a human being
- Easier to get roof over head for a night now than years ago

However, one person who commented on the progress made said ‘I slept rough only a few nights this time compared to few years ago as more services now in place’.

Many of the positive developments cited in the single homeless section of this report apply to rough sleepers, but overall improvements are felt to have resulted from a common sense or urgency for tackling rough sleeping, resulting in greater prevention of long-term homelessness. Other positive aspects are:

- Same day solutions providing a safe place to go, and fairly speedy access to accommodation (although this may not be always exactly what people want)
- Proactive outreach services
Review of homelessness in Liverpool

- Better joint intelligence about rough sleeping and single homelessness

- Much closer work between the Merseyside local authorities and strategies for meeting needs where no hostels are provided in other areas. (though more work is needed on ensuring that there is accommodation available in all the authority areas)

- Ring-fenced beds (for people leaving hospital) have made a big difference for the entrenched group.

Delivery of the Waves of Hope project is aimed at reducing homelessness and rough sleeping amongst the entrenched group of people with complex needs. This is discussed in more detail in the section on complex needs but the project has not been in place long enough to show whether it is having an impact on rough sleeping.

Stakeholders and service users identified a number of areas for improvement in current provision, in addition to gaps described earlier.

The Sit Up is not accessible to people who have used it before: this includes for people who have been asked to leave the Sit Up service and those who have been accommodated and have subsequently lost their accommodation. Both agencies and service users said that, although there is some discretion over this, it does mean that some people have to wait on the streets for a bed. Whilst they have a higher priority than other homeless people for MainStay, in the current situation they can be waiting for some weeks.

Move-on from ring-fenced beds can sometimes be difficult because of the level of need or multiple needs of the person.

MainStay

It can be difficult to ensure that contact is made within the required two hours with a rough sleeper who is to be offered a bed space. A number do not have mobile phones and may not be in contact with agencies every day. MainStay regularly closes cases due to difficulties in contacting individuals (these may not all be rough sleepers). The idea of providing mobile phones that cannot ring out was discussed, and may be helpful, but examples from other cities show that it is possible to make use of the wider network of agencies working with people living on the streets to contact them when there is a bed available.

Access to accommodation through MainStay for rough sleepers who may still be on the street because they cannot access the Sit Up, or have been asked to leave the Sit Up, is problematic, despite the priority awarded to rough sleepers in the system.

Homes in the private sector: the issue of poor quality accommodation and management is discussed in detail in the single homeless section, but for rough sleepers there is greater pressure to access private hostels, bed and breakfast of houses in multiple occupation in this sector when the alternative is to sleep on the streets or wait two weeks for MainStay accommodation. For some people however their experience of the private sector has been so poor that they prefer to stay on the streets.
12.5 Gaps in services, or changes needed

Additional requirements are for:

- More work to prevent people becoming homeless and going onto the streets, including better dissemination of information about homelessness services, ways of preventing homelessness, and help with debt, targeted towards single people including those who have been homeless before.

- Smaller affordable settled (not supported) accommodation.

- Greater availability of accommodation for men.

- Women-only accommodation specifically for women with complex needs.

Changes are required to:

- Reduce eviction and abandonment from supported housing.

- Enable hostel staff to respond appropriately to health care and social care needs.

12.6 Positive practice relevant to Liverpool

A Dogs in Hostels Policy and dog ‘fostering’ introduced by the supported housing provider Chapter 1 has enabled some people to come off the streets who would not otherwise do so. The council has required accommodation based services to not exclude people with pets since 2011. Chapter 1 has also helped some homeless people to offer to foster dogs, and this has helped to develop responsibility, confidence, a structure to the day, and a sense of purpose. The policy has also been adopted by the YMCA.

Personalised budgets: the use of personalised budgets for addressing the needs of rough sleepers and other people with complex needs has been heralded as making a difference to people in this group. A number of pilot schemes with socially excluded groups, notably rough sleepers, have had success in helping people to move away from the streets. Examples of how money has been spent and outcomes achieved include:

- North Devon: entrenched rough sleepers given up to £2,500 to support resettlement e.g. phone, ID papers, clothes, TV, gym membership; at the end of the pilot, of the 15 people involved in the scheme, 11 had moved off the streets into accommodation, and 7 of these sustained their accommodation.

- Exeter: each long-term rough sleeper attended a multi-agency meeting, chose who they wanted as their lead worker, and decided how to use a budget for support in specialist short-term accommodation; at the end of the pilot, 8 of the 10 clients involved were able to be housed in short-term accommodation.

- Nottingham: individual budgets and the self-directed support model were used to help some of the hardest-to-reach rough sleepers off the streets. People could choose their accommodation, including B&B and the private rented sector, and took ownership of their support plan, working with a dedicated outreach worker. At the end of the pilot, 7 long-term rough sleepers engaged with the outreach worker and had successfully moved into accommodation.
London: Thames Reach offered floating support to hard-to-reach homeless service users, including a personalisation service pathway. They could choose from one of four levels of service (no service, an alternative service, a brief intervention, or longer-term floating support), and a choice of support worker, support package, and types of support. A Pan-London scheme with the '205s' (rough sleepers across the capital who have been identified as entrenched and who have refused other offers of support) worked with around 40 people, offering no accommodation, just a personal budget for each client to use to help them get off the streets and into sustainable accommodation. A report of this work produced two years after the project began noted that 10 clients were in independent or supported housing, and another three were staying in hostels. Most of the 33 clients had spent more than five years on the streets.

**Employing people with lived experience in the homeless sector:** around the country some successful projects have involved service users through employment within the homeless sector. Changing Lives, a North East-based organisation now spreading its work across the country, started employing people with experience of homelessness and/or social exclusion in 2004 and last year reached a figure of 30% of all staff. Staff with experience are employed in all aspects of its services but most importantly are strongly represented amongst frontline staff working with the most socially excluded people including those who have lived on the streets for a while. Outcomes appear to be significantly better where teams include at least some people with lived experience, and this is most striking in outreach and hospital discharge teams, Housing First and Recovery Services.

Whilst several Liverpool homelessness agencies do employ people with lived experience, there does not seem to have been a major shift in this direction, and Liverpool may be missing the added value that this provides.

**12.7 Service list**

As mentioned in an earlier section (9.4 substance misuse), from April 2015, the new Urban Outreach Response Service, commissioned jointly by Adult Services and Public Health, and to be provided jointly by Whitechapel and The Basement for rough sleepers and street drinkers, will reduce any duplication within the current services provided (and commissioned) separately. The service will target the most frequent street drinkers and entrenched rough sleepers, many of whom have substance misuse problems, as well as new rough sleepers.

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street outreach</td>
<td>Basement</td>
<td>Street outreach every day 10am and 9pm (changing to weekdays only, 10am to 5pm shortly), and home visits</td>
</tr>
<tr>
<td></td>
<td>Whitechapel</td>
<td>Street outreach – 6-9am Tues &amp; Fri, plus NSNO calls, and 12pm-4am once a month NSNO 24 hour phone line</td>
</tr>
<tr>
<td></td>
<td>Whitechapel and The Basement</td>
<td>The Hub and access to the Sit Up service: Monday – Friday: 8am – 3pm at Whitechapel Centre 3pm – 9pm at The Basement Saturday &amp; Sunday: 8am – 12pm at Whitechapel Centre</td>
</tr>
<tr>
<td>Sit Up</td>
<td>Various venues, in future Mildmay</td>
<td>Sit up is planned to take up to 20 people at a time, staying overnight (no beds but can be asleep)</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitechapel Centre</td>
<td>Whitechapel</td>
<td>Enablement Service – open access centre for rough sleepers (shower, breakfast, washing machines) and activities and education, medical services</td>
</tr>
</tbody>
</table>

**Food services**

Meals are provided for homeless people on a regular basis at the following places:

**Table 23: List of food services**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Whitechapel Centre</td>
<td>Langsdale Street</td>
<td>• Breakfast for rough sleepers weekdays 8-9.45am&lt;br&gt;• Sandwich lunch when engaging in services or activities</td>
</tr>
<tr>
<td>Missionaries of Charity (Sisters of Mercy)</td>
<td>Seel Street</td>
<td>Monday – Saturday (not Thursday) 4pm – 5pm, Sunday 11am</td>
</tr>
<tr>
<td>The Basement Night Drop-In</td>
<td>Parr Street</td>
<td>Thursday: 5.30pm – 8.30pm</td>
</tr>
<tr>
<td>City Mission</td>
<td>Mount Pleasant</td>
<td>Tues, Thurs and Sat 7-8.40am</td>
</tr>
<tr>
<td>City Mission</td>
<td>Jubilee Drive</td>
<td>Monday +Tuesdays 10-12.30</td>
</tr>
<tr>
<td>Gladstone Christian Book Shop</td>
<td>18 Slater Street</td>
<td>Wednesday: 7pm – 9pm&lt;br&gt;Sunday: 9.30pm – 11pm</td>
</tr>
<tr>
<td>St Brides Church</td>
<td>Percy Street&lt;br&gt;Catherine Street</td>
<td>Thursday 7.30</td>
</tr>
</tbody>
</table>

There are also many church groups in outlying districts which supply breakfast and lunch, as community-based services, not specifically for homeless people.

**Food banks**

Around 26 different venues (mainly churches, some community centres) offer food banks each day other than Sundays.

13. **Ex-service personnel**

13.1 *Why is homelessness significant for this population?*

Homelessness following discharge from the armed forces has been the subject of a number of recent studies. Most of these are focused on London but the issues facing ex-service personnel who find themselves homeless are the same across the country and stakeholders have reported similarities between the national and local ‘drivers’.

The National Audit Office, in a 2007 assessment of the effectiveness of the MoD (Ministry of Defence) resettlement service found just less than 5% of respondents reported that they had been homeless at some point since leaving the services.\(^{civ}\) The majority had experienced this for between one and six months. Unfortunately the survey doesn't specify a definition of homelessness so could have encompassed anything from staying with friends on a temporary basis to rough sleeping.
Health and wellbeing

Studies have concluded that homelessness is more likely to be caused by factors such as ‘Adverse Childhood Experiences’ (ACE), pre-existing mental health problems or alcohol misuse rather than direct experiences of service life. In some cases these underlying issues surface post discharge leading to unemployment and relationship breakdown which become the presenting problem when a veteran becomes homeless.

The Ex-Service Action Group (ESAG) commissioned the University of York to carry out research in 2008\textsuperscript{cxv}. The study found that a greater proportion of ex-Service personnel have alcohol, physical and/or mental health problems but that not all these were attributable to experiences of service life but had existed in childhood. Some 25% of ex-Service personnel interviewed for the study reported pre-existing conditions but a further 25% reported the onset of alcohol or mental health problems during service that continued to affect them after discharge. The high incidence of substance misuse and mental health problems amongst service users was confirmed by Liverpool stakeholders.

A recent (2013) report from the Liverpool Public Health Observatory\textsuperscript{cxvi} echoed the University of York study finding that ex-service personnel were more likely to misuse alcohol and that homelessness often stemmed from this or poor mental health rather than being directly attributable to service life.

These findings were further endorsed in a report from the Riverside Group\textsuperscript{cxvii} that found only a small percentage became homeless because of their service experiences but a greater percentage became homeless due to alcohol misuse (began during or after service life) often combined with poor mental health (dual diagnosis).

Research by Herriot Watt University\textsuperscript{cxviii} cites a number of reports (including those cited in this chapter) to conclude that individuals with experience of the Armed Forces are, overall, more likely than other homeless people to have alcohol, physical and/or mental health problems, and are also more susceptible to sustained or repeat homelessness. Such differences are typically attributed to their self-perceived ‘adaptability’ to the hardships of street life, high levels of alcohol consumption and dependency, and tendency to elevate the perceived ‘shame’ of their situation which makes many less inclined to seek or accept help.

Homeless veterans tend to be older than other groups and have higher incidences of rough sleeping. ‘A reluctance to ask for help with mental health or substance abuse issues is common amongst homeless ex-Service personnel. This behaviour may also be linked to a higher proportion of rough sleeping’.\textsuperscript{cxix}

Government’s approach

Historically, local authorities have not given particular priority to ex-service personnel in their housing allocation policies (aside from seriously injured service personnel). However, in June 2012 the government revised the statutory guidance on housing allocations for local authorities to highlight the flexibilities around prioritising, and have now added a statutory duty to provide additional preference for ex-service applicants\textsuperscript{cxx}.

13.2 What do we know about homelessness in Liverpool for this population?

Liverpool is one of the largest reserve garrisons in the country and has over 32,500 veterans (with 12,500 over the age of 65 years) living in the city.

Homeless Link (2011) suggests that the national proportion of homeless ex-service personnel could be as high as 6% of the total and some newspapers have reported a much higher figure (see for example...
the Sunday Mirror of 21 July 2013), but there is considerable argument about prevalence; the Sunday Mirror article was effectively ‘debunked’ by one informed commentator. Given the size of the reserve garrison in Liverpool, it might be expected that prevalence amongst the homeless population would be larger than the national (outside London) average.

It is not possible to identify ex-service personnel from Housing Options Service (HOS) data, and homelessness data does not include anyone with an ‘armed forces’ priority need. MainStay assessments do ask whether someone was previously in the armed forces - about 5% of people assessed.

Between April 2012 and June 2014 181 households with a service background accessed a housing related support service (2.4% of all households accessing these services):

- Only two of these were families with children, and the remainder (179) were single person households
- 43 were classified by the support service as ‘statutorily homeless – owed a main housing duty’, including the family that was in Belvidere temporary accommodation (the other family was in receipt of floating support).

Around 5% of Hub and Homeless Resolution Service users are veterans, and are often assisted into accommodation from that service. During 2013, they supported:

- 54 UK Army and Navy veterans
- 5 current or ex-members of the Territorial Army or Cadets
- 12 people who had served in foreign armed forces.

Tom Harrison House opened in late June 2014 to provide treatment for veterans with alcohol and drug addictions. Treatment can be accessed as an outpatient, but up to 16 people without suitable homes can also be accommodated whilst undergoing treatment; making this the only specialist provider of short-term supported accommodation for this group. 30 people had accessed support between June 2014 and mid-January 2015, 28 of which were homeless. Two clients were treated as outpatients as they had their own homes.

The demographics and characteristics of the local population are similar to national findings.

Gender
The vast majority of single ex-service personnel entering a housing related support service between April 2012 and June 2014 were male – 156 (87.2%) compared to 23 (12.8%) females.

Table 24: Type of service accessed by gender

<table>
<thead>
<tr>
<th>Housing-related service type</th>
<th>Males</th>
<th>Females</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% of males</td>
<td>No.</td>
</tr>
<tr>
<td>Direct access</td>
<td>58</td>
<td>37.2%</td>
<td>1</td>
</tr>
<tr>
<td>Supported housing</td>
<td>37</td>
<td>23.7%</td>
<td>7</td>
</tr>
<tr>
<td>Foyer</td>
<td>1</td>
<td>0.6%</td>
<td>1</td>
</tr>
<tr>
<td>Refuge</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Floating support</td>
<td>60</td>
<td>38.5%</td>
<td>13</td>
</tr>
<tr>
<td><strong>Totals and % of all ex-service clients</strong></td>
<td><strong>156</strong></td>
<td><strong>87.2%</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

Source: Client Record Forms April 2012 to June 2014
40.8% service users were in floating support services, which indicates that they were not actually homeless at the time of entering the service (though may have previously been) and the service was to prevent homelessness or support resettlement. Females were more likely to be using floating support services than males (56.5% compared to 38.5%), whereas males were more likely to be in direct access services (37.2% compared to 4.3% females).

All but one of the 28 homeless people being supported by Tom Harrison House were male (96.4% male).

**Age**

Ex-service personnel occupying supported accommodation or accessing floating support tend to be older in Liverpool, as in the rest of the country. Almost half were between 35 and 60 years and a significant number were aged 75+. The chart below shows the age range of ex-service personnel entering a housing related support service between April 2012 and June 2014.

**Chart 80: Age profile of ex-service personnel accessing housing related support April 2012 – June 2014**

The age range accessing Tom Harrison House is from 26 years to 59 years, but 82% are in the age band 35 to 60 years with an average age of 43.

**Ethnicity**

The majority of single ex-service personnel entering any housing related support service were white British.
Chart 81: Ethnicity of ex-service personnel entering housing related support

There are some variations between the ethnic profile of this client group compared to Liverpool as a whole, with a lower representation of Asian and mixed ethnicities but a higher proportion of black and other (including 'white Other') groups.

All 28 of those accessing Tom Harrison House were white British.

**Economic status**

The vast majority of homeless ex-service personnel entering a housing related support service are economically inactive: only four people were in full or part time work or studying full time. 62 (34.6%) were long-term sick or disabled and a further 15 (8.4%) were not seeking work. 58 (32.4%) were job seekers and 40 (22.3%) were retired. This profile is in keeping with the local (and national) demographic for ex-service personnel.

**Other characteristics**

Ex-service personnel accessing housing related support are primarily homeless, and have support needs relating to alcohol use and mental ill health.
The main purpose of Tom Harrison House is to provide treatment for drug and alcohol misuse. The substance being misused is unknown for four people, but eight people were misusing only alcohol, one person was misusing only drugs. 15 (54%) were misusing both alcohol and drugs and of these, seven
were poly drug users. The manager commented that they often had referrals from the early morning rough sleeper service and two of the 28 people were sleeping rough prior to entering Tom Harrison House.

**Main causes of homelessness**

National research strongly indicates that homelessness is not caused primarily by military life, but is precipitated by the change in lifestyle post discharge. *Many soldiers join to get away from poor family lives. They find a new home and structure there. When it’s taken away, a lot are unable to cope. The new freedom and responsibility can be really difficult. Many become homeless, drink and see relationships break down.*

There is some evidence that, for a minority, factors such as trauma of combat, mobility of the job or the drinking culture had reduced their ability to cope with pre-existing vulnerabilities and these had resurfaced after discharge. However, in the main, homelessness had occurred sometime after discharge. In common with the wider homeless population, a variety of factors and events had influenced and preceded homelessness.

13.3  **Homelessness prevention and resolution for ex-service personnel**

**Oversight**

Liverpool City Council has set up the Making it Happen Group for veterans to oversee the delivery of the Armed Forces Covenant. The group is supported by Assistant Mayor for Liverpool and chaired by the veterans champion for Liverpool key strategic partners include Armed Forces representatives (ex-service personnel), the council Strategic Lead for Military Veterans, the Assistant Director of Adult Services and key representatives from Health, and Voluntary and Charitable organisations.

The aim of the group is to ensure that the welfare needs of service and ex-service personnel are captured and understood with the Joint Strategic Needs Assessment (JSNA), and to ensure that all support services are fully accessible to meet the changing needs of the military, their families and veterans, including the reserves of all three forces. The group meets on a quarterly basis. The task groups that report to the main group are:

- Housing
- Employment, Education and Training
- Health and Wellbeing.

The Liverpool Veterans Programme is a joint initiative between Liverpool City Council and The Breckfield and North Everton Neighbourhood Council. Based at the Liverpool HQ premises on Breck Road Everton, it has helped to develop the Veterans Strategy for Liverpool and has been working to establish an intensive support programme and one stop facility for ex-service personnel reservists and their families.

**Advice and access to services and accommodation**

Whitechapel and the Basement services are accessed by ex-service personnel (see single homeless chapter).

The Liverpool HQ project provides a single point of contact offering a range of services including:

- Housing advice and signposting
- Access to social housing via Property Pool Plus
- Mental health support with access to trained, qualified counsellors
- Access to training and assistance with employment issues
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- Support with drug and or alcohol problems.

A recent development is the Liverpool HQ Prison In-reach Project. Volunteers are now going in to HMP Liverpool to work with ex-Service personnel coming to the end of their sentences. An integral part of this service will be housing-related.

The Liverpool HQ has also set up the FACT arts project, which is believed to be the first of its kind. Set up two years ago, it offers veterans the chance to do photography, filmmaking and animation, themed around the transition to civilian life. As well as developing digital skills, creativity and confidence, it has a therapeutic element to help members deal with their troubled pasts.

Specialist accommodation
There are currently two specialist providers of accommodation for homeless veterans in Liverpool – Tom Harrison House and Haig Housing – with a third (Speke House) opening in 2015.

Tom Harrison House provides short-term supported accommodation and brokers treatment for up to 16 ex-service personnel (male and female) with substance misuse addictions. The primary presenting problem for clients is that they are street homeless having been discharged from the armed services due to addiction, but others who are housed can also access treatment via the project. The project opened its doors in June 2014. As with most new projects, some people ‘tested’ the project early on but decided to leave the service. More latterly, people have been sticking with the programme, which should improve outcomes for veterans with these specific needs.

This project was set up in response to experience that ex-service personnel entering a mainstream detox and rehabilitation programme were disengaging when they entered the group work stage. Feedback from the veterans reflected that that they felt uncomfortable in a group setting, as they did not want to disclose details of the traumatic experiences they had had either in service or on discharge. Following extensive research into similar projects in the United States, Tom Harrison House was set up using short-term funding from the Liverpool City Council, the NHS and the Armed Forces Covenant grant.

Tom Harrison House works closely with drug and alcohol treatment agencies, the Community Mental Health Team and the Bridge housing project, which provides accommodation for abstinent service users (see the Substance Misuse and Complex Needs section).

Tom Harrison House accepts referrals from a wide range of services and, as the only specialist service in the region, takes referrals from other areas besides Liverpool. The service had 40 referrals in the six months of operation, over a quarter being self-referrals; over a third (37%) were referred by the Basement and Whitechapel, 14% were referred by a veterans support service, and the remainder were referred by a range of others including alcohol and drug treatment and self-support services in Liverpool and Wirral.

Of the 21 people who have completed the initial (12 weeks) treatment phase, 11 are still resident at the scheme; two returned to accommodation services in Wirral and one returned to his partner. One person in his own accommodation had an unplanned exit but later re-entered the service, one unplanned exit went into accommodation at The Bridge and the other five unplanned exits were referred back to Whitechapel or Basement services.

Speke House will open early in 2015. Run by the Armed Forces and Veterans Launchpad, this will provide 52 one-bed flats for single people or couples who have been in any of the armed forces (including Reserves) for at least one day, and will take referrals from anywhere in the country. Some units will be full wheelchair standard. Although management staff will work on site, this is low support
accommodation and it is not expected to accept people with complex needs.

The refurbishment of Speke House was funded by the Ministry of Defence’s Armed Forces Covenant LIBOR Fund4.

Settled accommodation
The government published the Armed Forces Covenant on 16 May 2011\textsuperscript{cxxv}, which stated that ‘Members of the Armed Forces Community should have the same access to social housing and other housing schemes as any other citizen, and not be disadvantaged in that respect by the requirement for mobility whilst in Service.’ This commitment was fulfilled in 2012 through:

- Changes to statutory guidance on Part 6 of the Housing Act 1996 that urges local authorities to give sympathetic consideration to serving or former Service personnel when framing their Allocation schemes, and
- The Housing Act 1996 (Additional Preference for Former Armed Forces Personnel) (England) Regulations 2012, that requires additional preference to be given to certain serving personnel and veterans.

Property Pool Plus Allocations Policy delivers the required additional priority for anyone covered by these regulations and meeting the Band A Criteria by advancing their date of registration by three months.

Stakeholders report that ex-service personnel access permanent accommodation in both private and social housing sectors:

- Property Pool Plus notifies Liverpool HQ when a suitable vacancy arises and accepts an ex-Service man or woman using the direct matching procedure
- Around 5% of those using the Homelessness Resolution Service provided in partnership by Whitechapel and The Basement are veterans, and the Bond scheme is used to access privately rented housing
- Veterans HQ is working with a private landlord (now accredited with the council) to offer privately rented homes
- Registered providers, for example Home Housing Group and Plus Dane, are developing veteran-specific schemes to access properties at affordable or Local Housing Allowance rent levels.

Haig Housing Trust is a charity providing settled housing for ex-service personnel, their widows/widowers and their dependent children. The Trust has 30 homes in Liverpool mainly consisting of three bedroom semi-detached houses, and a number of two bedroom flats in low-rise mansion block developments. Haig accepts both direct applicants as well as referrals from the Ministry of Defence, other ex-service charities, Liverpool City Council, and advice agencies such as Liverpool HQ. Applicants will not normally be considered for housing by the Trust if they have serious criminal convictions, proven anti-social behaviour or previous breaches of tenancy conditions or if they supply false information or references.

\footnote{The fund was launched by the Chancellor in October 2012 to provide £35 million to the armed forces community from fines levied on the banks for attempting to manipulate LIBOR.}
13.4 Stakeholder and customer perspective on unmet need and services

Stakeholders suggest that services for homeless and potentially homeless ex-service personnel are relatively well developed in Liverpool. The acceptance of ex-service personnel as a ‘complex need’ group by the council was applauded, as was the ‘Making it Happen’ group which was praised for its effective multi-agency approach. However, planning to meet the housing and support needs of veterans can be difficult due to restrictions of information available from the Ministry of Defence (MOD).

The council’s decision to accept time spent in the services as counting towards a ‘local connection’ for homelessness assessment purposes was considered a very positive development.

For most service personnel there is a planned six-week ‘transition’ period on discharge but personnel discharged due to addiction are summarily discharged. The increased level of outreach work provided by Whitechapel / Basement has had a very positive impact. The street drinker and homeless outreach services can facilitate a quick referral into detoxification and recovery services. Developments in the commissioning of single homeless services should provide a seamless service that can offer a pathway from rough sleeping and active addiction to independent living.

There is now a definite route for ex-service personnel with substance misuse problems who are sleeping rough:

2. Residential detoxification – Basement and Windsor Clinic.
4. Abstinence based supported accommodation – Bridge House Project.
5. Independent / semi-independent living in social rented sector – Property Pool Plus or direct application to registered providers.
6. Independent / semi-independent living in private rented sector such as Positive Living Solutions.

A ‘relapse house’ was thought to be a pressing need for clients that have been treated for drug or alcohol addictions but have relapsed. This could be part of a ‘step up, step down’ service that would prevent people having to return to the streets and ‘start again’ (this is not specific to veterans).

One respondent raised an issue about HMP Liverpool discharging ex-service personnel without accommodation, and felt that this issue would be better addressed if the Shelter prison housing advice service was more pro-active in checking whether prisoners had served in the armed forces. HOS and local GPs now routinely ask for this information, and it is part of the assessment protocol on the MainStay system. Likewise, the Mental Health practitioner within the Courts records where defendants have ‘ex-service’ status, which was praised as a very positive step towards effective data capture on this group.

Liverpool stakeholders were critical that the development of Speke House took place without adequate local consultation, particularly since it was believed to be aimed at ex-service personnel with complex needs. There is concern that the necessary multi-agency commitment – from drug, alcohol and mental health service providers – was not in place, and that ‘crowding people together’ was likely to lead to increased incidences of anti-social behaviour and problematic substance misuse. Concerns were also raised that this development might lead to considerable ‘inward migration’ of chaotic households. The local infrastructure was considered to be poorly developed, which would hamper access to GP surgeries and work opportunities.
The ‘Making It Happen’ Housing Task Group discussed this development (February 2014) and AF&V Launchpad planned to brief stakeholders prior to opening (anticipated early in 2015). Their website likens Speke House to their Avondale House in Newcastle, which does not accept people who have complex issues. There is, however, a need for a continuing dialogue with AF&V Launchpad so that any issues can be picked up and addressed.

Two service users were interviewed at Tom Harrison House. Both were now in their 50s and had been discharged from the services due to alcohol problems. Since then both had experienced multiple episodes of rough sleeping and came into the service via the Whitechapel ‘early morning outreach’ service. Neither had approached the council. One stated that at the time he was first made homeless he ‘wanted to be left alone’ and felt he ‘would be better off on the street’.

Both felt that a lack of adequate preparation for their discharges was a factor in their homelessness and were very disparaging about the provision they felt was available to them: ‘hostel provision is very poor – the only clean place is the YMCA and some so-called hostels are really drinking and drug dens’ (referring to non-commissioned hostels discussed in the chapter on private sector housing).

A recent (June 2014) article in the Liverpool Echo provides some additional comments from an ex-serviceman who was an infantry soldier in the King’s Own Royal Border Regiment until his discharge in 2001. He was left homeless for nine months when his army pension initially failed to come through, and turned to alcohol as a way of coping with memories of particular moments in conflict. He sold his medals to fund his drinking, and his only trips out were to the off-licence.

‘When I came out, I thought, what happens now? I didn’t know the most basic things. When my pension came through and I got a flat, I kept trying my lights but they weren’t working. Then my mate said I had to get them to set the electricity up. In the army I didn’t need to know about anything like that.’

13.5 Gaps in services or changes needed to meet needs

Overall it appears that services for homeless and potentially homeless ex-service personnel that are provided in Liverpool are largely meeting the needs of the client group.

The main gap that has been identified is that there is no ‘relapse house’ for ex-service personnel experiencing difficulties in their recovery programme. This gap has also been identified in the Substance Misuse and Complex Needs chapter of this review.

13.6 Summary of findings and options to consider

The needs of this population have been recognised and are in the process of being responded to by partners, who are working well together to put in place services to reduce homelessness.

The characteristics of homeless ex-service personnel in Liverpool broadly mirror the national picture: most homeless veterans are mature, white British, unemployed males in single person households. Significant minorities, particularly in the 25 to 59 year age range, have slept rough and/or have alcohol and/or drug problems that are often exacerbated by poor mental health.

The Liverpool HQ provides an accessible ‘One Stop Shop’; joint working on housing and other issues is developing well via the ‘Making it Happen’ group; and housing pathways are being developed.

SSAFA (Soldiers’, Sailors’ and Airmen’s Families Association) provides practical support and advice to
access and retain accommodation, and veterans also use the Hub and Homeless Resolution service including Whitechapel’s Bond Guarantee Scheme. The ‘Making It Happen’ Housing Task Group is working with social and private housing providers to improve access specifically for single veterans.

Tom Harrison House – the specialist service for veterans with a substance misuse problem – is a unique development that takes referrals from across the region. Only open for six months, it seems to be making a significant difference, but it does not have secure funding to continue this service.

The needs of ex-service personnel mirror those of other single homeless people, including the need for a ‘relapse house’ for those that have previously been treated for drug or alcohol addictions.

Options
The council, temporary and supported housing providers using the MainStay system, GPs and other agencies are now recording ex-service personnel as a distinct group but this needs to be expanded to include all agencies, including housing advice for prisoners.

Record ex-service personnel as a distinct group in all housing services.

It is important that new housing developments for veterans can be supported to be effective in meeting the needs of service users, particularly if they require specialist services from partners.

Support all new housing developments for veterans to ensure that a ‘wrap around’ service is provided to residents.

13.7 Service list

The table below shows the currently available services for ex-service personnel who are homeless or at risk of homelessness.

Table 25: Service list

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and Prevention Services</td>
<td>Liverpool HQ</td>
<td>Housing advice in the community and HMP Liverpool</td>
</tr>
<tr>
<td>Supported accommodation specifically for ex-Service personnel</td>
<td>Tom Harrison House</td>
<td>This treatment facility is specifically for ex-service personnel, and provides 16 short-term beds for males and females undergoing treatment for substance misuse problems</td>
</tr>
<tr>
<td></td>
<td>Haig Housing Trust</td>
<td>30 settled units of two and three bed accommodation dispersed across the city</td>
</tr>
<tr>
<td></td>
<td>Armed Forces &amp; Veterans Estates (AF&amp;V Estates)</td>
<td>52 beds at Speke House (short-term, planned)</td>
</tr>
</tbody>
</table>
14. **Gypsies and Travellers**

14.1 *Why is homelessness amongst this population significant?*

Romany Gypsies and Irish Travellers are recognised as having a protected characteristic under the Equality Act 2010. In accordance with section 149, the government and public authorities must have due regard to the needs of these protected groups in the exercise of their functions. They are also under a duty through the Human Rights Act 1998 to ‘facilitate the gypsy way of life’ in relation to ethnic Gypsies.

Since 1960, four Acts of Parliament have had a major impact on Gypsies and Travellers and Travelling Showpeople:

- Caravan Sites and Control of Development Act 1960
- Caravan Sites Act 1968 (Part II)
- Criminal Justice and Public Order Act 1994, and the
- Housing Act 2004 (which includes the requirement on local authorities to complete, and take into account in exercising their functions, an assessment of the accommodation needs of gypsies and travellers residing in or resorting to their district).

The 1994 Criminal Justice and Public Order Act abolished all statutory obligations to provide accommodation, discontinued government grants for sites and made it a criminal offence to camp on land without the owner’s consent. Since then, the only places where Gypsies and Travellers and Travelling Showpeople can legally park their trailers and vehicles are:

- Council and Registered Provider Gypsy caravan sites
- Privately owned land with appropriate planning permission
- Land with established rights of use, other caravan sites or mobile home parks by agreement or licence, along with land required for seasonal farm workers.

One of the main determinants of vulnerability and poor health outcomes relates to Gypsy and Travellers’ housing situation. Whilst an average of 61% of Gypsies and Irish Travellers in England and Wales live in bricks and mortar housing (41% live in social housing), 24% live in caravans or other mobile or temporary structures. Of this 24%, up to a fifth experience acute insecurity of accommodation, and are classified as homeless as they have no legal place to park their caravans. This situation is replicated in Liverpool where there are regular unauthorised encampments.

**Health and wellbeing**

The health status of Gypsies and Travellers is much poorer than the general population, and life expectancy is between 10 and 12 years less than the settled population. 42% of Irish Travellers and English Gypsies are affected by a long-term condition, as opposed to 18% of the general population. Around 70% of Gypsies and Irish Travellers (including those that lived in a caravan or other temporary structure) rated their general health as ‘good’ or ‘very good’ in the 2011 Census – the lowest proportion of any ethnicity in England and Wales. The average for the whole population was 84%.

Even when compared with other socially deprived or excluded groups, and with other ethnic minorities, Gypsies and Travellers have poorer health and are significantly more likely to have a long-term illness, health problem or disability that limits daily activities or work; have more problems with mobility, self-care, usual activities, pain or discomfort and anxiety or depression. Inclusion Health’s 2014 report

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5 Census 2011: [http://www.ons.gov.uk/ons/dcp171776_349352.pdf](http://www.ons.gov.uk/ons/dcp171776_349352.pdf) - note that ‘Roma’ was classified as ‘Other white’ in the Census where individuals wrote this in as their ethnicity.
‘Hidden Needs: Identifying Key Vulnerable Groups in Data Collections’\textsuperscript{cxxxix} highlights this population’s low rates of GP registration, poorer general health and high rates of limiting long-term illness, substantially elevated smoking rates, poor birth outcomes and maternal health, and low child immunisation rates and commensurate elevated rates of measles, whooping cough, and other infections.

These health issues are exacerbated where households live on unauthorised encampments or roadside stopping places where there are no amenities (like showers and toilets), limited external space, noise pollution and dangers such as busy roads. In addition, there is poorer access to continuity of care, children are much less likely to be registered at, and attend school, and there is less protection against eviction which itself significantly affects the health and wellbeing of individuals and families. Added to these factors, those on unauthorised sites are more likely to be exposed to hostility, hate crimes, and racism. All these factors exacerbate inequalities and limiting life chances.

In 2013, the government revoked regulations governing the issuing of Temporary Stop Notices (TSNs) by local planning authorities. These were originally introduced to mitigate the likely disproportionate impact of TSNs on Gypsies and Travellers in areas where there is a lack of sites to meet the needs of the Travelling community. TSNs were prohibited where a caravan was a person’s main residence, unless the risk of harm to a serious public interest outweighed any benefit to the occupier of the caravan. Under the new arrangements, local planning authorities are to determine whether the use of a TSN is a proportionate and necessary response. However, there are concerns that, without the regulations in place, TSNs risk violating the Human Rights of this group, especially in areas where there is an under-provision of authorised sites.

There are also additional health risks where authorised sites are overcrowded with too many vans for the space, and where households are overcrowded within each caravan or mobile home. These risks disproportionately affect children, older people and people with pre-existing health conditions. Overcrowding also impacts children’s long-term futures, for example, where they have no space to complete schoolwork, and adversely affects mental as well as physical health.

The Equality & Human Rights Commission identifies that site occupancy is a key source of vulnerability for Gypsies and Travellers; focusing specifically on shortage of caravan sites, poor site development and maintenance, and failure to follow-up families after eviction. A 2009 Equality and Human Rights Commission (EHRC) review of inequalities experienced by Gypsies and Travellers\textsuperscript{cxxx} also noted that ‘poor quality or inappropriate accommodation, including as a result of forced movement, inevitably exacerbates existing health conditions as well as leading to new problems.’ This situation is replicated in Liverpool: stakeholders report increasing mental health problems often compounded by substance misuse.

**Education and economic wellbeing**

Financial deprivation is much more common amongst Gypsies and Travellers. The 2011 Census revealed that this ethnic group had the highest proportion with no qualifications for any ethnic group (60%) – almost three times higher than for England and Wales as a whole (23%). They also have the lowest proportion of respondents who were economically active (47% compared to 63% for England and Wales as a whole). Only 51% of those who were economically active were employed, compared to 75% for the total of England and Wales\textsuperscript{cxxx}.

The Census 2011 found that the Gypsy and Traveller population was considerably younger than the average for England and Wales:

- Their median age was 26 years compared to the national median of 39 years
- 45% of Gypsy or Irish Traveller households had dependent children – well above the 29% average
• 39% were below 20 years of age compared to 24% across the overall population
• 20% of Gypsies or Irish Travellers were under 10 years old, compared to the average of 12%.

With such a young population and the existing low levels of qualification amongst adults, the impact of homelessness or insecure housing on the life chances of children within this ethnic group is particularly significant. In 2011, just 25% of Gypsy, Roma and Traveller pupils achieved national expectations in English and mathematics at the end of their primary education, compared with 74% of all pupils. Only 12% of Gypsy, Roma and Traveller pupils achieved five or more good GCSEs, including English and mathematics, compared with 58.2% of all pupils. Breaks in education and changes of school – both common for children in families that are not in settled accommodation (including authorised sites) – together with a lack of facilities to study, have considerable impacts on children’s educational attainment and this is particularly marked in this ethnic group.

The annual school census also shows a strong link between underachievement and material deprivation, which may be associated with low levels of parental literacy and (amongst recent Roma migrants) poor understanding of English. 43.2% of all pupils registered as Roma, Gypsy, or Traveller are currently eligible for free school meals: this figure rises to 45.3% in secondary schools and 57.5% in special schools.

The Irish Traveller Movement considered the potential impact of welfare reform measures on Gypsies and Travellers in 2013. Their report stressed that welfare reforms such as the benefit cap, ‘pose a significantly greater risk of negatively impacting on Gypsies and Travellers.’ The inference from the report is that the benefit cap will lead to evictions and consequent homelessness amongst Travelling households. Stakeholders in this review are similarly concerned that these changes will have a negative impact on the travelling community in Liverpool. Under UC, claimants’ maximum benefit award will be subject to the total benefit cap – currently £500 per week for families with children. Broadly, the cap will affect large families with several children who are potentially in receipt of higher than average amounts of Child Tax Credit and/or are paying higher rents. Gypsies and Travellers traditionally have larger families than the settled population. The Equality and Human Rights Commission (EHRC) has cited evidence from Gypsy and Traveller Accommodation Assessments that indicates ethnic Gypsy and Traveller women have an average of between 3.5 and 5.9 children (depending on their ethnicity). This figure compares to a national average of approximately 1.9 children per woman.

Progress in addressing inequalities
In April 2012 the government published a ‘Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers’ which stated that ‘Gypsies and Travellers experience, and are being held back by, some of the worst outcomes of any group, across a wide range of social indicators’ and summarised progress in meeting government commitments to tackle inequalities and promote fairness for Gypsy and Traveller communities. The report covers 28 measures from across government aimed at tackling inequalities, summarised under:

• Improving education outcomes
• Improving health outcomes
• Providing appropriate accommodation
• Tackling hate crime
• Improving interaction with the National Offender Management Service
• Improving access to employment and financial services, and
• Improving engagement with service providers.
The report comments that, ‘to improve health outcomes for Gypsies and Travellers, we need to adopt a more integrated approach, focused on the life course and the wider determinants of health.’ As yet there has been no update on progress against the 28 measures.

14.2 What do we know about homelessness in Liverpool for this population?

There is very limited data about homelessness amongst Gypsies and Travellers living in Liverpool. The government does not require Gypsies and Irish Travellers to be recorded as a distinct ethnic group in the homelessness statistical returns (P1E). Housing Options’ records of homelessness applications do not, therefore, include this as an ethnic category. The codes in the NHS Data Dictionary for ethnicity also do not include a category for Gypsy or Traveller (having not been updated from the Census 2001 categories), so health agencies participating in this review could not provide data for this group.

Other local work has not considered Gypsy and Traveller housing needs in depth – for example, they are not mentioned in the Liverpool Strategic Housing Market Assessment (2011) or the Liverpool Housing Strategy (2013-2016) (although the Housing Strategy Action Plan includes an action to keep under review the housing requirements of specific minority groups including Gypsies and Travellers). Neither do they feature in the Equality in Housing Action Plan (2010) nor its 2014 update, nor the Liverpool Joint Strategic Needs Assessment Statement of Need 2013-2014.

Apart from stakeholder information, therefore, the principle sources of data for this review are the two Merseyside Gypsy and Traveller Accommodation Needs Assessments published in 2007 and 2014, housing-related support data (clients into services), and Housing Options Service (HOS) data on people seeking advice making. However, these do not separately identify the non-UK national sub-groups of Eastern European or Roma households.

In the Census 2011, 185 people – 0.04% of Liverpool’s population – identified themselves as Gypsies and Irish Travellers, compared with an average of 0.06% for the Northwest region and 0.1% for the whole of England and Wales. Significantly, most middle super output areas (MSOAs) in Liverpool included at least one person (only 16 of 61 had none), whereas only 17% were living in the MSOA that includes the Travellers’ site. The Census data does not provide access to the population profile at local authority level, as the numbers are too small to ensure data protection.

There is even less information about Roma and Czech Gypsies in Liverpool. Clinical Commissioning Groups (CCGs) and local GPs are using the codes in the NHS Data Dictionary where people from these groups would be classified as ‘white European’. Data from the Brownlow GP surgery and the Liverpool City Council Housing Options Service likewise do not distinguish these groups from ‘white other’. The CCG recently carried out a major piece of research around the needs of marginalised communities but this did not contain any data about East European Roma or Gypsies.

Ethnicity

The 2014 Gypsy and Traveller Accommodation needs Assessment (GTAA) sampled 111 people within the Gypsy and Traveller community across Merseyside and West Lancashire6 (a total of 485 people are identified in the 2011 Census). The sample was heavily weighted towards people who live on authorised or unauthorised sites. The biggest single ethnic group was Romany Gypsies (43.1%), followed by Irish Travellers (27.5%), English Gypsies (15.6%) and English Travellers (11%). Challenges to identification were acknowledged because of the unwillingness of some housed (bricks and mortar) Travellers to self-identify, and the nomadic lifestyles of others, especially when in unauthorised encampments.

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6 All personal data in the GTAA report are summed across the participating local authorities in order to protect privacy.
It appears that those of British and Irish origin are more likely to describe their ethnicity as ‘Traveller’, and those from Eastern Europe use ‘Gypsy’, but clearly this is a matter of personal preference and cannot be used to make any assumptions.

Five people sought housing advice from the Housing Options Service (HOS) and self-classified their ethnic origin as Gypsy or Traveller (two ‘Gypsy’, and three ‘Traveller’). These represent 0.051% of all enquiries, and 0.054% of all the individuals that sought advice over this period and where ethnicity is stated. Whilst these proportions are somewhat higher than the Gypsy and Traveller population in Liverpool as a whole, with such small numbers there is nothing to indicate that these ethnic groups are disproportionately seeking housing advice.

Commissioned support services use the term ‘Gypsy/Romany/Irish Traveller’. Seven people entering services were recorded in this ethnic group between April 2012 and June 2014, one of whom had become homeless from a mobile home in Sefton, and one originally from Lancaster although she had moved to Liverpool a few months previously. The five from Liverpool represent 0.07% of all clients into services over this period – somewhat higher than the wider population.

Without names and dates of birth, it is not possible to state with certainty the extent of duplication between these two cohorts, but on the basis of date of enquiry / entry to service and age it appears that there are twelve individuals, ten of whom were from Liverpool. This equates to more than one in twenty of the total Liverpool population identified through the Census 2011 who accessed either housing advice or housing-related support between April 2012 and July 2014.

Household characteristics
Nationally, Gypsy and Traveller households tend to have more children, and there is a lower median age. Gypsy and Traveller women have an average of between 3.5 and 5.9 children (according to their ethnicity) compared to a national average of approximately 1.9 children per woman. Stakeholders indicate that the household make-up and age profile of Gypsy and Traveller households in Liverpool is similar to the national picture for these ethnic groups.

Three of the five people seeking housing advice were aged between 25 and 34 years (two women and one male), and two, both males, were between 35 and 41 years old. The database does not record household type or members, but the notes for one female aged 31 indicate that she had children in her household.

Three were single person households:

- One female was seeking assistance having fled her home on Tara Park because of domestic violence. Having travelled, she had returned to Liverpool and was staying with friends but couldn’t stay there because of her ex-partner
- One male aged in his thirties was sleeping rough
- One male in his forties had been released from prison on the day he presented as homeless at HOS.

All seven people entering housing support services were single person households. Three were aged between 20 and 31 years, and four were aged between 42 and 51 years.

Two women and one man received floating support at their private tenancy (two people) or social tenancy (one person). The youngest was a former care leaver referred by social services who was
provided with floating support in her private tenancy. The other female recipient of floating support had learning disabilities and was originally from Lancaster.

The other four all entered direct access hostels: one male and one female (who had become homeless from a mobile home in Sefton) with the Salvation Army and two males with YMCA. These last had both been rough sleeping and one had chronic ill health and alcohol misuse issues. Interestingly, this was the only person identified as having any substance misuse issues.

**Causes of homelessness**

**Unauthorised encampments**

While households are on unauthorised encampments, they are effectively homeless owing to insecurity, poor living conditions and a lack of amenities. Anecdotally, however, very few present to the council (or elsewhere) as homeless. Gypsies and Travellers that choose to travel are least likely to want to move into bricks and mortar: the only option available via a homelessness route.

The 2014 GTAA identified that there were 14 reported instances of unauthorised encampment in Liverpool from January 2011 to June 2013. Each involved between one and thirteen caravans, with an average of four. Peaks in numbers are caused by Traveller families camping on unauthorised sites whilst trying to access a pitch on a permanent site. Officers working with the Travelling community identified that unauthorised encampments include Travellers both passing through and coming to visit the area. For example, the Liverpool Echo reported an unauthorised encampment of around ten caravans in Croxteth in October 2014 and quoted a council spokesman as saying that this group of travellers had previously occupied land in the Otterspool and Edge Lane areas.

**Households on authorised sites**

Households that are evicted (or want to move for other reasons) from authorised sites will find it very difficult to secure a pitch elsewhere owing to the low supply of pitches compared to demand. People who are used to, and prefer to live on Travellers’ sites are usually reluctant to consider bricks and mortar as an option, though they may in reality have no other choice, particularly where they have children.

Tara Park is the only authorised site in Liverpool. It is owned and managed by the council and has 14 pitches with a theoretical capacity of up to 28 caravans. 9.3% of local authority site residents interviewed for the 2014 GTAA identified that they were overcrowded, but it is not possible to state whether any were Tara Park residents. The site manager does not identify overcrowding is a current issue.

There have been no evictions from Tara Park over the last three years, although several families currently have significant rent arrears. The site is usually full, and the 2014 GTAA identifies a likely turnover of one pitch per year, which is only slightly short of the predicted rate of new household formation from this site. There are cultural elements in how emergent households settle: a male brought up on a site will be expected to stay on that site. A female will almost always follow her husband and start a life on his site. The demand from new households already living in families on the site therefore depends on their gender and the location of the person with whom they form a relationship. If there are no plots available the council will allow an emergent household to share their parents’ plot, provided the parents agree and there are no overcrowding issues.

The risk of homelessness from the site will rise as Universal Credit (UC) is introduced, and rent arrears grow in consequence. Irish Community Care Merseyside identified that one family with seven children will lose £94 per week under UC – the level of the rent on the site – which is likely to result in rent arrears and potentially eviction.
Bricks and mortar housing
The distribution of Gypsies and Travellers appears, from the Census 2011, to be across Liverpool, with only 32 of the 185 that defined their ethnicity as ‘Gypsy or Irish Traveller’ living in the MSOA of the Travellers site at Tara Park. Some others may have been living on an unauthorised site in Liverpool on the night of the Census, but most if not all will have been living in ‘bricks and mortar’ accommodation. This equates to 83% of the population identified in the Census: higher than the national average of 61%.

There is no evidence, in data or empirically, that homelessness amongst this population arises more commonly or is a different profile to other ethnic groups. Of five people that sought housing advice from the Housing Options Service (HOS) between April 2012 and September 2014 and who identified that their ethnicity was Gypsy or Travellers, only two appear to have been living in this type of settled housing. One reported poor property conditions that were affecting her family’s health. This case was referred to public protection, and was likely to have involved a private rented home. The other, who was referred to HOS by adult social services, was in rent arrears in socially rented housing and needed advice, although there was no prevention resolution for this case.

Liverpool City Council Councillors and the public are reporting environmental and overcrowding issues specifically affecting the Eastern European Gypsy and Roma communities. Anecdotal evidence suggests that most are housed by a single landlord. Council officers have visited some homes and seen extreme overcrowding and poor housing conditions affecting this group, although they also highlight that it can sometimes be difficult to work out who is actually living in the property. These conditions could be classed as homelessness, but it is doubtful that any have made homeless presentations. Households in this specific ethnic group would be classified as ‘white any other’ in homelessness data, and would usually also be included in EEA nationals group. However, these are not definitive so there is no data about homeless applications from these communities.

Liverpool City Council’s Localities Team works with others, such as the police and advice agencies, to ensure community cohesion and sustainment. The team has experience of working particularly with Czech and Romanian Roma communities that have settled in the Picton, Kensington and Fairfield areas of Liverpool. The team has identified issues around lifestyle or cultural differences that are resulting in some complaints in the neighbourhood. Complaints include irresponsible waste management, congregation on the street and overcrowding. A multi-agency Roma Support Group was set up in July 2014 to consider how to tackle these, to retain community cohesion and enable more effective integration. Whilst there is no current indication that these issues might result in homelessness amongst the Roma communities, the CAB is holding an outreach session in Cullen Street, which is at the heart of the Romanian Roma community, so that people can access advice and assistance that will help sustainment of their homes.

As with households living at Tara Park, there is a higher risk of adverse consequences from the introduction of Universal Credit (UC) as families are more likely to be larger and therefore receive higher levels of Housing Benefit for a larger home and/or higher levels of Child Tax Credits. UC is only just being introduced in Liverpool and as yet most families are unaffected. This will change over the next year or so, when homelessness as a consequence of being unable to afford to pay rent may well increase. This needs to be carefully monitored and, as with all data recording in health, care and housing, it would help to understand the impact if agencies included Gypsy/Traveller as an ethnic group, and Roma as a sub group of ‘Other white’ or ‘Eastern European’.

Domestic abuse
Some stakeholders highlighted a higher than average rate of domestic abuse amongst the English / Romany and Irish Gypsy / Traveller groups. Of the twelve advice and housing support clients identified
as Gypsy or Traveller, one was specifically stated to have been subject to domestic violence from her partner. None of the clients entering domestic violence refuges were classified as ‘Gypsy/Romany/Irish Traveller’ but equally many from this ethnic group will choose to self-identify as a different ethnicity such as white British, Irish or Other owing to fears of discrimination; often based on experience. MARAC\textsuperscript{7} records only classify non-white British ethnicity as ‘black and minority ethnic community’.

### 14.3 Homelessness prevention and resolution for Gypsies and Travellers

#### Advice

The council provides a liaison and support service for Gypsies and Travellers through the Gypsy, Traveller and Asylum Seeker service situated in the Community Care department.

‘Community Impact Assessments’ and Welfare Checks are carried out whenever an unauthorised encampment is reported. These visits are in made in conjunction with Education and Health representatives.

Irish Community Care Merseyside (ICCM) provides advice, guidance and information services to Irish Gypsies and Travellers and people married into this community. ICCM also provides help to households who need to apply as homeless to the council, assistance to apply for short-term supported accommodation through MainStay and practical help for non-priority groups to return to the Republic of Ireland (in partnership with Whitechapel under NSNO).

The CAB is currently providing an outreach advice service in Picton, in the heart of the Romanian Roma settled community.

Gypsy and Traveller households can also use mainstream advice services that are available to any household, although they may be reluctant, or experience additional barriers in doing so.

#### Homelessness

Households that apply to the council as homeless would usually only be offered a bricks and mortar housing solution, which will often not be acceptable to families used to travelling or living on a site (including those with an aversion to bricks and mortar accommodation). They will tend to move in with extended family, resulting in overcrowding, rather than approach the council or other agencies as homeless.

Those made homeless from a site may be able to travel, although they would need vehicles and caravans: newly arising households may have neither. There are in any case no transit sites or pitches for those wanting to stay in the Merseyside area (the nearest is in Halton, Cheshire).

It has to be remembered that the majority of Gypsies and Travellers live in mainstream housing, and therefore access the same range of housing solutions, short-term or settled, as other residents of Liverpool. However, many choose not to identify themselves as Gypsies or Travellers, fearing, with some justification, discrimination.

#### Accommodation

Liverpool City Council maintains a permanent site for Gypsies and Travellers at Tara Park. The site is managed by the Gypsy, Traveller and Asylum Seeker Officer in Community Care Services and has 14 pitches with a theoretical capacity for 28 caravans. The weekly rent is £93.21, which includes the pitch, use of a chalet with bathroom and kitchen area and a 24-hour maintenance team.

\textsuperscript{7} MARAC stands for ‘Multi-Agency Risk Assessment Conference’ – see the section on domestic abuse for more information.
The council adopted a formal policy in 2010 for the allocation of available pitches on Tara Park on a banding system, which mirrors that used by Property Pool Plus. Preference is given to households with a local connection but Travellers from outside of Liverpool can apply to join the waiting list. The site is usually full. In November 2014 there were 13 households in residence occupying 16 caravans on the 14 pitches.

Waiting times for a pitch are dependent on variables such as the availability of a pitch and the time taken to undertake background checks, take up references and verify any other information provided by the household. At 10 November 2014 there were three households on the waiting list, one of which was due to move onto the vacant pitch in the next few days.

**Support**

Irish Community Care Merseyside (ICCM) holds a contract with Liverpool Adult Services to deliver floating support to 20 households; currently provided by 11 households on the Tara Park site and a further nine ‘dispersed’ households living in ‘bricks and mortar’ accommodation.

The City Council Gypsy and Traveller Liaison Officer attends meetings of a group established by Liverpool City Council called ‘The Community Cohesion and Hate Crime Reduction Forum (CCHCRF). The aim of the group is to help new communities to settle in to the city and monitor and respond to any incidents of hate crime that may occur. Membership of the group consists of various council departments, Merseyside Police and voluntary agencies.

The City Council Communities department includes ‘community support officers’ who work in the geographical area where it is known that a large number of Czech, Roma and other East European gypsies are living.

As part of School Improvement Liverpool, the Ethnic Minority and Traveller Achievement Service (EMTAS) team aims to ensure that all children receive their statutory entitlement to be provided with an education suitable to their needs and age. The team helps parents to complete schools forms and, where necessary, accompanies them to school meetings. Help is provided for children and their parents to understand and access the school curriculum, children are supported with homework, and when they are away travelling, team members compile distance-learning packs to enable the children to continue their education whilst they are not attending school.

The team also provides support to schools with Traveller children on their rolls by acting as a link between school and the children's parents. This includes delivering training courses for teachers and others who work with the Traveller community, and Traveller-specific resources to help teaching staff to develop their understanding of the lifestyles and culture of Traveller communities. The team liaises daily with Tara Park residents to ensure all is well with the children's education and team members also signpost to sources of support where health or welfare needs are identified.

EMTAS attends unauthorised encampments to ascertain whether any children require educational support, and also try to establish whether any adults are in need of welfare support or medical care. The team is particularly keen to establish whether there are expectant mothers who require antenatal care and support, and they liaise closely with health care colleagues to help ensure that all children are up-to-date with their vaccinations.

**Health**

The Liverpool NHS Social Inclusion Team is not a specialised service for Gypsies and Travellers but works with all marginalised communities to improve knowledge and awareness of health services and encourage access to services. Members of this team attend unauthorised encampments to offer...
medical support and the team works closely with a range of other professionals and agencies to open up access to care services for vulnerable individuals and families.

Activities are wide ranging and flexible to allow tailored approaches, but the main strands include:

- Outreach work for people having difficulties accessing primary care services
- A Link Worker service engaging with individuals
- Signposting and advocacy work.

The team is also pivotal in advising, guiding and training health professionals in culturally sensitive service delivery, aided by representatives from the Gypsy and Traveller community.

14.4 Stakeholder and customer perspective on unmet need and existing services

Culture is an important influence in homelessness and related issues. Stakeholders that work specifically with this population identified that poor mental health is relatively common, and this is often compounded by substance misuse (alcohol or drugs). However, there is a reluctance to seek ‘formal’ help as both mental health and involvement with ‘officials’ is seen as stigmatising.

Culture also impacts on those who experience domestic abuse or violence, which was in the past often seen as the ‘norm’ within English and Irish Gypsy and Traveller families, but is increasingly unacceptable. However, leaving to seek refuge is even more difficult than for other ethnicities, and women that leave may find it difficult to reintegrate into the community (although families are increasingly supportive of women who leave). This often dissuades women from leaving abusive relationships and the issue can remain hidden. When people do leave abusive partners, there can be other difficulties: two recent cases were cited involving domestic violence victims from the Republic of Ireland who were unable to access refuge provision beyond a 24-hour ‘emergency’ period as they didn’t have National Insurance numbers.

There is concern about the introduction of Universal Credit (UC); in particular the introduction of the Benefit Cap, which is likely to precipitate homelessness and affect Gypsies and Travellers owing to larger average family sizes. It was also reported that some nomadic Gypsies/Travellers currently use a voluntary sector agency (such as ICCM) as a ‘care of’ address: this will not be possible under UC. Access to welfare benefits is therefore likely to become even more difficult, particularly for those who are nomadic of habit.

The 2014 GTAA identified the need for four transit pitches: this is strongly endorsed by stakeholders that work with this group. There is particular concern about children that don’t have stable schooling, and health issues are relatively common.

Travellers that are living in bricks and mortar accommodation often do not feel safe, and many have been subject to anti-social behaviour, prejudice and discrimination. A significant minority would prefer to return to living on a site, but do not have that option.

The role of a Gypsy and Traveller Liaison Officer (in Liverpool this role is fulfilled by the Gypsy, Traveller, Asylum Seeker and Refugee Officer) is felt to be important to establishing and maintaining good lines of communication with the communities, and between them and other ‘officials’. This role also provides a degree of coordination amongst agencies working on specific needs (e.g. education), although ICCM facilitates a multi-agency Gypsy and Traveller group across Greater Merseyside (the Greater Merseyside Multiagency Gypsy and Traveller Network).

The needs of the Czech and Romanian Roma communities, who tend to have settled in fairly
concentrated areas of Liverpool, are being recognised through a multi-agency Roma support group. This group was established primarily in response to concerns raised by other households, the police and local councillors. A week of action was planned for January 2015, aimed at improving engagement with these communities. A key issue is poor spoken English, and this is preventing integration with the local community, so funding has been secured to provide lessons. Most properties are rented (anecdotally, from the same landlord) and there are concerns about property conditions. In response to this and the integration issues, the CAB is now holding advice sessions in the heart of the Romanian Roma community. Whilst homelessness per se does not appear to be an issue, some property conditions seen by council officers are sufficiently concerning to prompt communication with the landlord. If these conditions are not resolved, homelessness may result.

Unfortunately, nobody from the Gypsy and Traveller communities was available to see us during the review.

14.5 Gaps in services or changes needed to meet needs

The 2014 GTAA assessed Liverpool’s 14 permanent pitches as meeting locally arising need up to 2018/19, but it is clear that there is an unmet need for four transit pitches, with a capacity of eight caravans. This would improve living conditions for the Travelling community. Liverpool will also need to reassess community needs from 2018/19 (or earlier if indications are that needs have risen).

Support services with close joint working appear to be responding to identified needs, including housing needs.

Little is known about the Roma communities, in part because of the way ethnic monitoring is established. In order to fully establish needs (for health as well as housing), NHS agencies need to modernise their ethnicity classifications to 2011 Census standards. In addition, a secondary category for ‘Roma’ would enable monitoring of arising needs within these communities. As work develops in the Picton and Kensington/Fairfield wards, housing needs should become better identified, and the council and other agencies may need to respond.

However, one stakeholder pointed out that these needs could be identified through a door knocking exercise, since the populations are concentrated in two or three small areas.

14.6 Positive practice

Liverpool’s response to the relatively recently established Roma communities in the Picton area demonstrates how awareness of community cohesion and use of combined intelligence can make a positive difference to marginalised groups and to neighbourhoods.

Wirral Council has agreed to identify new sites for Gypsies and Travellers that can cater for a total of ten pitches in the borough. The move was agreed by the local authority’s Cabinet following the 2014 GTAA finding that six permanent and four transit pitches – where families can stay for up to 12 weeks at a time – were required in the area by 2018/19.

14.7 Summary of findings and options to consider

The 2014 GTAA identified that the 14 pitches at Tara Park would meet or potentially exceed the city’s need for settled sites for the next 25 years. This assumes a turnover of one pitch per year on Tara Park, and no inward migration. The five-year shortfall across the GTAA study area as a whole is 30 pitches, and it is likely that some Gypsies and Travellers who want to settle will cross local authority boundaries.
boundaries to take advantage of pitches wherever they can, or to form a new household with their partner.

There is, however, a need for four transit pitches, each of which should be able to accommodate two vans. This would provide sufficient capacity for the majority of unauthorised encampments, although there are likely to be times when the pitches are overcrowded or vacant. Provision of transit pitches would improve people’s health and wellbeing, and provide (especially) the more vulnerable household members with better living conditions; reducing risks of illness and injury. The point has been made that new pitches, particularly transit sites, need to be planned across neighbouring authorities, so that opportunities for site provision, which can be rare, are taken. Irish Community Care Merseyside (ICCM) have emphasised the importance of travelling communities themselves identifying or being consulted on the locations for new transit provision. This would ensure that people would not have to travel too far to access transit provision; otherwise it risks being unpopulated and ineffective.

Homelessness amongst the Gypsy and Traveller communities is likely to worsen; primarily because of welfare reform which will disproportionately affect those with more children and/or paying more housing costs.

There are insufficient data on the Eastern European and Roma populations and their specific housing needs, if any. Anecdotal evidence suggests that this population is marginalised and can be poorly accommodated. However, there is no information on their requirement for housing advice or homelessness assistance because ethnicity recording does not account for this sub-group.

Stakeholders, particularly those that work with English and Irish Gypsies and Travellers, are reporting increases in substance misuse, incidences of domestic violence and poor mental health. There is a need for all services to develop and deliver culturally appropriate approaches to enable people to seek treatment and advice, so that these issues do not escalate.

The role of Gypsy and Travellers Liaison Officer is seen as essential to reaching and working with these communities.

Options

1. Work across stakeholder agencies, sub-regional authorities, local residents and representatives of the Gypsy and Traveller communities to identify and deliver suitable transit sites in the Merseyside area.

The 2014 Gypsy and Travellers Accommodation Needs Assessment identifies and evidences a requirement for four transit pitches accommodating eight caravans, and the local need is confirmed by stakeholders in this review.

There is considerable movement of Travelling families through and across Merseyside. Provision of transit sites would improve their health and wellbeing: particularly children, older people and other vulnerable adults. It would also avoid the adverse impacts and hostility caused by unauthorised encampments, which perpetuate the negativity and discrimination towards Gypsies and Travellers. Unauthorised encampments also strain community relations and put considerable pressure on council housing, welfare and education services and the police.

With delivery likely to be difficult, sub-regional working would improve the chances of success.
The health needs of English and Irish Gypsy/Travellers are at present not separately identifiable despite irrefutable evidence that their health is the worst of any ethnic group. The housing and other needs of the substantial ethnic Roma minority in the city are unknown: a secondary characteristic would enable better knowledge of these, and a targeted response.

15. Families with Dependent Children

15.1 Why is homelessness amongst this population significant?

Health and wellbeing
A stable and decent home is a vital contribution to the health and wellbeing of families, and particularly children. Homelessness can put considerable stress on individual family members and enormous strain on family relationships. Many are already vulnerable and marginalised due to issues such as poverty, family breakdown, parental drug and alcohol dependency, domestic abuse, gang violence, racism or previous periods of housing instability. Homelessness often represents a culmination of several problems\textsuperscript{cxxxiv}. For many, homelessness leads to increased stress, depression, and isolation. For children it marks a time of change and uncertainty, sometimes associated with the loss of a parent and/or friends.

Because homeless families with dependent children in the UK are defined as in ‘priority need’, little research has been undertaken to look at the short- and long-term effects on health and wellbeing. More has been completed in America, where families may be homeless for many years. Despite the lack of research, the immediate impacts are well known, even if the long-term effects are not.

Children are particularly adversely affected by homelessness\textsuperscript{cxxxv}. Becoming homeless often means leaving family and friends and recognisable landmarks behind and moving to a strange area. If the family had to leave home quickly, toys and belongings can be left behind, so children are even more likely to feel in limbo, having lost the stability that is so important. Unsurprisingly, parents are usually preoccupied with dealing with the family’s housing problems and unintentionally may overlook the support needs of their children and how homelessness is directly affecting them. Feelings of guilt add to parents’ stress and mental health issues are common.

Homelessness has an adverse effect on children’s educational progress. Homeless children are two to three times more likely to be absent from school than others, due to the disruption caused by moving into and between temporary housing. There may well be problems in getting to school where the accommodation is away from the home area, which further disrupts attendance. Some children will have to change schools twice: when they have to leave their home, and again when they are rehoused, and there are often delays in accessing a school place.

The loss of school friends and teachers adds to the isolation that children can feel due to their circumstances, and they are more likely to be bullied because of their newness, their inability to explain why they have had to start school in the middle of a term, and confusion about what is happening with their family. Frequent changes undermine children’s self-confidence, and this can be long lasting.
Economic wellbeing

Economic wellbeing is significantly affected for families and lone parents who are homeless. Homeless families are more likely to be from deprived communities and low-income households. They may already be living in poverty and struggling to cover basic living costs such as food and heating, making it hard to pay for items such as school supplies, travel to school or a school trip. The high costs of temporary accommodation add to these problems, particularly where parent/s are working; often in low waged work or part time. Where children change schools, buying the right uniform (sometimes more than one) adds to the financial pressure, and children who are not dressed in the right clothes stand out even more.

Most will have used up any savings in trying to retain their home, so the cost of moving possessions is an additional burden. Some will leave their home with no household goods and very few personal possessions, amongst them asylum seekers granted refugee status (who may have been accommodated for many months or years without any access to funds) and people fleeing domestic abuse (discussed in a separate chapter). Not only are families leaving a home that is familiar, they have no resources with which to turn temporary accommodation or their next settled home into a homely environment, and indeed usually have no money for essential furniture.

A Joseph Rowntree Foundation report identifies that in the last two years the number of people in ‘housing-cost-induced poverty’ (i.e. not experiencing poverty until housing costs are taken into account) has increased. This also means that the targets set in the Child Poverty Act 2010 (which are based on income before housing costs) overlook many children living in poverty. 18% of private renters nationally are in poverty before housing costs are taken into account, and 38% are in poverty after housing costs have been paid.

Although low rents such as those in the social housing sector make an important contribution to reducing the degree of housing-cost-induced poverty and material deprivation amongst social tenants, social housing is highly targeted on people with low incomes. As a result, 29% of social housing renters are living in poverty before housing costs but, despite sub-market rents, 43% are living in poverty after housing costs have been paid.

Troubled families

The Troubled Families programme was launched by the coalition government in 2011 with the intention to break the cycle of disadvantage and turn the lives around of 120,000 families nationwide by 2015. A ‘troubled family’ is characterised as being a family where adults are not working, children do not attend school and members of the family are involved in anti-social behaviour (ASB) or crime.

Research suggests that complex issues within families are often intergenerational, with ongoing issues of poor-care, abuse, low educational attainment and poor parenting. Chaotic family units are often linked to individuals’ upbringing, with large non-traditional extended families and non-stable dysfunctional relationships being common. Patterns often distinguishable within families with complex needs include children taken into care, teenage pregnancy or girls having children when they are young.

Anti-social behaviour and crime often stem from the networks that families operate within. Research suggests that abuse, violence and domestic violence are central problems in complex families with many intergenerational issues linked to networks that the individuals mix within. It is also known that children who are exposed to domestic abuse are more likely to become a perpetrator in later life. Alcohol and drug misuse have major impacts on family life and compound issues of violence, induce addiction/dependency and create debt from funding habits.
Data from the interim national evaluation published in July 2014 showed that, as well as having significant problems with truancy, youth crime, anti-social behaviour and worklessness; of the families being worked with in the government’s Troubled Families programme:

- 22% had been at risk of eviction in the previous six months
- 29% are experiencing domestic violence or abuse
- 32% included an adult with a long-standing illness or disability
- 20% included a child or children with a long-standing illness or disability
- 71% adults also had a health problem
- 46% adults had a mental health concern
- 35% had a child of concern to social services or who has been taken into care.

Clearly these families are under enormous stress, highlighting the importance to health and wellbeing of working with families to address multiple issues, many of which are strongly connected to the risk of homelessness.

15.2 What do we know about homelessness in Liverpool for this population?

In terms of data on the prevalence of risk of and actual homelessness amongst families with children (or pregnant), the Housing Options Service (HOS) maintains two relevant databases:

- Advice and Prevention: those making housing-related enquiries, often but not always related to a risk of or actual homelessness, and
- Homelessness applications.

The former does not record the household type, so cannot provide data on the numbers or comparative rates of families with children, or how they were helped to avoid or resolve homelessness. This absence does impede our understanding of how homelessness is affecting and being resolved for families in Liverpool.

Client Record Forms for households entering support services commissioned by the council are more helpful, in that providers record every client household entering their support service, together with a range of profile information (usually, but not always, thoroughly completed). These provide some indication of homelessness risk amongst families with children (pregnancies are not recorded), since those entering floating support services are usually at risk of homelessness or have actually been homeless and are being supported to resettle. They also include records of families placed in temporary accommodation by HOS.

It is noted, however, that the Adullam refuges do not appear to be entering full household details in Client Record Forms, which means that the number of families being supported in services is underestimated, and there is an incomplete understanding of families’ needs.

**Numbers at risk of homelessness or actually homeless**

Only a minority of all those entering support services (including specialist domestic abuse services) between April 2012 and June 2014 were families with children:

- 9.1% (300) of all floating support clients and
- 4% (165) of all supported accommodation clients.

It should be noted that there are concerns about the completeness of details entered into Client Record Forms about clients entering domestic abuse services and particularly refuges. The council is addressing this with providers.
Of the 300 families with children entering floating support services:

- 90.7% (272) were lone parents, and
- 9.3% (28) were couples or households with two adults, plus children.

The preponderance of lone parents is perhaps unsurprising given that they have to cope alone with their children, tend to be on lower incomes, and are more vulnerable to debt and health issues and problems in gaining work.

Homeless applications records show that, of a total of 1,009 applicants from April 2012 to September 2014, 299 (29.6%) were made by households that had children or were pregnant. Of these:

- 75% (224) were lone parents, and
- 25% (75) were couples.

This is a low proportion of Liverpool’s homeless applicants, the vast majority of whom were single people.

Chart 84: Proportions and numbers of all homeless applications that were families with children

![Chart showing proportions and numbers of families with children]

Source: HOS homelessness data

However, since having dependent children or a pregnancy is a priority need, a higher proportion of those accepted and owed a full duty were families. Of the 416 accepted households, 187 (45%) were families with children or pregnant. Of these:

- 138 (73.8%) were lone parents and
- 49 (26.2%) were couples.

The 165 families entering accommodation-based support services between April 2012 and June 2014 went into:

- Belvidere Family Centre (or, for part of 2012/13, Langtry Family Centre): temporary accommodation for statutorily homeless households (155 households)
- Domestic violence refuges (five households), or
- Elizabeth Anderson House (five teenage parent households).

Of these, 67.9% (112) were lone parents, and 32.1% (53) were couple or two-adult households. These are closer to the proportions applying as homeless because this is the main route into most supported accommodation used by families.

**Children**

Understanding the family sizes of those experiencing potential or actual homelessness helps to plan for their needs, particularly in respect of temporary and settled accommodation.

Although the homelessness application database provides the facility for recording the number of children (including expected) in a household, this is not reliably used. For example, 17 of the 123 accepted homeless households whose priority need reason was ‘applicant whose household includes dependent children’ were recorded as having no children. Where the number of children is recorded (which may include a pregnancy), the data shows that over three quarters have more than one child: a relatively high proportion compared to other areas.

**Table 26: Number of children recorded for families applying as homeless**

<table>
<thead>
<tr>
<th>No. of children in household</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of families with children/pregnancy</td>
<td>25.6%</td>
<td>28.6%</td>
<td>25.2%</td>
<td>14.0%</td>
<td>4.3%</td>
<td>1.3%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

*Source: HOS homelessness data*

20 (9%) households are recorded as having four or more children. Of these, 35% were white British, 25% were black/black British, and 15% were Asian/Asian British. Four households were refugees and six were fleeing domestic violence. Whilst numbers are small, and there is doubt caused by under-recording, the number of large families does appear to be increasing over time, with seven of these applying in the first six months of 2014/15, whilst only two applied during 2012/13.

Amongst families entering all support services, a higher proportion are recorded as having one child – between 39.3% (2013/14) and 48.8% (2012/13). However, the numbers and proportion of families with four or more children also appears to be increasing year by year: 16 (7.5%) in 2012/13; 19 (9.5%) in 2013/14; and 12 (23.5%) in the first quarter of 2014/15. In general, larger families are more likely to be refugees – an average of 11% of all households with children are refugees, but they represent around a quarter of all larger families. However, the increase in larger families does not appear solely related to increases in the proportions of supported families that are refugees.

The Housing Options Service has an opportunity to record and keep track of how household sizes are varying amongst those in housing need: feeding this information into both new homes and specialist accommodation planning. This is especially important as larger families often find it more difficult to secure general needs social housing.

**Age profile of parents**

The age profile of parents entering preventative floating support services (including those that are domestic abuse specialist services) shows that, since 2012/13, none have been teenage parents. In 2012/13, youth offending, domestic violence and generic support services each supported one teenage parent. This age group is particularly vulnerable to homelessness, so having to set up and cope with a general needs tenancy together with, usually, a young baby, is expecting a lot. From 2013/14, more than 86% of floating support parents were 25 years old or above.
Age profiles of parents making homelessness applications shows that there are notable numbers of teenage parents: 22 over the two and a half years, representing 7.3% of all applicants, although there had been none in the first half of 2014/15. Three quarters of homeless applicants were 25 years old or older.

Gender and sexuality
As would be expected, the vast majority of lone parents are female. Five lone male parents entered floating support across the full period of April 2012 to June 2014, and seven entered supported accommodation. This equates to 3.1% of all lone parents.

Sexuality is under-recorded in Client Record Forms. Of couple households, data indicates that most were heterosexual couples, with only four same sex couples (three female couples and one male).
Twelve (5.4%) of the lone parents applying as homeless were males. Data on homeless applications does not record applicants’ sexuality.

**Ethnicity**

The number of family households leaving accommodation provided for asylum seekers has a major influence on the ethnic make-up of homeless applicants. In 2012/13, 9% of all families with dependent children entering support services were refugees, rising to 11.4% in 2013/14 and almost 20% in the first quarter of 2014/15, although it should be noted that some of this increase could be a result of improved characteristic recording.

The table below compares the make-up of couples and lone parents that made homeless applications, and of those entering support services. 29 (61.7%) of refugee families who applied as homeless were headed by a couple. The number of homeless refugee households also influenced the numbers entering, particularly, accommodation-based support services and often then floating support services as they were assisted to resettle, although their refugee status is often not noted on Client Record Forms.

<table>
<thead>
<tr>
<th>Ethnic profile of families pregnant/with children</th>
<th>Liverpool Census 2011</th>
<th>Homeless applicants: Couples</th>
<th>Homeless applicants: Lone parents</th>
<th>Entering support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British &amp; Irish</td>
<td>86.3%</td>
<td>37.3%</td>
<td>69.2%</td>
<td>71.0%</td>
</tr>
<tr>
<td>White Other</td>
<td>1.4%</td>
<td>3.4%</td>
<td>2.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Mixed</td>
<td>2.5%</td>
<td>8.5%</td>
<td>3.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>All ‘Asian/Asian British’</td>
<td>4.2%</td>
<td>18.6%</td>
<td>8.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>All ‘black/black British’</td>
<td>2.6%</td>
<td>15.3%</td>
<td>15.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>All ‘other’</td>
<td>1.8%</td>
<td>10.2%</td>
<td>0.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Total cases where ethnicity known</strong></td>
<td><strong>59</strong></td>
<td><strong>201</strong></td>
<td><strong>462</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Census 2011; HOS homelessness data Apr 12 to Sept 14; and Client Record Forms Apr 12 to June 14*

**Other vulnerabilities affecting health and wellbeing**

Priority need reasons are only recorded for those that are accepted as homeless. These (there are opportunities to enter two in the homeless database) provide some information about other needs amongst households that are accepted as statutorily homeless. Apart from this, the free field notes about applications, including where other professionals are involved, are the only source of more qualitative information about needs amongst homeless applicants.

Of all family applicants:

- 30 were known to social workers, of which 17 were accepted homeless. None of those found to be intentionally homeless had named social workers
- 87 were homeless as a result of domestic violence, 58 of these were accepted homeless and 55 were noted to be vulnerable for this reason. Domestic abuse is the subject of chapter 16 in this review
- 13 families were found to be ineligible for assistance, and most of these (although the numbers are not clear) had no recourse to public funds⁸. One of these families had a named social worker

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⁸ See the separate chapter on persons from abroad
Two of three also in priority need because of mental health issues had named mental health workers.

Two had named support workers. Neither of these was accepted homeless: one was found not to be homeless and the other was homeless intentionally because of rent arrears.

Two of those accepted were also in priority need because of a physical or sensory disability.

Three of those accepted were parents aged 16 or 17 years old.

One had a probation worker and was accepted homeless.

Clients entering support services should have certain vulnerabilities noted in their Client Records Forms. It is likely that some are under-stated (for example, refuges have not always noted any vulnerabilities for their clients). The majority of services are now completing most of the fields, although some are still under-completing.

Amongst the 80 families entering floating support services that are not specialist domestic violence services, the following vulnerabilities are noted.

- 13 (16.25%) had a disability, of which:
  - 12 had a mental health issue
  - One had a learning disability
  - Three had physical or sensory disabilities.

- Other vulnerabilities were recorded for 30 (37.5%) families:
  - Two had alcohol, and four had drug misuse issues
  - Six were offenders or at risk of offending
  - Two were care leavers or former care leavers
  - Seven were at risk of domestic violence.

- Of the families entering the Family Centre (statutorily homeless households), 17 (11%) were noted to have a disability, of which:
  - 14 had a mental health issue
  - Four had physical or sensory disabilities
  - Three had a learning disability
  - Two had chronic illnesses.

- Other vulnerabilities were also noted for 23 (15%) families:
  - Four were misusing drugs
  - Two were offenders or at risk of offending
  - 19 were noted to be at risk of domestic violence.

Although there are some indications of under-recording for families in the Family Centre, recorded vulnerabilities are much higher amongst those entering floating support services. Given that all these families have children, this emphasises the importance of floating support in safeguarding children where their parents have issues often associated with problems in providing adequate childcare.

Refugee families had been provided with furnished accommodation and vouchers whilst they awaited a decision on their asylum application. Once the decision is made they are given notice and must then...

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9 Characteristics of clients of specialist domestic violence services are discussed in the relevant chapter.
apply for a National Insurance Number. This can take some time (indications are six to eight weeks) — indeed longer than the time they are given to secure alternative accommodation. Without access to benefits or alternative funds, they have to rely on food banks and/or food provided in their temporary accommodation. The lack of money also affects their ability to maintain cleanliness for themselves and their children, and to get children into schooling.

Language barriers impede refugees’ ability to deal with welfare benefits, accommodation and all that is required to live independently. There is also an issue of isolation: once placed in asylum seekers’ accommodation, they are rarely moved before a decision is made. Serco accommodation tends to be sourced in groups, so families have opportunities to form a community and support network with those in similar circumstances. Their children will have started school and started to make friends. Having to move from an area where they feel safe and familiar may have a significant impact on adults’ and children’s general health and wellbeing, including because of feelings of isolation.

It is also important to remember that those granted refugee status have usually fled from atrocities or persecution within their own countries. This engenders heightened anxiety and possibly post-traumatic stress disorder in both adults and children. These and other issues, including the support available to refugees and others from abroad, are discussed in a separate chapter of this review.

Economic stress
Information about income and welfare benefits entitlement is recorded for 163 of the 299 families applying as homeless between April 2012 and September 2014. Most of this is free field information and cannot be analysed. Whilst 87 are recorded as being in receipt of means tested benefits, it is apparent from notes that considerably more families are reliant on welfare benefits. One would expect that most families that cannot resolve their own housing need would be in receipt of at least Housing Benefit, even if they were in paid employment.

Information about affordability of private rented accommodation in Liverpool is provided in the separate chapter on access to and sustainment of private sector accommodation (chapter 21).

The main reason for homelessness provides direct evidence of economic stress for 24 (8%) of the 299 families that applied as homeless:

- Two families were homeless as a result of repossession of their own home
- Six owed to rent arrears on a social rented tenancy
- 16 were in rent arrears in a private rented home.

Although others may also have had these issues, they are recorded as having other reasons for applying.

Client Record Forms record the economic status of those entering support services. Of the 80 clients entering floating support services (excluding the specialist services for domestic abuse):

- Only six were in full or part time work, and one was a full time student
- Over a quarter (21) were registered as job seekers
- 22 were on long-term sickness or disability benefits
- Almost a third (26) were recorded as not seeking work.

These proportions are fairly stable over the two and a quarter years of data.

Of the 155 families entering temporary accommodation in the Family Centre:
Review of homelessness in Liverpool

- 15 (almost 10%) were in full or part time employment
- 58 (37.4%) were job seekers
- 13 were in receipt of benefits for long-term sickness or disability
- Over 40% (63) were not seeking work, but this will include refugee families who had not yet received their National Insurance Numbers (few are recorded as refugees but far more are unrecorded).

Although generally these proportions are reasonably steady over time, it is noticeable that none of the 15 families entering Belvidere Family Centre between April and June 2014 were in employment. Eight were recorded as job seekers.

Unfortunately it is not possible to separate out records of families amongst all those leaving support services, as these records do not include the households' make-up and their primary and secondary characteristics often do not include 'homeless families'. Of the 129 leaving statutory temporary accommodation (most of whom will be families), the economic profile had changed very little. 63 (almost half) were not seeking work, but only 29 of these are recorded as refugees.

It is acknowledged that dwell times in the Family Centre are relatively low (an average of 54 days), so there is little time to make progress on employment, training or education. Refugees in particular often stay longer because of the time it takes to receive their National Insurance Numbers.

Households leaving Home Office Asylum Support Services (Serco) accommodation have lived on vouchers whilst awaiting a decision on their status and therefore have no financial experience in the UK. Delays in receiving National Insurance Numbers mean that households experience extreme poverty, as they are unable to access benefits or secure employment. As they have no capacity to save, they also have no resources to pay for furniture and other household goods once they have access to settled housing.

Main causes of homelessness
Causes of family homelessness in Liverpool do not entirely reflect the national picture, where the majority are homeless having lost an Assured Shorthold Tenancy (AST) or because of violent or non-violent relationship breakdown. The most frequent reason for couples with children presenting as homeless is that they are leaving Home Office accommodation as refugees. For lone parents, the most common reason by far is domestic violence. Both these issues are addressed in separate chapters in this review.
A small number were also homeless as a result of leaving prison (2), racial harassment (3) and mortgage arrears repossession (2). More detail about homelessness as a result of racial harassment is included in the chapter on domestic violence, and about mortgage arrears in the chapter on private sector accommodation.

### 15.3 Homelessness prevention and resolution for families with children

**Homeless prevention**

Unfortunately there is no data on homelessness prevention specifically related to families through the Housing Options Service (HOS) because advice and prevention records do not include the household type.

Floating support services are mainly targeted towards those who are at risk of losing their home, or have recently been homeless and are being supported to settle. Activities by domestic abuse specialist services are covered in the separate chapter. For other floating support services, a range of agencies makes referrals, although not all are specified in Client Record Forms.

#### Table 31: Agencies that made referrals to floating support services

<table>
<thead>
<tr>
<th>Referral source</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (1 quarter)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/GP</td>
<td>3</td>
<td>0</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>HOS</td>
<td>9</td>
<td>6</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>12</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Self-referrals</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Social Services</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Voluntary orgs</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Probation/prison</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Youth offending</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>40</td>
<td>34</td>
<td>5</td>
<td>79</td>
</tr>
</tbody>
</table>

*Source: Client Record Forms, clients entering services*
Most of those referred by HOS were specifically for reasons of homelessness prevention.

Floating support was provided to help resettlement for 19 families. The remainder (three quarters) were already in their starting accommodation when floating support providers became involved. Of all those being supported:

- Half were social tenants
- A quarter were private tenants
- Eight were in the Family Centre
- One was an owner-occupier
- Five were living with friends or family.

Floating support appears to work well in preventing homelessness for families. During 2013/14, 49 clients of floating support services were characterised as ‘Homeless families with support needs’, all of which were supported by the Riverside Group or the Whitechapel resettlement service. All but four stayed in Liverpool when their floating support ended, and those four had planned moves elsewhere. Of the 45 that stayed in Liverpool, 27 were in social housing and 18 were in private rented housing, including the only household whose support ended in an unplanned way.

It should be noted that Local Solutions’ clients are all characterised as ‘People at risk of domestic violence’ with nothing to show whether there were children in these households. Other support services may well have not used this characteristic to define households with children, so the 49 households identified in the 2013/14 outcomes data will not have been the only families provided with floating support.

**Homelessness resolution**

Because any household with children or a pregnancy is automatically in priority need, homelessness resolution is mainly dealt with by the Housing Options Service (HOS).

Most applications are accepted, with rates are roughly equal for couple and single parent families. 45 of the 47 refugee applicants were accepted homeless, with the other two found to have a home they could reasonably occupy.

**Chart 86: Decisions on homelessness applications from families**

![Chart](image)

*Source: HOS homelessness application data*
Four of the lone parent households that made homeless applications had been accepted as homeless within the previous two years: a relatively low rate equating to one per seven or eight months. Two of these were accepted homeless (including a family fleeing domestic violence), and the other two were found to be intentionally homeless: one had been evicted for rent arrears and the other had been asked to leave by a friend living elsewhere in the country.

15 families were found to be intentionally homeless; 13 with single parents and two with couples. Of these:

- Ten had lost their home due to arrears: five social tenants, four private tenants and one homeowner
- Two had been asked to leave by family or friends
- One was homeless at the end of their AST
- Two were homeless for ‘other’ reasons, but there are no other notes.

13 households were found to be ineligible for homelessness assistance.

There is no information regarding whether these and those found to be intentionally homeless were referred to Social Services under the National Assistance Act 1948 and/or the Children Act 1989 (given they all had dependent children or were pregnant and were at risk).

The immediate housing outcome is only recorded for those that were accepted as homeless. Of the 187 families accepted:

- Nine were able to stay in the same home from which they were being made homeless, at least for the time being
- One family refused temporary accommodation and the authority’s duty towards them was therefore discharged
- The remainder were all placed into temporary accommodation at Belvidere Family Centre.

The council’s duty towards an accepted homeless household is discharged once they have either been offered settled accommodation that is reasonable given their needs, or they have refused, left or been evicted from temporary accommodation. All those who are accepted as homeless are given Band A – the highest status within the council’s Allocation Scheme - and can bid for up to three properties each week on Property Pool Plus, assisted by the HOS Rehousing Team.

Of the 186 households remaining households:

- 130 (70%) accepted an offer of social housing through Property Pool Plus (PPP)
- Four accepted an assured tenancy other than through PPP
- Eight accepted a private tenancy – these are usually households with specific needs that cannot be met through social housing (location, need for a large home, etc)
- Five refused an offer of social housing
- Six ceased to be eligible, although it is not clear why
- 21 families left or refused an offer of temporary accommodation
- Three were referred to another local authority
- One was evicted from temporary accommodation
- There is no recorded discharge outcome for eight households.
Of those recorded in Outcomes data as leaving temporary accommodation between April 2012 and March 2014, nineteen were not rehoused in social or private rented housing:

- Three went to a women’s refuge
- Three of those who were homeless because of domestic abuse returned home but without their partner, and one returned to her abusive partner
- 12 moved to live with family or friends.

**The Families Programme (Troubled Families)**

Liverpool’s overall objective is that all children and their families in Liverpool grow up in a safe, healthy and a loving environment. The Children and Young People’s Plan 2013-2017 makes specific reference to three areas for achievement:

- The integration of services provided by partners to improve the health and wellbeing of children and young people across the city
- Arrangements made to safeguard and promote the welfare of children and young people
- Arrangements for early help and intervention to prevent problems from becoming entrenched or escalating.

This last incorporates lessons from the identification of ‘troubled’ families. Families are considered to be ‘troubled’ if they meet more than two criteria that include: crime; anti-social behaviour; education (for example, unauthorised attendance or exclusions); unemployment-related benefits and local indicators (such as domestic violence, hate crime, having a CAF\(^\text{10}\) or being involved in youth offending). Liverpool has the second highest number of troubled families, behind Manchester, in comparison to the other Core Cities in England, and the highest rate among the Merseyside local authorities: 32% above the average rate of troubled families across the cities and Merseyside areas. Liverpool is also ranked second behind Newcastle upon Tyne for the number of families currently being worked with.

Families with multiple problems also have the highest risks of homelessness. Working with them to tackle and resolve some of these problems reduces homelessness risk and long-term resilience. The Families Programme is evaluated by a range of relevant measures, including:

- Improvements in housing tenancy stability (local measure)
- Reductions in youth crime and anti-social behaviour (Payment by Results measure)
- Improvements in worklessness (Payments By Results measure)
- Improvements in physical and mental health including substance misuse (local measure)
- Reductions in domestic violence (local measure)
- Reductions in NEET – Not In Education, Employment or Training (local measure)
- Reductions in debt (local measure).

2,105 families in Liverpool were estimated to meet the criteria for Phase 1. In fact, by November 2014, 2,481 families had been identified. The Families Programme has worked with 2,143 of these and achieved significant progress with 1,978; resulting in being able to claim 100% of the available funding for the programme. Compared to other Core Cities and the England average, Liverpool has achieved the highest proportion of families with significant improvements (3.38 per 1,000 population compared with 2.16/1,000 Core Cities and 1.0/1,000 England average).

\(^{10}\) Common Assessment Framework
The Phase 2 Programme (from April 2015) increases the number of families supported in Liverpool to 6,970. To be included, families will have at least two of the following:

- Parents and children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems.

Troubled families cross all socio-economic boundaries and are not confined to one particular group. The rate of troubled families in North Liverpool is 39% higher than South Liverpool: a significant inequality in the city. However, two of the three wards with the highest densities (Speke Garston, Tuebrook and Stoneycroft and Princes Park) are in South Liverpool.

The council is using the opportunity to develop new ways of working with partners and families to embed a wider ‘whole family’ approach across the public sector via the Families programme. This multi-agency approach involves partners from the local authority (social care, education, housing strategy, public health, economic development and worklessness); health commissioners and providers; housing providers; police; probation and prisons; and the voluntary, community and faith sectors. In this spirit, the Benefits Maximisation team has enabled shared use of their systems to facilitate more holistic working for identified families, including identifying lead professionals that are already working with and supporting them. A seconded DWP team helps tailor the claimant commitment for customers to try to avoid sanctions as well as helping them to request a reconsideration of a sanction (if appropriate). This input has proved to be invaluable. They have claimed for 154 families who have gone back to work and have had 130 work outcomes. They have also offered support to other teams regarding benefits maximisation and progress to work, training and further education.

15.4 Stakeholder and customer perspective on unmet need and existing services

The only unmet needs identified for statutorily homeless families were in respect of refugees, discussed in detail in the relevant chapter of the review.

Customers are more than happy with the quality of the Belvidere Family Centre, with one service user stating that this is like something out of ‘Grand Designs’.

Discussions with key stakeholders identified that the biggest issue for them was the inability, due to time restraints, to do any effective preventative work to contribute towards long-term sustainment of housing.

Stakeholders have difficulty in encouraging families to bid for settled housing. Given that accepted households know that they will only receive one offer of accommodation, stakeholders advise that they will hold out for the best property they can get in the area that they want to be. Where officers have placed bids on behalf of families that are not placing their own, it is known that some have removed the bids just before the end of the bidding cycle. This is discussed in more detail in the chapter on temporary accommodation.

For some families in temporary accommodation, which is furnished, resettling means they have to find ways of affording furniture and household goods.
15.5 Gaps in services or changes needed to meet needs

Stakeholders were concerned about suggestions that Children Centre would be significantly reduced, with 12 out of 17 closing by October 2015. There are also closures of youth clubs and significant reduction in youth services within the city. It is feared that this could affect families’ ability to sustain their homes, as they will receive less support from these services. However, the council now plans to reconfigure Children’s Centres rather than close these.

The main issue for this population found through this review is the need for assurance that referrals are made to Social Services for families with dependent children that are found intentionally homeless or ineligible.

15.6 Summary of findings and options to consider

The services provided to families that are homeless or at risk of homelessness are meeting needs, with families particularly commenting on the high standard of temporary accommodation. The Families Programme is not specifically targeted towards those at risk of homelessness, but it clearly has an important role, and more families will benefit from this holistic service from April 2015.

Where there are concerns, mainly for refugee families, most are picked up in other chapters in the review. There is a need to ensure, and to back up with a joint working protocol, that families with dependent children that are found intentionally homeless or ineligible for homelessness assistance are promptly and reliably referred by HOS to Children’s Social Services in order to safeguard the children in the household.

There are concerns amongst stakeholders about the limited capacity to support households living in independent housing in particular. There are also concerns about broader family support being reduced because of financial constraints, and the impact this may have on families that are under stress.

The advice and prevention database does not include the facility for recording the household type or size. This means it is difficult to understand the prevalence of homelessness risk amongst families, and the size of households in housing need. Equally, although the homelessness application database provides the facility for recording the number of children in a household, this is not reliably used. The council is therefore missing opportunities to record and keep track of how household sizes are varying amongst those in housing need: feeding this information into both new homes and specialist accommodation planning. This is especially important as larger families often find it more difficult to secure general needs social housing.

15.7 Service list

Most of the services provided to families at risk of homelessness or actually homeless are described in the other chapters of this review. The Families Programme is not specifically targeted towards those at risk of homelessness, but it clearly has an important role, which will benefit more families from April 2015.
16. Domestic violence, abuse and hate crimes

This section focuses primarily on domestic violence and abuse, but also considers hate crimes, as these are also strongly related to the risk of, or actual homelessness.

16.1 Why is homelessness significant amongst this population?

The government’s definition of domestic violence and abuse is ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.’ The full definition includes both controlling and coercive behaviour (the government announced in December 2014 the introduction of a new domestic abuse offence to legislate against this) and it encompasses forced marriage, genital mutilation and ‘honour-based’ violence.

Between a third and a quarter of women and around one in six men in England & Wales will experience domestic abuse/violence at some point in their lives. In 2012/13 (the latest data available), 16.3% of men and 30% of women aged 16 to 59 reported that they had experienced domestic abuse at some point/s since the age of 16, while 4.4% of men and 7.1% of women reported having experienced domestic abuse within the past year. However, less than 40% of domestic abuse was reported to the police, with men being less likely to report it – and are also less likely to report it to friends or colleagues. Since 1995, around half of the women murdered in England and Wales were murdered by their partner or ex-partner. The rate for men is around 12%.

Whilst both men and women can perpetrate and experience domestic violence and abuse, it is more often inflicted on women by men; particularly where it is severe and repeated violence, or sexual assault. The risk of experiencing domestic violence or abuse is also increased if someone:

- Is aged 16–24 (women) or 16–19 (men)
- Has a long-term illness or disability – almost double the risk
- Has a mental health problem
- Is a woman who is separated, and the risk is higher around the time of separation
- Is pregnant or has recently given birth, with a strong correlation between postnatal depression and domestic violence and abuse
- Is a gay or bisexual man – 49% have experienced at least one incident of domestic violence since the age of 16, compared with 17% of all men.
- Is transgender – 80% have experienced emotional, physical or sexual abuse from a partner or ex-partner.

Sadly, partner abuse is also prevalent in teenage relationships: in 2009, 72% of girls and 51% of boys aged 13 to 16 reported experiencing emotional violence in an intimate partner relationship; 31% of girls and 16% of boys reported sexual violence; and 25% of girls and 18% of boys experienced physical violence. Like older females, girls described more abuse, and more severe abuse, more direct intimidation and control, and worse impacts. Young people in same sex relationships are also at higher risk.

Domestic abuse and violence towards older people is more commonly perpetrated by a family member, close friend or care worker. In England, 1.6% (over 250,000) of people aged 66 years or above reported experiencing some form of abuse (psychological, physical, sexual and/or financial) in 2006.
The prevalence of ‘honour-based’ violence and forced marriage, both of which involve wider family members, is very difficult to estimate. In 2008, between 5,000 and 8,000 cases of forced marriage were reported to local and national organisations in England but this estimate is so broad because unique individuals cannot be identified. Between 82% and 86% of victims of forced marriage are female, and women are also more likely to experience associated harms related to loss of autonomy and education, forced sex, physical violence and related mental health issues.

Whilst domestic violence is experienced by people of any gender, sexuality and ethnicity, and all are likely to require specifically tailored support and access to services, the gender balance and traditional societal perception of male victims has resulted in considerably less acknowledgment of, and services for male victims of domestic violence.

Some victims will be able to be supported to stay in their home, for example if the abuser has been arrested or does not live with them, through ‘target hardening’ measures – such as strengthened entry points and locks, emergency alarms, safe rooms and other security measures. However, many others need to leave their home and seek refuge elsewhere. Local authorities have a statutory duty towards victims and associated persons (usually children) who have to leave their home to protect themselves and are therefore homeless. Domestic violence refuges are set up specifically to provide safe, supportive and recuperative environments. Last year, Women’s Aid reported having to turn away 155 women and 100 children in need of refuge accommodation.

In the UK there are around 7,500 refuge units for women and children, and 72 units for men. 44 of the ‘male’ units can also be used by women and 18 are exclusively for gay men, leaving just 10 dedicated male refuge units for heterosexual males. Most male victims, with or without children, therefore have to be accommodated in homeless temporary accommodation.

Multi Agency Risk Assessment Conferences (MARACs) are a national initiative providing a coordinated approach to high-risk victims of domestic violence and their families and are part of the Specialist Domestic Violence Court (SDVC) accreditation. MARACs are aimed at the top 10% of those at risk of serious harm or domestic homicide, and aim to:

- Share information to increase the safety, health and wellbeing of adult and child victims
- Determine whether the perpetrator poses a significant risk to a specific individual and/or the general community
- Construct and implement a joint risk management plan to provide professional support to those at risk and reduces the risk of harm
- Reduce repeat victimisation
- Improve agency accountability
- Improve support for staff involved in high risk domestic violence cases.

The MARAC’s role is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase safety. Responsibility for actions rests with individual agencies that have committed to these at or as a result of a MARAC.

Impacts on victims
Domestic violence is a huge problem in England and Wales and is estimated to cost the economy £2.7 billion per year in losses, and a further £3.1 billion per year in services such as the criminal justice
system, social services, health, housing and civil legal. In addition, the cost of the resulting emotional consequences and mental ill health is thought to be in the region of £17 billion, making the total cost of domestic abuse to victims, employers and the State around £23 billion per year.

Health and wellbeing
The cost of domestic abuse and violence to the health service is £1.7 billion per year with the major costs being to GPs and hospitals. This does not include mental health costs, estimated at an additional £176 million. Prevalence is substantially higher in a general practice population than that found in the wider population: 80% of women in a violent relationship seek help from health services, usually general practice, at least once, and this may be their first or only contact with professionals. There is extensive contact between women and primary care clinicians with 90% of all female patients consulting their GP over a five-year period. This contrasts starkly with its virtual invisibility within general practice, where in fact the majority of women experiencing domestic abuse and its associated effects are not identified.

Domestic abuse/ violence and hate crimes have psychological and functional as well as physical impacts on their victims and their families. These problems can be long-lived and profound, and affect most aspects of life, including the ability to maintain a relationship, family and home, and live as part of the community more generally.

Women who experience domestic violence use twice the levels of general medical services and between three and eight times the levels of mental health services (figures vary across different research studies). The figures for women from black, Asian, minority ethnic & refugee (BAMER) communities are even higher, for example half of women of Asian origin who have attempted suicide or self-harm are domestic violence survivors. A study for Department of Health in 1999 found that at least half the women in contact with mental health services had experienced domestic violence and/or abuse. There is also a very significant association between domestic violence and signs of mental distress such as depression, post-traumatic stress, self-harm and substance misuse, and the more severe or frequent the violence, the greater the risk of long lasting mental distress. Whilst mental ill health is caused by domestic violence, mental ill health can also make someone more vulnerable to being abused, but it is rare for this relationship to be picked up and addressed by mental health services.

Domestic violence and abuse between parents is the most frequently reported form of childhood trauma, with 25% of 18 to 24 year olds reporting that they experienced domestic violence and abuse during their childhood, and around 3% of those aged under 17 reporting exposure to it in the past 12 months. In 75%-90% of incidents of domestic violence, children are in the same or next room. Children who live with domestic violence are at increased risk of developing behavioural problems and emotional trauma, and experiencing mental health difficulties in adult life. It also affects their likelihood of experiencing or becoming a perpetrator of domestic violence and abuse as an adult, as well as exposing them directly to physical harm. There is also a strong association between domestic violence and abuse and other forms of child maltreatment. 52% of child protection cases involve domestic violence, and domestic abuse and violence were identified as a feature of family life in 63% of the serious case reviews carried out between 2009 and 2011.

Hate crime
Hate crime is defined as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic’ and there are five monitored strands: race; religion/faith; sexual orientation; disability; and gender identity. Crimes that are motivated by hostility towards other ‘differences’ as such as age or gender are also considered hate crimes.
Infamous examples of hate crimes include Stephen Lawrence, Anthony Walker and Damilola Taylor, both attacked and murdered because of their race; Fiona Pilkington, who took her learning disabled daughter’s life and her own after years of disability-related abuse and anti-social behaviour; and Jody Dobrowski, murdered in a homophobia-motivated attack. Whilst these are a few well-publicised cases with extreme outcomes, hate crimes are not uncommon and may start with nuisance or bullying behaviour targeted at people who are ‘different’ to the perpetrators, which can then escalate to terrorising and physical violence.

16.2 What do we know about homelessness for this population in Liverpool?

It is important to understand that domestic violence is significantly under-reported: not least because a common feature of domestic abuse is perpetrators’ coercive and sometimes insidious control of the victims. Liverpool Mental Health Consortium’s ‘What Women Want’ Group explored the relationships between domestic abuse and mental health through a task and finish group that resulted in an evidence-based report and recommendations in March 2014, from which this quote is taken:

‘It is difficult for victims to disclose physical domestic abuse, and it can be almost impossible to express and explain to other people what is happening in terms of systematic, unrelenting, psychological abuse. It is hard for women themselves to understand and name this insidious abuse, and to speak about how they are constantly living on a knife edge, frightened that they may unwittingly do something that the perpetrator deems to be wrong, bad, mad; while waiting for the next blow, (physical or mental) to fall.’

Notwithstanding this acknowledged under-reporting, the Citysafe annual review of 2013/14 reported an average 22% increase in domestic violence incidents across the city compared to 2012/13. There were variable geographical trends, with increases more marked in North Liverpool, and a maximum increase of 76% in some areas. Domestic abuse is generally more prevalent in Liverpool than the national average: it is six times the national average in North Liverpool and around double the average in South Liverpool.

Data on incidences of domestic abuse are collected and collated by the police, who have two Family Crime Investigation Units in Liverpool, in the north and south of the city, which lead on domestic abuse reports. Around 12,000 calls relating to domestic abuse are made each year, and more than a fifth of 999 calls to Merseyside Police relate to domestic violence.

Citysafe reported the following for 2013/14:

- 969 high-risk victims of domestic violence were supported through Liverpool’s MARACs and Independent Domestic Violence Advisers
- 209 of these were young people supported by the Young Persons’ IDVA
- Over 200 victims of sexual violence were supported by Independent Sexual Violence Advisers leading to improved chances of successful convictions and reduction in the harm caused.

The majority of people experiencing domestic abuse or violence will not leave their home. Many will not even report the abuse to anyone. If they do, they will be offered support to keep themselves and their children safe; leave a perpetrator; or cut off contact with an abusive ex-partner or family member.

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11 Liverpool’s Community Safety Partnership, Citysafe, leads and coordinates activity on both domestic violence and abuse, and hate crimes.
However, a significant proportion will need to leave their home temporarily or permanently. Many shelter with their family or friends. Some may decide to move home but be able to do this for themselves, or be supported to do so by one of the voluntary organisations working specifically with victims of domestic abuse. Others seek out a domestic violence refuge or go to the council and ask for help. It is important that victims of domestic abuse, or of hate crimes, are given prompt help and advice and reach the right services as quickly as possible. Most are already under-confident; are likely fearful of the perpetrator finding them; and will wonder whether they are doing the right thing by leaving.

**Number of homelessness related cases**

People that come to HOS asking for assistance with their housing situation are the clearest expression of the potential for homelessness amongst this population.

Numbers of domestic abuse cases rose during 2013/14 and, based on actual data for half of 2014/15, are expected to increase again. Total enquiries are also expected to increase somewhat, but the proportions that are prompted by domestic abuse have risen significantly since 2012/13, whereas enquires related to racial violence or harassment have reduced over the three years.

| Table 32: Enquiries to HOS about domestic abuse and racial violence or harassment |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Advice and prevention cases     | 2012/13 | 2013/14 | 2014/15 (half) | 2014/15 predicted | Actual totals |
| Domestic abuse – person in the home | 186     | 203     | 118            | 236             | 507            |
| Domestic abuse – person outside the home | 71      | 100     | 59             | 118             | 230            |
| Violent relationship breakdown  | 54      | 82      | 39             | 78              | 175            |
| Racial harassment / violence    | 20      | 16      | 3              | 6               | 39             |
| **Total DV / race hate enquiries** | **331** | **401** | **219**        | **438**         | **951**        |
| Total all enquiries             | 3,843   | 4,206   | 2,224          | 4,448           | 10,273         |
| % of all enquiries that are DV  | 8.1%    | 9.2%    | 9.7%           | 9.7%            | 8.9%           |

*Source: Housing Options Service Advice and Prevention data*

Cases that go to MARAC\(^{12}\) are not necessarily directly related to homelessness, but are determined by the levels of risk, for example where they live, how safe their home is, and who else lives there does impact on the safety of the victim and potentially their children. Numbers rose considerably in the North MARAC in 2012/13 but have reduced since then and since. One issue raised by MARAC reviews in 2013 and 2014 was that not all cases were high enough risk to warrant discussion at MARAC, and this has influenced the number of cases being discussed.

| Table 33: Domestic abuse cases at MARAC |
|---------------------------------------|-------------------|-------------------|-------------------|
| North MARAC                           | No. cases | South MARAC | No. cases |
| 2011/12                               | 698       | 2011/12       | 365          |
| 2012/13                               | 823       | 2012/13       | 383          |
| 2013/14                               | 646       | 2013/14       | 323          |
| 2014/15 (half year)                   | 296       | 2014/15 (half year) | 138      |
| 2014/15 predicted                     | 592       | 2014/15 predicted | 276      |
| **Actual totals - 3.5 years**         | **2,463** |                  | **1,209**   |

*Source: Liverpool City Council MARAC*

Unfortunately MARAC statistics do not include indications about the need to move away from the property.

\(^{12}\) MARAC: Multi Agency Risk Assessment Conferences discuss domestic abuse cases where there is a high risk to the victim – about 10% of all reported cases.
Support services are provided specifically for victims of domestic abuse, and people entering other support services are also identified as being at risk of domestic abuse.

848 people with a primary or secondary characteristic of ‘at risk of domestic violence’ entered support services between April 2012 and June 2014. Of these, 586 were supported by the specialist services (three domestic violence refuges, one of which is a BME specialist; the Independent Domestic Violence Advisor service (IDVA); and Additional Barriers for Change (ABC). The remainder (220) entered generic services, or services that are targeted towards other specific client groups.

Over the two and a half years from April 2012 to September 2014, 150 people have made homelessness applications because of a violent relationship breakdown involving their partner, and 38 because of a violent relationship breakdown involving other associated persons. All these applicants will also have received advice and prevention, but only in a few cases can cases be followed from one database to the other.

The former classification should be used where the perpetrator and victim were in a relationship at the time, and the latter where the relationship had already ended, or where the violence involved another family member. ‘Violence: other forms of violence’ should only be used where the case is not domestic violence, but it is clear from some notes on the homeless application database that some advisers are classifying domestic violence cases here. Therefore, unless it was clear from notes that the violence was not domestic or racially motivated, the cases have been included here.

Over the same period, four people have applied as homeless because of racially motivated violence, and some of the 16 ‘other’ cases may also involve hate crimes.

### Table 34: Prevalence of homelessness applications for reasons of domestic or other violence

<table>
<thead>
<tr>
<th>Homeless applications</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (half)</th>
<th>Totals</th>
<th>% of all apps</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>% of all apps</td>
<td>No.</td>
<td>% of all apps</td>
<td>No.</td>
<td>% of all apps</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>----------------</td>
<td>--------</td>
<td>---------------</td>
</tr>
<tr>
<td>Violent relationship breakdown</td>
<td>81</td>
<td>14.6%</td>
<td>42</td>
<td>13.1%</td>
<td>27</td>
</tr>
<tr>
<td>Violent relationship breakdown – associated persons</td>
<td>23</td>
<td>4.1%</td>
<td>11</td>
<td>3.4%</td>
<td>4</td>
</tr>
<tr>
<td>Other relevant violence</td>
<td>4</td>
<td>0.7%</td>
<td>9</td>
<td>2.8%</td>
<td>3</td>
</tr>
<tr>
<td>Violence – racial</td>
<td>3</td>
<td>0.5%</td>
<td>1</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total violence-related applications</strong></td>
<td><strong>111</strong></td>
<td><strong>20.0%</strong></td>
<td><strong>63</strong></td>
<td><strong>19.7%</strong></td>
<td><strong>34</strong></td>
</tr>
<tr>
<td>Total homeless applications</td>
<td>555</td>
<td>320</td>
<td>134</td>
<td>1,009</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Housing Options Service Homelessness Application data*

These cases together represent at least a fifth of all homelessness applications. The proportion rose in the first half of 2014/15, mainly because overall application numbers decreased. There was a significant increase in cases involving domestic abuse from a partner, though cases involving an associated person and other violence cases reduced.

### Gender

Of the 912 people that approached the Housing Options Service (HOS) needing advice or homeless prevention because of domestic violence from a person within or outside their home, or violent relationship breakdown between April 2012 and September 2014, 747 (83.3%) are recorded as female. The number of males (150) over the same timescale is relatively high compared to experience elsewhere. Gender is not recorded in 13 cases.

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Males are less well represented in cases that go to MARAC. Annual data from 2011/12 to mid-2014/15 records male victims in between 3.23% (April to September 2014/15) and 4.85% (2013/14) of cases.

Of those entering support services, the gender of 110 people was not recorded. Where gender was recorded, 96.5% of all clients were female and 3.5% were male. 97.9% of those entering specialist services were female (refuges only take females) and 2.1% were male.

Enquiries to HOS relating to racial violence and harassment are evenly divided between males and females.

**Age**
The spread across age groups making enquiries with HOS confirms that a number of teenagers are reporting domestic abuse: 6.6% of enquirers were under 20 years old.

**Chart 87: Age profile of advice cases on domestic abuse**

![Age profile of advice cases on domestic abuse](image)

*Source: Housing Options Service Advice and Prevention data*

Young people aged less than 20 years old make 8% of all homeless applications for reasons of domestic abuse. Around 2% are made by people aged 65 or over. People who are between 25 and 44 years old make the majority (64%) of these homeless applications.

The age profile of clients entering specialist support services shows a higher proportion of younger age groups. The age of 11 clients was not recorded.

**Chart 88: Age profile of specialist DV clients**

![Age profile of specialist DV clients](image)

*Source: Client Record Forms, clients entering support services between April 2012 and June 2014*
At MARAC, data on age is restricted to recording whether the victim is 16 or 17 years old. This has only been recorded since July 2013. In the MARACs from July 2013 to September 2014, 2.6% of North cases and 1% of South cases involved 16/17 year olds. This compares to 2.8% of all domestic abuse enquiries to HOS and 1.2% of specialist support clients.

Three quarters of people reporting racial violence or harassment to HOS are aged between 25 and 44 years. The remainder are split between the 20 to 24 years and the 45 to 54 years groups.

**Ethnicity**

The ethnic profile of enquirers to HOS because of domestic abuse shows over-representation of black/black British, white other and all ‘other’ enquirers compared with the Liverpool ethnicity profile from the Census 2011. This is also true of homeless applicants, where over 9% are black/black British.

This is not true of clients entering support services, where the profile is much closer to that of Liverpool as a whole.

### Table 35: Ethnic profile of domestic abuse enquiries/clients – HOS & specialist support services

<table>
<thead>
<tr>
<th>Ethnic profile of domestic abuse cases</th>
<th>Liverpool Census 2011</th>
<th>HOS enquirers</th>
<th>Homeless applicants</th>
<th>Specialist support clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British &amp; Irish</td>
<td>86.3%</td>
<td>76.6%</td>
<td>75.1%</td>
<td>87.4%</td>
</tr>
<tr>
<td>White other</td>
<td>1.4%</td>
<td>2.3%</td>
<td>1.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Mixed</td>
<td>2.5%</td>
<td>3.0%</td>
<td>3.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>All ‘Asian/Asian British’</td>
<td>4.2%</td>
<td>3.2%</td>
<td>5.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>All ‘Black/Black British’</td>
<td>2.6%</td>
<td>6.2%</td>
<td>9.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>All ‘other’</td>
<td>1.8%</td>
<td>3.4%</td>
<td>5.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Total cases where ethnicity known</td>
<td></td>
<td>907</td>
<td>188</td>
<td>571</td>
</tr>
</tbody>
</table>

*Source: Census 2011, Housing Options Service Advice and Prevention & Homeless application data, Client Record Forms*

MARAC statistics only state whether the victim was from a BME community.

### Table 36: MARAC cases where the victim was BME

<table>
<thead>
<tr>
<th>North MARAC</th>
<th>% BME cases</th>
<th>South MARAC</th>
<th>% BME cases</th>
<th>% all cases that are BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>5.2%</td>
<td>2011/12</td>
<td>11.5%</td>
<td>7.34%</td>
</tr>
<tr>
<td>2012/13</td>
<td>3.8%</td>
<td>2012/13</td>
<td>12.0%</td>
<td>6.38%</td>
</tr>
<tr>
<td>2013/14</td>
<td>5.3%</td>
<td>2013/14</td>
<td>11.1%</td>
<td>7.22%</td>
</tr>
<tr>
<td>2014/15 (half year)</td>
<td>10.5%</td>
<td>2014/15 (half year)</td>
<td>11.6%</td>
<td>10.83%</td>
</tr>
</tbody>
</table>

*Source: Liverpool City Council MARAC*

In the North, it appears that minority ethnic groups were somewhat under-presented until more recently. Liverpool Domestic Abuse Service has been focusing work on the BAMER communities in this area, and numbers are also increasing due to resettlement of refugees in the North of the City.

The differences between ethnic profiles of HOS, support and MARAC clients is somewhat concerning, since HOS appears to be receiving more enquiries from minority ethnic groups than seen in MARAC and specialist support services.

Unsurprisingly, race violence/harassment is most often reported by non-white British or Irish ethnic groups (82%). Black/black British people are by far the most common enquirers (12 people – 30.8%).
Five white British and two white Irish people reported racial violence/harassment across the two and a half years.

**Household type**

Unfortunately, HOS advice and prevention records do not include the enquirer’s household type, or whether it includes children.

Of those applying as homeless because of domestic abuse, 100 (53.2%) were single person households; 84 (44.7%) were lone parents with children; three (1.6%) were couples with children and one was an all-adult household without children.

Of the 738 clients recognised to be at risk of domestic violence that entered any support service, between 31% (2013/14) and 41% (2014/15 April to June) had children in their household. Between 1.3% (2013/14) and 4.5% (2012/13) were with a partner but had no children. The majority were single people – between 55.6% (2014/15 first quarter) and 67.2% (2013/14). Small numbers had no partner but did have another adult in their household.

**Chart 89: All households entering support services who were at risk of domestic violence**

Data from domestic violence refuges about client and household members are unreliable, as not all have been entered. It appears from the data that the majority of households entering refuges do not have children, but this does not seem to agree with information from stakeholders.

MARAC statistics record the total number of children in households discussed at the meeting, but does not state how many of the households had children in the first place. However, on average, 71% of all cases entering specialist support services have also been to MARAC.

**Disabilities and health issues**

HOS enquiry records do not include characteristics around health or disability, and domestic abuse is in itself a priority need for homeless applications.

Of clients entering specialist support services, three (0.5%) are recorded as having a learning disability; nine (1.5%) as having a physical or sensory disability; and 46 (7.8%) as having a mental health problem, of which eight people were in receipt of secondary mental health services. Although
the council has requested all services to record underlying need for all clients in the Client Record Forms, it is apparent from stakeholder feedback that characteristics of women entering the refuges are not being recorded. The council therefore needs to reiterate the importance of recording full data. Refuge services have been included within the MainStay system from January 2015, so this data will be collected as part of the initial assessment.

MARAC statistics note those cases where the victim has a disability. Numbers since 2013/14 are very small indeed – zero at North MARAC, and three (less than 0.1%) at South MARAC.

Who recognises and refers cases?
The majority of enquiries to HOS for both domestic abuse and racial violence/harassment are recorded as self-referrals: 57.6% for domestic abuse and 79.5% for racial violence/harassment. This does not mean that someone with whom the person was previously in contact had not suggested they make an enquiry. Referrers are only recorded where the case is notified to HOS (via Careline or One Stop Shops) by an agency.

However, compared to the rate of non-self-referral for all HOS cases (24.1%), a considerably higher proportion of domestic abuse cases are referred. Given the reluctance of victims to disclose to any agency, it is excellent practice for the person to whom it is first disclosed to provide support and practical assistance for the person to seek help and advice.

Chart 90: Referrers of domestic abuse cases to HOS

Referral data shows that, of single agencies, the majority of referrals are made by the Independent Domestic Violence Advisors, with the Basement and Whitechapel also making significant numbers of referrals. Liverpool and South Liverpool Domestic Abuse Services are included in the ‘other voluntary organisations’ group. Whilst low levels of referrals have been made by primary and secondary health agencies, hospital referrals have increased in the last year, probably as the result of an increased focus on domestic abuse. A new domestic violence lead started at Aintree Hospital during 2013, and the safeguarding lead for the Royal Liverpool Hospital has reviewed their protocol and commissioned a new domestic abuse service in the last year.

The Merseyside Risk Identification Tool (MeRIT) enables risks to be recognised and scored so that the right actions are taken. Cases scoring 72 or above should be referred to MARAC, together with a range of other actions to protect the victim and any children, and take action against the perpetrator.
Multi-agency work including information sharing should be prompted for cases that have medium risk (16 to 71) and low risk cases may be taken forward by individual agencies, including housing.

Referrals to MARAC therefore represent high-risk cases. Provided a MeRIT assessment shows the case to be high risk, any agency can make a referral.

| Table 37: Referrers to MARAC – averages between April 2012 and September 2014 |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                         | Police          | Voluntary Sector| Primary Care    | Service         | Housing         | Probation       | IDVAs           | Children’s Social Care | Mental Health | Substance Abuse |
| North – referral sources| 75.0%           | 10.3%           | 4.8%            | 3.0%            | 2.0%            | 1.0%            | 0.5%            | 0.5%            | 0.7%            | 0.4%            |
| South – referral sources| 73.0%           | 14.0%           | 2.0%            | 5.0%            | 2.0%            | 0.5%            | 0.3%            | 0.2%            | 0.2%            |

From the year by year records, rates for police referrals have decreased as other agencies have become more aware of, and able to risk assess domestic abuse cases, which reflects well on the training provided as part of the city's response to domestic abuse. There have been noticeable increases in referrals from Primary Care in the North; Housing, particularly in the South (South Liverpool Housing are particularly active); probation across the city; the voluntary sector (most are from LDAS and SLDAS) from whom referral rates have doubled in the last four years; and referrals from other agencies have also doubled. 'Other' agencies are those outside MARAC membership and include SAVERA (a BME group), Merseyside DV project, Voice for Change and other small organisations.

Interestingly, the Acute Hospital Trusts, Adult Social Care, and Education have made no referrals. It is possible that the new DV lead at Aintree Hospital is referring via Primary Care, and MARAC data largely precedes the new domestic abuse service at the Royal Liverpool Hospital. However, this absence is somewhat surprising. It is important that these and other key agencies including HOS are properly trained in domestic abuse and the MeRIT assessment so that high risk victims are protected quickly.

Only six of the 39 racial violence/harassment enquiries coming to HOS were referred by another agency. Two were referred by primary or acute health; two by other local authorities in the Liverpool City Region; and one each by a social landlord and Children’s Social Services.

16.3 Homelessness prevention and resolution for people experiencing domestic abuse and hate crimes

Homelessness prevention and resolution relies on a wide variety of agencies working together to prevent domestic abuse occurring; protect victims and children; and reduce repeat victimisation. Responsibility for identification and protection is considerably wider than homelessness agencies, involving all statutory and many third sector agencies working together. Domestic violence is a safeguarding priority for the Liverpool Adults and Children’s Safeguarding Boards.

Many victims will not leave their home, even where they are still living with the perpetrator and they are clearly at risk of homelessness. Where they do disclose domestic abuse and get support, the primary focus will be to keep them and any children safe, which may necessitate leaving their home, at least temporarily.
A range of agencies works together to protect victims of domestic violence, including ensuring that they are living somewhere safe.

A Merseyside-wide domestic violence strategy was developed by the Merseyside Criminal Justice Board and was launched in November 2013. The strategy covers all five Boroughs and, in recognition that domestic violence and abuse is a problem for all sectors and requires a joined up approach in order to make a real difference, is inclusive of non-criminal justice agencies. It aims to:

- Focus and co-ordinate multi-agency resources to identify domestic violence and abuse and reduce prevalence through preventative interventions
- Provide consistent and effective support for victims with standardised risk assessment tools and a minimum threshold for access to statutory services
- Tackle the perpetrators of domestic violence and abuse and reduce repeat incidents through monitoring, education, support and criminal justice interventions
- Raise awareness of domestic violence and abuse as an issue for both males and females of any age, religion, belief, race, sexual orientation or disability.

Through the strategy a number of sub-groups have been set up to tackle thematic areas such as safeguarding, Community Safety Partnerships, perpetrators and victims. Citysafe is represented at the CSP group.

The Domestic Violence Disclosure Scheme (DVDS – otherwise known as Clare’s Law) was introduced in Liverpool in March 2014 and aims to prevent new domestic abuse victims where their new partners are known to have a history of abuse. Members of the public have a ‘right to ask’ police where they have a concern that their partner may pose a risk to them or where they are concerned that the partner of a member of their family or a friend may pose a risk to that individual. If an application is made under the scheme, police and partner agencies will carry out checks and if they show that the partner has a record of abusive offences, or there is other information to indicate that there may be a risk from the partner, the police will consider sharing this information. Local Solutions IDVA has agreed a protocol with the police that they will provide disclosures together so that IDVAs can offer support.

Domestic Violence Protection Orders, also introduced from March 2014, offer immediate emergency protection for someone reporting domestic abuse to the police. The police can use this order to bar the alleged perpetrator from the home they share with the victim for up to 28 days.

Multi Agency Risk Assessment Conferences (MARACs) were introduced in Liverpool in 2007. Unusually, Liverpool operates two MARACs: one covering the Liverpool North Basic Command Unit (BCU) area and one covering Liverpool South BCU. Liverpool North is considered to be one of the highest volume MARACs in the UK, reflecting the high level of domestic violence in this area. As a result of the high numbers, MARACs run across two days per month in the North, and 1.5 days per month in the South of Liverpool.

The high number of cases and consequent required resource and commitment from MARAC members is very challenging. As a result, a review was undertaken to identify the effectiveness of the MARACs; understand how they operate within the wider response to domestic violence in the city; identify any training requirements; and ensure that recommendations from Serious Case and Domestic Violence Homicide Reviews were implemented appropriately. The review found that:
• MARACs are dealing with higher than recommended numbers of cases, most of which do meet the MARAC threshold but some of which may not

• Inconsistency of attendance from some agencies needs to be addressed

• There are a third of the IDVAs recommended for the caseloads. Although some gaps are filled by LDAS and SLDAS, the number of IDVAs will be enhanced (underway in summer 2014)

• The MARACs and Local Safeguarding Children Board (LSCB) need to liaise more closely to ensure that procedures are complementary and robust

• A MARAC Steering Group had improved operational governance and support, although administration needed to be streamlined

• The MARACs need to monitor outcomes, and use data more effectively.

Following the review, the MARAC operating protocol has been revised.

The Community Safety Partnership also has the statutory responsibility for conducting Domestic Homicide Reviews and these together with a number of Serious Case Reviews identified the need for improvements in the city’s responses. The Partnership has therefore commissioned additional IDVAs to support those victims at highest risk, and a specialist young persons’ IDVA whose role includes increasing awareness amongst front line staff and providing educational programmes in schools.

The Community Resource Unit currently part funds (funding decreased by 50% in 2015/16) two domestic abuse services: Liverpool Domestic Abuse Service (LDAS based at the Health Energy Advice Team) and the South Liverpool Domestic Abuse Service (SLDAS). Both of these provide support for victims of domestic violence (both specify ‘women and children’ although the support both genders), including around safeguarding, advice and counselling. LDAS in particular specifies its aim to provide a service across the diversity of women (multi-cultural; sexuality) and provides weekly outreach sessions at Liverpool Women’s Hospital and at Children’s Centres. Merseyside Domestic Violence Service was also funded for 2013/14 to develop a marketing campaign targeted towards 16 to 18 year olds experiencing domestic abuse. This agency now has Lottery funding to deliver a perpetrators’ service from 2015/16. Together these services see and support around 1,800 people each year.

Adult Social Care commissions two specialist domestic abuse services, both delivered by Local Solutions:

• Independent Domestic Violence Advisers (IDVA) offer intensive support to domestic abuse victims, are their voice at MARACs, and agree the risk reduction plan. Citysafe has recognised that this service is under capacity and has funded a young persons’ IDVA (also linked to guns and gangs) and an additional IDVA from 2014/15. IDVAs receive around 60 referrals per month

• Addressing Barriers for Change: a small outreach service (10 units) provides ongoing support once risks have been reduced to victims/survivors of domestic abuse who have additional barriers such as mental health, disability, language or substance misuse that may prevent them from accessing support or other services.

Adult Social Care also commissions three domestic violence refuges, totalling 27 units. These only accommodate female victims and their children but unlike most refuges elsewhere, a victim’s son can live in the refuge with his parent. This was specified when the services were re-commissioned and is
very good practice. The refuges are all self-contained units, which makes this easier. Elsewhere it is probable that a son who is over twelve years old will not be allowed into the refuge with his mother.

Between 20 and 35 female victims of domestic violence are seen each month at the Royal Liverpool Hospital. In response, the hospital’s safeguarding team is working with PSS Women’s Turnaround Project to create the Ruby Project, funded by Comic Relief. The service supports women who are victims of domestic violence who are recovering in hospital, particularly those at low to medium risk who have more complex needs such as substance dependency, or chaotic lifestyles who can represent many times. The approach works in two stages:

- The first stage is ‘crisis intervention’, which involves face-to-face support from a team member. The hospital staff conduct a risk assessment and create a safety plan, which includes any children, before the woman leaves the hospital, or the Ruby Project may see women by appointment after discharge. Actions might include finding the victim and any children somewhere safe to stay. They also discuss criminal procedures, involvement of the police, and advice on dealing with aggressive behaviour from the perpetrator

- The second stage sees victims encouraged to attend the women’s only centre, where their needs can be assessed, taking into account substance dependency, mental health, finances, child support, education and employment and accommodation. The service develops an individually tailored support plan with the aim of allowing them access to longer-term support, enabling them to rebuild their strength, resilience, independence and providing an environment for them to take control of their lives.

In a three-month pilot period, 77 women were referred to the service, nine of whom were repeat visitors to A&E. 46 women were visited at home after being discharged and provided with follow-up support. Seven perpetrators were convicted, and one non-molestation order was served on an abuser. As part of the project, the Ruby team are training clinical staff and aim to deliver training to all of the hospital’s 7,000 workers.

The Community Safety Partnership’s Community Cohesion and Hate Crime Group coordinates activity with local communities and interest groups to reduce tension, increase community confidence and prevent hate crime by challenging attitudes and behaviours and encouraging early intervention to reduce escalation of incidents. It also delivers diversity sessions in schools and youth clubs, and hate crime awareness training to front line staff. There is a monthly Joint Action Group chaired by the police that supports high risk victims.

Two priorities are to encourage victims to report hate crimes and reduce repeat victimisation. In 2013/14, hate crime reported to Merseyside Police increased by 23.5%, and there was a 70% reduction in repeat high-risk victims (20 in 2012-13 compared with 6 in 2013-14). 635 hate crime victims were supported by the Independent Hate Crime Service and 17 properties housing 49 adults and children received a security upgrade to protect them from further incidents of hate crime. Delivery of diversity awareness sessions to primary schools and youth clubs, and hate crime awareness training to local community groups aim to raise confidence in those communities.

‘Target hardening’ works have replaced what was originally the ‘Sanctuary’ scheme and can include, for example, new locks, CCTV, movement-sensor lighting, door viewers, letterboxes and work to reinforce doors and windows. Works are ordered to provide protection for the homes of people at high risk of domestic abuse (where the perpetrator does not live with them) and hate crime. The scheme also provides protection from crime for student housing. During 2013/14, 123 properties received work at an average cost of £445.95 per property. 279 people (adults and children) lived in and therefore benefited from that work (113 of whom lived in two roads receiving fencing to protect boundaries). The
homes of over 45 victims (including children) of domestic violence received additional security measures to protect them in their own homes.

Concerns about the high rates of domestic abuse in the Anfield and Tuebrook wards have resulted in the introduction of weekly drop-ins at Townsend Lane Medical Centre and a youth outreach programme to reach young victims. There are early signs of success in enabling more people to get advice and help around domestic abuse.

**Homelessness prevention and resolution**

**Advice and prevention enquiries**
Of the 912 people that approached HOS between April 2012 and September 2014 asking for assistance with domestic abuse, 539 (59%) are recorded as having a ‘non-positive’ outcome. A small sample – 10% of all ‘non-positive’ outcomes in one quarter – were checked as part of the review. This showed that 30% of these were duplicates of other records; just under a fifth required advice and signposting and were not seen in person; almost 12% were enquiries from people who had no leave to remain in the UK; 10% were already open to other local authorities; and over 20% had an interview appointment made and either did not attend, or attended but then lost contact.

Of the remainder, 45% were assisted to move home, almost 20% were assisted to stay safely in their home; 11% could not be prevented from becoming homeless; and the outcome is not stated for 24% (90 enquiries). These last are actually classified as ‘other – see notes’ but as these notes are in the clients’ files and not on the system, we cannot state what happened in these cases, although from the data it appears that many went on to make homelessness applications.

**Chart 91: Outcomes of domestic abuse enquiries to HOS**

<table>
<thead>
<tr>
<th>Outcomes of DV enquiry to HOS April 12 to Sept 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehoused</td>
</tr>
<tr>
<td>Stayed in property</td>
</tr>
<tr>
<td>Other - not stated</td>
</tr>
<tr>
<td>Homeless</td>
</tr>
</tbody>
</table>

Source: Housing Options Service Advice and Prevention data

Of those that were helped to move home, 34.5% were rehoused in the private rented sector; 10.7% were referred to hostels; over 15% went to stay with family or friends; over 21% were rehoused into social housing either via Property Pool Plus or by negotiation with their landlord, and a further 9.5% were rehoused by there is no information on where or with whom.

**Homelessness applications**
118 of the 188 people that made a homelessness application because of domestic violence, and eight of the 16 that applied because of other violence were accepted as statutorily homeless. Nine people were found to be homeless because of domestic abuse, but were not in priority need. This finding is only appropriate if investigations into these cases revealed other reasons for homelessness but not domestic abuse, since domestic abuse is itself a priority need. One person applying because of ‘other violence’ was also found to be homeless but not in priority need. Those who were found to be ‘not homeless’ were either not actually at risk from domestic abuse or the perpetrator was removed from
the picture (e.g. by the police). Given that over two thirds of the single person households were accepted as statutorily homeless, there is no reason to believe that a non-priority need decision is being made inappropriately.

Chart 92: Outcomes of homelessness applications for domestic abuse or other violence

Source: Housing Options Service Homelessness Application data

An option for those that want to stay put, or stay with a family member or friend rather than a refuge or temporary accommodation is to apply on PPP under Band B, with the sub band domestic violence. This means that there is access to quick rehousing even if the household decides they do not want to go through the homelessness process. HOS or the person’s support worker will ensure that there is a supportive letter on PPP. This partly accounts for the high proportion of ‘not homeless’ decisions. There has also been a change in the way that the homelessness database is used. Previously cases have been closed as ‘not homeless’ because alternative accommodation had been found as homelessness prevention. These two factors mean that the data from the homelessness system does not reliably represent application outcomes.

59 of the households accepted as statutorily homeless were placed into temporary accommodation. One person stayed in their home, or made arrangements to stay elsewhere. Five applications were closed soon after the decision was made, the council having discharged its duty because, for example they refused an offer of temporary accommodation or left the temporary accommodation into which they had been placed. HOS team leaders explained that someone may return to their partner from temporary accommodation, but will often re-present a month or so later. It is important that they are given repeat opportunities to leave an abusive partner for good.

Outcomes for those who were not accepted as homeless are not recorded.

Of the four households applying as homeless because of racially motivated violence or harassment, one – a single person household – was accepted, with the others found to be not homeless. The single accepted case refused or left temporary accommodation and the council discharged its duty towards her. Again, with the upgrading of potential homelessness to Band B on PPP there is a choice for customers who are subject to violence and need to move home.

Clients entering support services
586 clients were supported by specialist domestic abuse services between April 2012 and June 2014. IDVA and Additional Barriers for Change supported 455 of these, and the remainder – 131 – were accommodated by one of the three domestic violence refuges.
Of the 110 other clients that entered support services and had a primary or secondary characteristic of ‘at risk of domestic violence’, 30 were in Ann Fowler House; 18 were in Belvidere; seven were in Geneva Road; and four were in the Harvey Project. Other supported accommodation projects had either one, or two people at most, across the two and a quarter years. More were supported by floating support projects: 18 by Whitechapel resettlement service; 19 by a mixture of other floating support services; four by the Whitechapel substance misuse floating support project with only one or two in any other project. It is not possible to track outcomes for the non-specialist support clients.

357 clients left specialist domestic abuse services between April 2012 and March 2014, 270 from Local Solutions’ IDVA and Addressing Barriers for Change services; 72 from the two Adullam refuges; and 15 from Amadu’s refuge. Ten people (3.7%) being supported by Local Solutions’ services were males.

88% of these stayed in Liverpool, with 11 moving to other Liverpool City Region areas, and 25 moving to other council areas across the country. Given domestic violence refuges have ‘open door’ policies and will take someone from anywhere in the country, most of these were probably returning to a home area or to be closer to family of friends.

Turnover in the Adullam refuges more than doubled in 2013/14 (50 people) compared to 2012/13 (22 people), following work done by HOS to ensure that the refuges encourage women to present as homeless rather than just registering and bidding on Property Pool Plus (PPP). This approach increases clients’ priority on PPP so that there is more throughput; creating more space for others in need of these relatively sparse refuge places. Average stays had increased from 91 days for those leaving in 2012/13 to 140 days for those leaving in 2013/14, and four of those leaving in 2013/14 had been in a refuge for well over a year (two for almost two years). Other domestic violence service stakeholders are aware of these long stays, and they would like to see higher turnover rates to create space for others in need.

Turnover from the IDVA and Addressing Barriers for Change services has stayed stable at an average of 190 days, although 12 of those leaving across the two years had received a support service for over a year; over two years in one case.

Housing outcomes from the refuges included:

- Just under half of those leaving moved into social housing. Since turnover increased, actual numbers doubled
- Across the two years, 11 people transferred out of a refuge and into one elsewhere, three people moving to a different Liverpool refuge
- In each year, three or four people returned to live with their abusive partner
- A total of four people moved into other supported accommodation
- Two people in 2012/13, and 11 in 2013/14 moved in with family or friends.

Housing outcomes from Local Solutions’ services varied little across the two years but, as these are floating support services, it is not possible to state whether clients stayed in their original accommodation or moved whilst in service. When they left the service:

- Just under half of clients were in social housing
- A quarter were in privately rented accommodation
Review of homelessness in Liverpool

- Just under 10% (a total of 26 people) were living with family or friends
- 17 (6.3%) were in owner occupied accommodation
- Nine people moved into a refuge
- Small numbers were in supported accommodation, in social housing but with other floating support, in residential rehabilitation, in a direct access hostel in Liverpool, or temporary accommodation elsewhere in the country.

Of the 270 clients in Local Solutions’ services, 115 were recorded as needing settled accommodation, which was achieved for half of those. Of the remainder, most were awaiting settled housing via PPP when they left the service. 265 were recorded as requiring support to prevent harm from others, and this was achieved for 239 people. Most of those for whom it wasn’t achieved were recorded as being unwilling to cooperate.

16.4 Stakeholder and customer perspective on unmet need and existing services

Several stakeholders pointed out that applications for housing can be difficult for women that are fleeing domestic violence, because they may have had to leave without their identification papers, be unable to get them back from, or have had them destroyed by the perpetrator. It is also difficult for them to register with the Job Centre and get access to welfare benefits.

There were also concerns that victims that leave an abuser may in haste take the tenancy of a home that is too big for them, leaving them unable to pay the difference in rent. There is a need to help those that have made decisions while stressed so they can retain their home until ready to move on.

There has been an increase in referrals to the Amadudu refuge from Liverpool communities with a high percentage of South Asian families. These include women fleeing forced marriage.

There are also more referrals of persons from abroad now. Their immigration status can be a real issue: the refuge can’t provide for single women with no recourse to public funds. If there are children in the household, social services will agree to pay for the refuge to protect the children.

Refuge providers reported that their experience of and relationship with HOS is good. Staff usually accompany women when presenting as homeless, and they have never had a problem getting homelessness status for a client. Occasionally when women aren’t ready to move on quickly, for example where there are complications around their health or children, HOS puts their housing application on hold until they are ready to move on.

There were concerns about how people will be able to resettle should the Liverpool Citizens’ Support Scheme be retracted. Some housing associations offer a furniture pack but not all. Amadudu has raised money to enable women to take away a kitchen pack (utensils, kettle, toaster, cutlery) when they move into a settled home.

Out of hours responses from the council to requests for emergency accommodation for victims of domestic abuse are not felt to be appropriate. One domestic violence specialist particularly felt that victims might not be provided with the right response. There was also a concern about the amount of information required by HOS before agreeing a placement. However, HOS has highlighted that refuges require more detail before accepting a household, as they have to manage risk to other residents. There can be problems when the One Stop Shops close while agencies are still trying to sort out a refuge place as there is nowhere for the person to wait.

There were some criticisms that Housing Associations do not help victims by providing quick access to
alternative accommodation; instead expecting them to present as homeless.

Several stakeholders said that more staff in front line agencies (including HOS, social landlords, primary and secondary health and adult social care) need training (or better training) on domestic abuse. This would help to ensure that signs and symptoms are identified (e.g. where housing associations think that damage is from anti-social behaviour whereas it is a sign of domestic violence) and help proactively offered to the victim.

Refuges are too expensive for people that are working, and as a result someone may return to the perpetrator, as they cannot afford to stay in the refuge. Other more affordable safe housing needs to be found quickly for women in work. This is also an issue for homeowners who cannot afford to pay for a mortgage and for a refuge.

Some younger victims are placed into direct access hostels to prevent or resolve homelessness. Where these are mixed provision, or there are higher numbers of people with chaotic lives, this is felt to be inappropriate and to increase the risks to the young person. They are also not offered specific support around domestic abuse.

It is very difficult to secure alternative accommodation for substance misusers or for people with some mental health issues, who may therefore end up staying with the perpetrator.

Refuge customers were very satisfied with the provision and support they had received since having to leave their homes. They did not want to leave the refuge, because it was good quality accommodation, and it was safe and supportive. Two people said that they felt that some child protection staff did not understand domestic abuse and its impacts on women and children.

Online customer responses included one person with children who needed but was not receiving support around domestic abuse. Her main criticism was of the lack of help from health services. She had found Belvidere the most helpful and supportive agency. Three people spoke highly of the support received from Whitechapel resettlement or the centre more generally. Sahir House (which specialises in support for people with HIV/AIDS) was also mentioned as having been very supportive.

One customer was concerned about the cost of their supported accommodation (the survey did not ask where people were living). They want to start work but can’t afford to pay for the rent and service charges unless they receive Housing Benefit.

### 16.5 Gaps in services, or changes required to respond to needs

A significant finding from the What Women Want Group’s task and finish work on domestic abuse and mental health was that unless a woman exhibits signs of physical injury, very few GPs or other health professionals see presenting symptoms as signs of domestic abuse. All GPs, social care and mental health practitioners need to be to identify and understand the psychological impact of coercive control, and to offer support that helps women to leave abusive situations rather than providing treatment aimed at controlling symptoms.

Other frontline staff also need training (or retraining to update and refresh their knowledge) so that they are able to respond more appropriately to victims and are able to recognise signs and symptoms of abuse, and offer help proactively.

There are concerns that long stays in refuges and supported temporary accommodation can increase dependency on support, rather than promote independence. This is particularly true where the
perpetrator has controlled the victim for long periods (some have never set up home except with their abuser). There is a need to ensure that stays in domestic violence refuges and temporary accommodation are as short as possible, which will also release places for others in need. However, resettlement support is vital to enable this to happen. A resettlement programme that helps those who have only previously experienced a ‘home’ with an abuser would provide support to enable them to set up a new home and manage finances, etc. Very limited resettlement support means that it can be difficult for the victim (and their children) to settle into a new living environment where they have only ever previously lived with a coercive and controlling partner. A volunteer programme that trains mentors for people who have left an abusive relationship would encourage positivity and provide reassurance about the future. Any programme would need to provide childcare for mentors and mentees.

Liverpool’s Domestic Abuse Partnership aims to reduce the number of people that have to leave their home. Risk plans through MARAC and target hardening may well be preventing homelessness, but without monitored outcomes and tracking, it is difficult to know how effective these are.

Whilst children’s schooling is maintained (where safe) for families in refuges or temporary accommodation that have social care involvement, there is no wider agreement with the council around enabling children to retain their current school. This stability is important where children have been uprooted from everything else they know, and may also have witnessed or been subject to violence themselves.

There are concerns that Careline or One Stop Shop staff sometimes attach a household to an enquiry rather than the individual enquirer. This could result in HOS inadvertently contacting the perpetrator to make an appointment. More care needs to be taken, in all cases (as the enquirer may not specify the reason for their contact), to ensure that only the enquirer is attached to the referral unless it is clear from the conversation that the matter affects the whole household.

There is a need to review how domestic abuse cases that are notified to the council out of office hours are dealt with. Although information from Careline and HOS indicates that this should work for vulnerable people, some stakeholders are critical of the process and the results for those fleeing domestic abuse.

16.6 Positive practice relevant to Liverpool

The Domestic Abuse Housing Alliance (DAHA)
DAHA is a partnership between three agencies: Standing Together Against Domestic Violence (STADV), Peabody, and Gentoo. DAHA’s mission is to improve the housing sector’s response to domestic abuse, through an accreditation process that assesses individual housing providers and supports them to improve their practice. All partners have a longstanding commitment to tackling domestic abuse, working in partnership, and practising innovation. They examine key elements of service delivery and are a tool allowing organisations to analyse and assess existing practice and implement an improvement plan alongside DAHA.

Involvement of housing providers:
- Improves staff confidence in identifying and dealing with domestic abuse
- Standardises processes so residents get the right response every time
• Increases staff skills and their interaction with local initiatives, by adopting industry-standard referral tools

• Reduces costs to organisations from domestic abuse-related repairs, turnover of stock and rent arrears

• Reduces costs to the public purse in relation to domestic abuse via earlier interventions by housing providers.

16.7 Summary of findings and options to consider

Liverpool’s partnership approach to domestic abuse and violence and to hate crimes helps to ensure that victims can get help quickly, will be supported to manage and reduce risks to them and their children, and will be encouraged to leave or exclude the perpetrator. Most victims do not need to become homeless to be safe, but where they do, services generally respond quickly and appropriately.

The council and partners are responding to the high rates of reported and hidden domestic abuse, including reaching out to young victims and to those whose culture may expose them to forced marriage or ‘honour’ violence. There have also been improvements in secondary health responses to victims that need treatment following violence. There are some issues, common elsewhere in the country, around awareness and knowledge amongst front line staff in primary and secondary health (including mental health), housing and care agencies. Training would improve recognition of the

Ensure that a programme of training in domestic abuse is made available to and taken up by front line staff in Careline and One Stop Shops; primary and secondary health (including mental health); housing (including social landlords and HOS); social care; and other agencies.

Encourage social landlords to sign-up to the Domestic Abuse Housing Alliance.

Victims that are unsafe in their home are helped through target hardening, or are helped to move elsewhere. Services remain open and responsive where someone has decided to return to their abuser but then leaves again. However, outcomes from MARAC are not recorded and monitored, so the effectiveness of risk plans is not assessed.

Record outcomes of MARAC risk plans so that it is clearer what works and what needs to be reviewed.

There are concerns that the sparse refuge facilities (only 27 places) are insufficient to meet needs. Turnover needs to be increased, but achieving this requires more resettlement support so that people are enable to set up home – often for the first time without the abuser – and establish an independent life.

Review how turnover in refuges can be increased, including assessing the need for additional resettlement provision.
Where Children’s Services are involved, children’s schooling is maintained (including arranging transport) provided it is safe to do so. This is not provided for other families, but children would benefit from the stability provided by their school, particularly when everything else is changing for them.

**Agree how children can be aided to maintain their schooling whilst in temporary or refuge accommodation.**

Handling of enquiries by Careline and One Stop Shops needs to ensure that only the enquirer is attached to a referral to HOS, to avoid the risk that HOS will contact the perpetrator rather than the victim. Concerns have also been raised around access to alternative accommodation out of hours. A 360° review would identify how this can be improved.

### 16.8 Service list

As is clear from the information in the chapter, many organisations provide services to people experiencing or at risk of domestic abuse. The services listed here exclude statutory and more generic agencies and focus on those from the third sector that specialise in domestic abuse.

**Ensure accuracy in attaching the right person to HOS referrals to avoid alerting the perpetrator.**

**Complete a full review of access to accommodation outside office hours.**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
</table>
| Advice and support           | Merseyside Domestic Violence Services (MDVS) formally known as Chrysalis | • Works with women, children, young people and families whose lives have been affected in some way by issues around domestic abuse and cultural/honour based crime. Their Centre is in China Town and they have volunteers from BME groups in the local communities. Offers weekly drop in and surgeries providing free legal advice and housing and generic support  
• Has Big Lottery funding for a perpetrators’ project that will include a drop-in, group work and individual sessions to address abuse of women |
| Liverpool Domestic Abuse Service (LDAS) | Open to all women, but offers a specialist BME service with multi-lingual volunteers, access to interpreters and information in different languages. Provides drop in, referral and outreach services with a range of support |
| South Liverpool Domestic Abuse Service (SLDAS) | Offers free and accessible support to women who experience domestic violence or abuse including:  
• Telephone and face-to-face emotional and practical support  
• Therapeutic programmes  
• Courses and activity groups at their Garston venue and in local community buildings. |
### 17. Young people aged 16/17 years and young care leavers

#### 17.1 Why is homelessness amongst this population significant?

Young homeless people are an extremely vulnerable population\textsuperscript{clviii}. Homelessness often follows from relationship breakdown with their family, and young people face increased instability as they lack formal support and struggle to access services for their complex needs.

Homeless children and young people face complex and compounding challenges:

- They lack relationship and independent living skills\textsuperscript{clix}
- 40% have experienced abuse at home\textsuperscript{clx}
- 51% have been excluded from school, and 57% are not in education, employment or training (NEET)\textsuperscript{clxi}

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<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and support (cont’d)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>Has multi-lingual staff and volunteers for people for whom English is not their first language. All staff are trained to CAADA L3 and volunteers to OCN L2</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>Dedicated to tackling domestic abuse within black, Asian, minority ethnic and refugee communities and to the preservation and protection of the mental and physical health of women from these communities who are experiencing, or have experienced, domestic abuse</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>The service also specialises in supporting women against:</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>• Forced Marriage</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>• Dowry Abuse</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>• Female Genital Mutilation/Cutting (female circumcision)</td>
<td></td>
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<tr>
<td>SAVERA Liverpool</td>
<td>• ‘Honour’ Based Violence – crime in the name of ‘honour’</td>
<td></td>
</tr>
<tr>
<td>SAVERA Liverpool</td>
<td>Voice for Change Liverpool This is an independent organisation that provides practical and emotional support for victims and survivors of domestic violence, for both men and women. The service is run by Survivors and includes a daily drop in</td>
<td></td>
</tr>
<tr>
<td>Local Solutions: ‘Worst Kept Secret’</td>
<td>This helpline operates for a few hours each day. It is funded by Local Solutions, e.g. income from training sessions.</td>
<td></td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>Adullam: Domestic violence refuges x 2</td>
<td></td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>21 units in two developments. All self-contained accommodation. Throughput in 2013/14 was in excess of 300%. One refuge has two fully wheelchair accessible units and lift access</td>
<td></td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>Amadudu: Domestic violence refuge</td>
<td></td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>Six units, all self-contained accommodation – 4x1 bed and 2x2 bed. Also provides outreach and aftercare service. Is BME-specific</td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>Local Solutions: Independent Domestic Violence Advisors (IDVA)</td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>CAADA-trained with benchmark standards. Support high risk victims of domestic abuse (of either sex), including representing them at MARACs and agreeing risk reduction plans. Includes a young person specialist IDVA</td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>Local Solutions: Addressing Barriers for Change (ABC)</td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>A ten-unit domestic abuse outreach project which works with people at lower risk, often once IDVA has been able to reduce the risk level, where clients face additional barriers to accessing services such as language or disability</td>
<td></td>
</tr>
</tbody>
</table>
• Up to 70% have mental health problems and 33% self-harm\textsuperscript{clxii}

• They face an onset or exacerbation of substance misuse problems with 30-40% reliant on drugs or alcohol

• They face increased risk of involvement in gang and/or criminal activity, with 34% having committed a minor crime in order to be taken into custody for the night

• Children who are homeless, even where they are not already at specific risk of sexual exploitation or being exploited, are nevertheless at an increased risk of abuse compared to children whose lives are more stable\textsuperscript{clxiii, clxiv}

• They become vulnerable to trafficking\textsuperscript{clxv}.

Often young people try to resolve the issue informally by ‘sofa surfing’ though many quickly experience street homelessness\textsuperscript{clxvi}.

Research into adults facing severe and multiple deprivation confirms that for many people their ‘career’ in homelessness, health and care, and criminal justice systems began at a young age. If Liverpool wishes to prevent this, and the high associated cost, it must ensure it is taking all possible action at this stage in an individual’s life.

17.2 What do we know about homelessness in Liverpool for this population?

There is some duplication in data as young people are referred from one service to another and/or need services from more than one organisation. Data indicates that:

• 247 16/17 year olds are known to have approached the council’s Housing Options Service in 2012/13 and 2013/14

• 273 16/17 year olds accessed a housing related support service in the same period.

The population of children and young adults in Liverpool is larger when compared to other Core Cities. The number of number of 16/17 year olds accessing services appears to be in sharp decline, and at a significantly higher rate than the projected decline in Liverpool’s population of young people:

• Numbers reported by the council’s Housing Options Service reduced by 22% between 2012/13 and 2013/14, and 16% in housing related support services

• Population projections for 15 – 24 years suggest a decline in this population of between 1.2% and 3.2%

• If the trend reported in the first quarter of 2014/15 continues numbers will have reduced by just over 50% in a three year period – compared to a 5% predicted reduction in the 15-24 year old population.
Gender and sexuality
The proportion of male/female 16/17 year old homeless people approaching services is roughly the same, with only slight variations between years.

6% of 16/17 year olds who have accessed housing related support services in 2012/13 and 2013/14 are recorded as Lesbian, Gay or Bisexual (nine in 2012/13 and seven in 2013/14), and one individual was recorded as Transgender. Research has found that the sexual identity, or transgender identity, of a young person was implicated directly or indirectly in the initial cause of homelessness in most cases, and that there was evidence that LGBT youth were more vulnerable to abuse within the home. Sexual identity and transgender identity were also implicated in young people’s subsequent episodes of homelessness. Homophobia from other tenants or residents in rented accommodation and in supported housing contributed to further episodes of homelessness.

Ethnicity
The majority of homeless 16/17 year olds approaching services are white British. Compared to Census 2011, it appears that 16/17 year olds from BME communities are over represented in services.
Economic Status
The proportion of 16/17 year olds not in education, training and employment (59%) is similar to that reported in national research (cited earlier as 57%).

Support needs
The best available information about the types of support need presented by 16/17 year olds accessing housing related support services is generated when an individual leaves the service. In 2013/14 this suggested that almost 40% required support with a drug/alcohol issue, 23% had a physical health need and 18% had a mental health need.

From ‘new’ service user information: 20% of 16/17 year olds accessing a housing related support service in 2013/14 were recorded as having offending behaviour; 10% of 16/17 year olds were reported to be ‘young people leaving care’ (12).
Main causes of homelessness
In line with the national picture, the main cause of reported homelessness is being asked to leave by parents, followed by friends or other family member.

Chart 97: Reasons for approach to Housing Options Service

<table>
<thead>
<tr>
<th>Reason</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
<th>Q3 2012/13</th>
<th>Q4 2012/13</th>
<th>Q1 2013/14</th>
<th>Q2 2013/14</th>
<th>Q3 2013/14</th>
<th>Q4 2013/14</th>
<th>Q1 2014/15</th>
<th>Q2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Eviction</td>
<td>6%</td>
<td>40%</td>
<td>20%</td>
<td>6%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Friend/Relative Eviction</td>
<td>14%</td>
<td>20%</td>
<td>17%</td>
<td>14%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>17%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Hostel Eviction</td>
<td>56%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
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<td>20%</td>
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</table>

Source: Housing Options Service, Liverpool City Council

Information from housing related support services also gives an indication of the route 16/17 year olds take before accessing services: 7% report rough sleeping.

Chart 98: Accommodation prior to accessing a housing related support service

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
<th>Q3 2012/13</th>
<th>Q4 2012/13</th>
<th>Q1 2013/14</th>
<th>Q2 2013/14</th>
<th>Q3 2013/14</th>
<th>Q4 2013/14</th>
<th>Q1 2014/15</th>
<th>Q2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rough sleeping</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Childrens home/foster care</td>
<td>14%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
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</tr>
<tr>
<td>Family</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>Friends</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Supported housing</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Housing Related Support Client Record Forms

17.3 Homelessness prevention and resolution for 16/17 year olds and young care leavers

There are a range of specific services available to 16/17 year olds and care leavers including:

- Advice, support, advocacy and group work
- Counselling
- Mediation
The framework
Legislation, statutory guidance and case law makes it clear that most homeless children and young care leavers should be entitled to housing, financial support or both from social services if they are under 18 and:

- Have a disability
- Are a care leaver and have been in care for 13 weeks or more since the age of 14, at least some of which was while they were aged 16 or 17
- Have come to the UK from abroad and are not here with a parent or guardian
- Are classed as being a ‘child in need’ (almost all 16 or 17 year olds who have nowhere to live will be classed as ‘in need’).

Social services have to assess the needs of the young person to decide what their developmental needs are, the parents’ capacity to meet those needs and the wider family and environmental factors. If they have nowhere else to stay, they should provide accommodation while they do this. Homeless children should not be accommodated in bed and breakfast accommodation.

In light of revisions to guidance following recent legal cases, Liverpool City Council developed a joint protocol in February 2013 for 16 and 17 year olds. It identifies what actions need to be taken if the young person:

1. Is not known to Children’s Services or the Youth Offending Services.
2. If they are known to Children’s Services.
3. If they are known to Youth Offending Services.
4. If they approach out of usual office hours.

In the community
The Young Person’s Advisory Service provides information and advice on housing and related issues, and offers support to young people for matters that may be contributory to homelessness, for example there is a Lesbian Gay Bisexual and Transgender support group.

Whitechapel and the Basement also provide services and, as with older young people, appear to be the first ‘port of call’.

Approaches to the council’s Housing Options Service
Whilst a young person can make first contact with a number of agencies, if they are not known to Children’s or Youth Offending Services, they should be referred to the council’s Housing Options Service (HOS).

70% of all approaches to the Housing Options Service by 16/17 year olds are self-referrals.

Almost 50% of approaches to the Housing Options Service in 2013/14 are reported to have had ‘no positive outcome’ owing to failure of the young person to attend interviews (their first point of contact will have been another agency e.g. a One Stop Shop), or that the service lost contact with the young person.
18 young people for whom there was ‘no positive outcome’ were not from Liverpool. This could indicate that local connection criteria is being applied by the HOS (a concept of housing law – statutory guidance making it clear that there is a duty to assess and provide immediate support to homeless children, irrespective of their habitual residence). Priority should be given to the child’s welfare, ahead of resolving disputes between different local authorities. Such barriers and potential delays could leave children at risk of homelessness.

The HOS will endeavour to enable the young person to return to their parental home. Although negotiation and mediation are recognised prevention measures to enable young people to return home, the HOS does not necessarily extend to assessing the risk of returning children to situation that may be unsafe, unless this is reported to them. Issues such as neglect and other safeguarding issues are potentially being missed by the lack of thorough assessments by Children’s Services.

A recent report by Coram Voice, published in December 2014 states that ‘if children feel that if they stayed at their parents’ home they would not be safe or cared for, or if they have been evicted by their parents, this constitutes a significant sign of failings in parenting capacity.’ It goes on to stay that ‘exclusion from the home also leaves children with no food, clothing, shelter, protection from harm or supervision’.

There is very limited success in preventing homelessness by enabling a return to the parental, relative or friend address: since April 2012 only 20 16/17 year olds have either been returned to their existing home (18) or been reconciled with their family/relative/friend via mediation (2). All other prevention measures have involved the young person going into some alternative form of accommodation, generally hostel or supported accommodation due to their inability to hold a tenancy until they attain the age of 18.

Chart 99: Outcomes from prevention intervention for 16/17 year olds

Since April 2012 (to end of September 2014) 58% of 16/17 year olds who have made a homelessness application to the council have been owed the main homelessness duty (55 applications and 32 acceptances).
In line with a decrease in approaches to the council’s Housing Options Service, the number of households accepted as owed the main homelessness duty has decreased.

**Chart 100: Homelessness acceptances: priority need**

<table>
<thead>
<tr>
<th>Year</th>
<th>16/17 year olds</th>
<th>18/20 year old former relevant child</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>2012/13</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>2013/14</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Q1 and Q2 2014/15</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: P1E returns

**Approaches to Children’s Services**

The protocol states that referrals will be made by the HOS on the occasion that homelessness cannot be resolved within two working days (or before then if it is apparent that it cannot be resolved).

Children’s Services report that in 2012 they received 61 homelessness presentations and all were assessed: 13 (21%) were found to be ‘children in need’ and accommodated under s20 Children Act 1989. In 2013 there were 41 presentations of which 11 (27%) of those assessed were accommodated. These numbers are significantly lower than those who first approach HOS or access housing related support services. It is not possible to know what the exact outcome is of those who were not found to be in need or accommodated; if they are still homeless they should be referred back to HOS.

A Freedom of Information request provided by the council found that in 2012/13:

- One third of homeless young people referred to Children’s Services were not assessed
- Of those that were assessed:
  - Only 10% were then accommodated under Section 20 of the Children Act 1989;
  - 40% were provided with low level support and housing placements that would end at age 18, under s17 of the Act.

This implies that the majority of homeless young people referred to Children’s Services do not have their needs met through this route. Unfortunately this reflects findings of national research that identified an alarming number of children who approach local authorities when they are homeless who are not provided with any support, despite many being from families previously known to Children’s Services.
In future it is likely that the team providing the Leaving Care Service will be merged with other teams in Children’s Services, and staff numbers will be reduced as part of the council’s attempts to manage on a shrinking settlement.

**Temporary and supported accommodation**

16/17 year olds are seeking to meet their needs by directly accessing provision, including supported housing. Between July 2013 and end September 2014, 142 people were assessed for a MainStay service; 73% (103) made self-referrals.

16/17 year olds are accessing support from a number of supported accommodation providers, most of which are not specifically for young people.

**Settled accommodation**

Although the council’s Allocations Scheme does make provision for 16/17 year olds, they cannot hold a tenancy in their own right, unless the 16/17 year old can obtain a trustee (for those leaving care will be Social Services). They will not be eligible to access the housing register unless they are accepted as statutorily homeless, whereby they will still only be able to occupy accommodation on licence until they attain the age of 18.

**Routes for young people leaving care**

Young people should not be prematurely discharged from the care settings that support them. In May 2014 a new local authority statutory instrument requires that, where possible, they enable as many looked after children to remain with their foster carers up to the age of 21 under ‘Staying Put’ arrangements. This may be extended to other looked after young people. This has financial implications for both the council and the foster carers as it could affect their benefit entitlements.

Liverpool’s main accommodation for the 16 plus age group to whom Children’s Social Care have a responsibility under Section 20 of the Children Act 1989 are ten semi-independent units provided by private companies.

In April, 2012, The Placements North West 16+ framework contract commenced which has improved the position in terms of the numbers of providers, their value for money and their quality. The cost of this accommodation ranges from £441.42 to £1,150 per week.

Other providers are identified and utilised by Placements North West although are not formally contracted for this provision. The cost of this accommodation can be, in some cases significantly cheaper, starting at £202 per week but can also be more expensive at £1,300 per week.

Placements Northwest are due to re-tender the care leaver contracts in April 2015 and Liverpool is playing an active role in redesigning the service specifications for these contracts in order to get improved outcomes for care leavers at the best value possible.

The Housing Options Service has started to issue bonds for care leavers. These are for 18 years old and only for those with no other realistic prospects of social housing, or who need to be near their mother, etc. This will probably equate to a couple of care leavers per year. Most care leavers access settled housing through Property Pool Plus.

**17.4  Stakeholder and customer perspectives on unmet need and changes to meet need**

Young people who present directly to supported accommodation providers is reported to be a barrier to prevention, and to an assessment of their wider needs.
There was significant criticism from young people of the Children’s Social Care (CSC) Leaving Care Team. This suggests that advocacy is required to ensure the young people are listened to by the service.

One young woman, who had been known to CSC as a young child and fostered, was placed in semi-independent accommodation when she became homeless due to being abandoned by her mother but was unable to live on the money provided. Later on she became involved in an abusive relationship but, she claimed, when she reported this to her social worker they did not believe her and it was only when she got an advocate to represent her that CSC helped her by placing her in supported accommodation.

It is understood that young people who are approaching their eighteenth birthday are not always assessed. Data suggests that in 2013/14 five 17 year olds were refused an assessment and three were deemed to only have an accommodation need. Although numbers are low, these young people are still children and, research into youth homelessness suggests, are likely to have already experienced trauma in their lives. The importance of obtaining support under Section 20 of the Children Act 1989 should not be underestimated: becoming a Qualifying Child for just one day could enable that young person to access continued support which may considerably improve their life chances.

Once accommodation is secured, having generally never held a tenancy before, the young person has little if any furniture which can be sourced through Bulky Bobs by way of vouchers or, as for all care leavers, by applying for a setting up home allowance through the Liverpool Citizen Support Scheme.

17.5 Positive practice relevant to Liverpool

Generally speaking the most effective practice elsewhere in the country recognises that young people access services in different ways to adults, and that bespoke services are more likely to engage them, and sustain engagement to achieve positive outcomes. Another common feature are integrated teams, where

Greater Manchester 16/17 year old protocol

This protocol has been updated in light of 2013 safeguarding statutory guidance and reflects a stronger commitment to ensuring the safety and welfare of the young person.

Particularly positive features are:

- Wherever the first contact is made, an initial assessment will be completed
- A commitment to keeping young people informed of progress and decisions made, and engaged in their assessment and plans
- Homeless or potentially homeless young people will have a lead professional, who will be supported as appropriate by a multi-agency team of professionals
- Processes and procedures will be standardised so that are then easier to follow
- Young people are enabled to make informed decisions by giving them information about their entitlements and offering them an independent advocate
Recognition that implementing and monitoring the protocol will enable partners to use available resources to best effect, identify gaps in appropriate accommodation and consider how best to commission housing provision and support services

A detailed and clear description of what will happen when a young person is referred to Children’s Services.

17.6 Summary of findings and options to consider

Liverpool has committed significant resource over the past decade to ensure that there is a wide range of accommodation related support available to vulnerable young people, and in particular care leavers. The projects currently funded include a foyer, a project for young mothers, a hostel just for young women, a supported lodgings scheme for young people (including 16 and 17 year olds) and a floating support service, in addition to range of other hostel type provision that can cater for young people.

However, of significant concern is that Liverpool’s approach to identifying and responding to the needs of 16 and 17 year olds who are homeless or potentially homeless is not evidently part of the local Safeguarding Children framework, and that the latter does not appreciate the types of ‘housing’ issues faced by children, for example there is no mention of rough sleeping. The Safeguarding Children framework has been revised since the government’s 2013 statutory guidance ‘working together to safeguard children’ clxxi. The principles, process and practices that this framework suggests are not in place (although it is accepted that the introduction of the Early Help Assessment Tool is very recent). In more detail:

- Government guidance cited on the Safeguarding Children website clxxii reiterates that ‘in nearly all cases the impact of a child being homeless, and their parents being unable to provide them with suitable accommodation or care, would result in such significant challenges to the child’s welfare that the child will be a child ‘in need’’. This is not the starting point for the council’s current approach to young homeless people

- The Liverpool Safeguarding Children Board’s ‘Responding to Need Guidance and Levels of Need Framework’ clxxiii identifies that a) housing is a determinant, b) homelessness is a level three ‘complex – requiring early help assessment’ need, and c) other determinants that are likely to be presented as ‘housing’ issues e.g. domestic abuse, mental ill health, etc

- The Framework identifies ‘homelessness’ as a level three need; it is considered that this should be a level four need

- The early help assessment tool is not yet used by the council’s HOS

- The Safeguarding Children Board’s resources do not reference the 16/17 year old homeless protocol.

It is evident from data and stakeholder feedback that opportunities to engage with 16/17 year olds are being missed at the moment – contact with One Stop Shops in particular is not leading to positive engagement by the HOS or others. Presentation at other services e.g. Whitechapel and the Basement is also leading to ‘easy’ access to accommodation rather than attempts to prevent homelessness. Reviewing existing approaches in light of the Safeguarding framework should aim to overcome these issues.
Urgently review and revise the current approach to assessing and responding to the needs of 16/17 year olds who are homeless or potentially at risk of homelessness so that this is part of the local children's safeguarding framework, and revise the protocol accordingly. Monitoring should be the responsibility of the Liverpool Children Safeguarding Board.

Existing intelligence does not enable commissioners and providers to understand if there are new opportunities to prevent homelessness and ensure sustainable outcomes. The latter is particularly important: this population is very likely to fail in their next home if they are not supported to develop the appropriate skills and address the triggers of homelessness.

Introduce a ‘tracking’ system for 16/17 year olds (see also options under ‘prevention’).

### 17.7 Service list

**Table 39: List of services**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service name and provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and Prevention Services</td>
<td>Careline provided by Liverpool City Council</td>
<td>A 24-7 contact centre for social care enquiries and referrals for children, adults and homeless families</td>
</tr>
<tr>
<td></td>
<td>Youth Offending Service</td>
<td>Provides support to young offenders and referral into the 16/17 year old protocol for access to assessment and housing</td>
</tr>
<tr>
<td></td>
<td>Housing Options Service provided by Liverpool City Council</td>
<td>• Provides housing advice and options to all households, including 16/17 year olds and care leavers as well as access to the 16/17 year old protocol with Social Services and the Youth Offending Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It also provides the statutory right of a homelessness application to 16/17 year olds and care leavers</td>
</tr>
<tr>
<td>Social Services provided by Liverpool City Council including Children’s Services and the Leaving Care Team</td>
<td>Provides support and, where required, accommodation to 16/17 year olds following assessment as well as to looked after children and care leavers</td>
<td></td>
</tr>
<tr>
<td>Young Persons Advisory Service (YPAS), 36 Bolton Street Liverpool</td>
<td>Support young people aged 18 – 25 with regard to housing issues, family and relationship issues, physical and mental health issues, debt, accessing and issues within education and sexuality/gender issues. A drop in service is operated where advice on housing issues is provided</td>
<td></td>
</tr>
<tr>
<td>Relate Cheshire and Merseyside</td>
<td>Young person counselling for over 10 year olds with issues such as depression, mental health problems, problems with parents and people at school</td>
<td></td>
</tr>
<tr>
<td>Connexions Greater Merseyside Liverpool City, Strand House, Strand Street, Liverpool Liverpool North, Clubmore Children’s Centre, Utting Avenue, Norris Green</td>
<td>Information, advice and guidance on a range of issues for young people aged 13-19 including health and wellbeing, education and career options as well as a vacancy service matching young people to local employers</td>
<td></td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>The City of Liverpool College Counselling and Wellbeing Service</td>
<td>Provides counselling to students on a range of issues</td>
<td></td>
</tr>
<tr>
<td>Floating Support</td>
<td>Progress North West Liverpool</td>
<td>Floating support for young people who are in need of support but are housed in suitable accommodation</td>
</tr>
<tr>
<td>Barnardo's: Tenancy Support</td>
<td>Tenancy support for 16-21 year olds for up to 12 months for up to 52 young people</td>
<td></td>
</tr>
<tr>
<td>Shared lives</td>
<td>Shared Lives Liverpool Personal Support Society Incorporated</td>
<td>Individuals between 16 and 25, who may have a physical or learning disability, mental health issue or emotional/behavioural difficulty live at home with a specially recruited and trained carer and their family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The service runs in a similar way to a foster placement – it is accessed through a social work assessment – but is specifically designed for adults and young people</td>
</tr>
<tr>
<td>Supported accommodation accessible to 16/17 year olds and care leavers</td>
<td>Anne Conway House, , Part of the Plus Dane Group</td>
<td>12 single rooms and 1 flat for 16-25 year olds from black and minority ethnic groups. There is no local connection requirement but residents must be willing to engage with support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accommodation provision for up to two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Applicants can self-refer as well as be referred from agencies including Connexions, YOT, Social Services, Housing Options and other hostels in Liverpool in MainStay</td>
</tr>
<tr>
<td>Local Solutions Supported Lodgings Service,</td>
<td>Supported Lodgings Scheme for 16-25 year olds. Offers accommodation, education and training advice, benefits advice and resettlement and support for 16/17 year olds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supported Lodgings provide a team of registered householders, currently providing 32 commissioned dispersed beds, who are recruited, trained and supported by the service and are situated across the city who are willing to offer young people a room in their home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The scheme employs dedicated support workers offering advice, information and guidance and practical help</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each young person contributes to an individual support plan designed to identify long-term goals and promote independence</td>
<td></td>
</tr>
<tr>
<td>Great Places: Rodney Street</td>
<td>26 beds for young women aged 16-25</td>
<td></td>
</tr>
<tr>
<td>Shaw Street, Liverpool Provided by Riverside ECHG</td>
<td>Supported accommodation for 16-65 single homeless people who have a local connection to Liverpool</td>
<td></td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Referrals to the scheme are made via MainStay with accommodation provided for a minimum of 12 months and a maximum of two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The project provides 20 units of accommodation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The scheme is not available to those who are arsonists, sex offenders or who are alcohol/drug dependent</td>
</tr>
<tr>
<td></td>
<td>Homeground</td>
<td>A 29 bed hostel for 16-35 year olds</td>
</tr>
<tr>
<td></td>
<td>The Elms, Liverpool</td>
<td>10 beds for 16-25 year olds with no settled accommodation</td>
</tr>
<tr>
<td></td>
<td>NACRO</td>
<td>Provides 24 hour supported accommodation for young people at risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support is provided to help service users to gain skills and knowledge needed to move into independent accommodation whilst also addressing any underlying issues and aspirations around training, education and employment</td>
</tr>
<tr>
<td></td>
<td>Transitional Plus Care</td>
<td>Calder House, Mossley Hill Liverpool provides five bed spaces for females aged 16-18 in Liverpool</td>
</tr>
<tr>
<td></td>
<td>Community Interest</td>
<td>Placements are available for those leaving care, young offenders, NEET or vulnerable young people who could be considered at ‘risk’</td>
</tr>
<tr>
<td></td>
<td>Company Limited</td>
<td>They have other units available with the Merseyside and Manchester area</td>
</tr>
<tr>
<td></td>
<td>Independent Living</td>
<td>Semi-independent units for care leavers in Highfield Road and Queens Drive, Liverpool</td>
</tr>
<tr>
<td></td>
<td>Alliance Limited</td>
<td>Semi-independent units for care leavers in Garmoyle Road, Wavertree, Liverpool</td>
</tr>
<tr>
<td></td>
<td>Horizon UK</td>
<td>Semi-independent units for care leavers in Liverpool</td>
</tr>
<tr>
<td></td>
<td>Adullum Homes Housing</td>
<td>Semi-independent units for care leavers</td>
</tr>
<tr>
<td></td>
<td>Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Progress North West</td>
<td>The Salisbury Project provides a fully supported group living programme for young people who require accommodation and 24 hour supervision</td>
</tr>
<tr>
<td></td>
<td>Limited</td>
<td>The SIL Project provides accommodation with floating support and 24 hour 7 day a week advice line for young people who can demonstrate a degree of independence and are still in need of accommodation, supervision and support but are unsuitable for group living</td>
</tr>
<tr>
<td>Service type</td>
<td>Service name and provider</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teenage Parent Project – provides accommodation with floating support and 24/7 advice line and aims to improve outcomes for pregnant teenagers, teenage parents and their children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Needs Led Projects – provides tailor made accommodation and support packages to meet the needs of individuals. This can include 24 hour staff, 2-1 staffing, specific accommodation needs, etc</td>
</tr>
<tr>
<td></td>
<td>Powerhouse Foyer provided by Riverside ECHG</td>
<td>52 beds for single homeless people aged between 16 and 25</td>
</tr>
</tbody>
</table>

18. Preventing homelessness

Housing advice and homelessness prevention services can be broadly split into:

- **‘Universal’ services**: those that provide information and advice and help intended to be largely preventative, or to intervene early in a situation that may threaten someone’s home or health or wellbeing. They are generally widely available to anyone who considers they have a problem for which they need advice or help, and this may not be obviously related to housing or homelessness.

- **‘Targeted’ services**: those provided to people that are assessed as being already or imminently homeless, or at substantial risk of homelessness. Clients are primarily vulnerable because of their housing status, but may have other characteristics (such as their age; the nature of their household; experience of violence; misuse of substances or alcohol; a history of being unable to retain a tenancy) that make such a service necessary to support and help them through to a settled home, or to retain that home.

This chapter does not discuss ‘specialist’ services, which are either available only by assessment and to those whose needs require a service that is specialist in nature; or targeted only towards certain client groups (e.g. offenders), even if someone can self-refer. Clients of these services have more complex or very specific needs, which may include provision of treatment or specialised support. Without this they are likely to be caught in a cycle of homelessness and the detrimental impact of their vulnerability puts their health, safety and wellbeing at additional risk. These services are described and discussed in the chapters about groups within the population.

18.1 Publicised information, housing advice and help to prevent homelessness

Searches were completed for online information about advice and prevention services, and leaflets and other publicly available information were requested as part of the review.

Searches on the council’s website using ‘housing advice’ and ‘homeless’ either returned no relevant information, or information found was often out-of-date. A more general web search for housing advice and homelessness prevention in Liverpool returned Liverpool City Council’s Early Help Directory, which provides some useful information. Again some of this is outdated or incorrect. It is particularly difficult to find a reference to the Housing Options Service (HOS) and the information provided is insufficient.
Many stakeholders and customers commented on the ‘low profile’ of the council’s Housing Options Service (HOS), and on the difficulty of accessing advice and assistance for housing issues and homelessness prevention. Some specifically linked this to a higher than necessary number of people ending up in homeless services like hostels.

Hardly any customers cited leaflets or posters as ways in which they found out where to go for help and advice to prevent or address homelessness. Most found out by word of mouth – family or friends, services they already knew about and so on. A reasonable proportion did ring Careline or went to One Stop Shop, but a minority actually saw Housing Options staff at any point. Several said that One Stop Shops and Careline provided them with details for Whitechapel and the Basement, although managers in those services state that staff do not give out this information, and in fact have no information lists or leaflets to hand out.

Clearly HOS could not deal with every person with a housing-related issue in Liverpool and it makes sense to list the reasonably wide range of other agencies that can help, many of which are funded by the council. However, it is vitally important that people can easily find out where to go if they are threatened with losing their home, or actually homeless. Particularly important is keeping information up-to-date. Homelessness can only be effectively prevented where someone recognises that there is a problem, looks for help and receives quick and effective advice and assistance.

18.2 Universal services that contribute to homelessness prevention

Universal services support self-care and self-determination. They also serve to reduce isolation and build the resilience of individuals and communities. These services work best to prevent homelessness when the issue is identified and advice sought early.

Many of the stakeholders participating in the review identified that advice and help is often sought too late to avoid a serious risk of homelessness. Even where interventions succeed in enabling someone to stay in their home, it is not unusual for problems to have deteriorated to a point at which they cannot be quickly and comprehensively resolved: there may be a continuing and long-lasting risk of homelessness.

Examples of needs relevant to universal services include:

- Debt or budgeting
- Low income or welfare benefits
- Unemployment or lack of core skills
- Breaches of tenancy conditions or problems from others
- Mental or physical health issues.

Funding is from a wide range of sources including statutory services (for example, grants from or contracts with the council or NHS); grants from local or national bodies; charitable sources; funding by organisations such as social landlords; private income; commercial models, etc.

In relation to this review, ‘Universal’ services include:

- Advice and information services – where these are primarily directed towards specific client groups they are included in the relevant client chapters
- Welfare benefits advice / income maximisation
- Access to mainstream accommodation – included in the separate chapters on access to and sustainment of social and private sector housing

- Interventions where housing or living conditions present a risk to health, safety and wellbeing – included in the chapter on access to and sustainment of private sector housing

- Low-level tenancy support services. Floating support services that participated in this review all identified that the majority of their clients had been homeless or were at significant risk of homelessness. These are therefore described under 'targeted services' later in this chapter. Other tenancy support provided by social landlords is described in the chapter on access to and sustainment of social housing

- Mediation services

- Practical and financial help to move to, set up or maintain a home.

**Housing Options Service**

The Housing Options Service (HOS) is the council’s specific housing advice and homelessness prevention and assessment service. The service moved into Adult Services in 2012, and there are currently 22 posts, including the manager, split into three teams with team leaders. Two teams focus on housing advice and homelessness prevention and the third, the ‘rehousing’ team, deals mainly with resettling people from temporary accommodation and rehousing assistance to prevent or resolve homelessness.

**Access to HOS**

HOS see customers by appointment only, and all access is through Careline – the council’s contact centre for Adult Services, or One Stop Shops – the ‘front door’ for council services in Liverpool. This is a relatively unusual set-up: most councils have ‘walk-in’ services where people can go into a customer centre, ask to see Housing Options and wait their turn. Given the size of the city and inability to provide expert help at each walk-in location, the council decided that, whilst anyone can ask to see Housing Options, a time and place for an appointment should be agreed with them so that they know what information to bring with them, how long they can expect to be and can have their discussions privately. The initial contact with Careline or a One Stop Shop also enables any broader issues to be picked up and dealt with, or referred on.

Careline and One Stop Shop officers are the first point of contact. They do not offer any specific housing advice except in respect of registering with and bidding on Property Pool Plus (PPP). Nor do they have any written information to hand to customers, for example landlord or agent lists.

Customers are asked for personal information and the reason for their enquiry so this can be recorded on the ‘Abritas’ housing advice and prevention system. If they are already on the database (for example they might be registered on the housing register) their details are found and linked to the new enquiry. They are then told that HOS will make contact with them by telephone. Where the customer does not have access to a telephone, the advisor notes this on the referral and asks the customer to wait in the shop or library. Once HOS calls back, the customer is shown into an interview room where they can speak privately on the telephone.

Where customers become homeless and contact Careline outside office hours, Careline discusses the case with the HOS duty officer. If they have nowhere to stay until the next working day, they may place them into temporary accommodation or direct them to the Sit Up service, depending on their apparent needs and vulnerability. Careline is provided with a list of hostels, although they reported that it can be
difficult to find somewhere with a vacancy. Where someone is vulnerable, Careline/HOS may then place them into a hotel overnight.

A number of issues with this process were identified during the review:

- 93% of postcodes are not recorded in the designated field but are entered in the address field. It is therefore impossible to analyse where in Liverpool enquiries are originating from, or any geographical trends in type of query. The postcode field needs to be mandatory.

- Where the enquirer is an adult living with others but is making their own personal and private enquiry, the whole household might be attached to the enquiry record. HOS is then at risk of speaking to another household member when trying to contact the customer for an appointment. Apart from data protection issues, this can put the customer at risk (for example a domestic violence issue). Careline and One Stop Shop managers emphasise to staff that they must enter a new person where the enquiry does not involve the rest of the household (while adding a note that they are part of a larger household). HOS team leaders are conscious of this problem and are cautious when the reason for the enquiry indicates a sensitive issue.

- HOS can only make an appointment if they can contact the customer, and they are reliant on the phone number/s recorded at initial enquiry. A relatively high number of contacts cannot be made because of incorrect phone numbers (though the actual proportion could not be identified). Careline and One Stop Shop managers acknowledged that phone numbers can be incorrectly recorded (sometimes the customer themselves may have given the wrong number). To mitigate entry errors, it would be helpful if the phone number/s asked for was entered twice on the record.

- Although Abritas has a field to indicate where an interpreter is required, the database extract shows that no entries are made in this field. Customer service advisors will put this information into the notes fields, but this information is not visible to other services using the database, and can be ‘lost’ as the case progresses. This field needs to be moved to the same page as ethnicity (which is mandatory) so that HOS can set up language line as part of their communication with the customer.

Appointments and case handling

A HOS team leader reviews all enquiries to ensure that urgent cases are picked up promptly. Enquirers are contacted by phone, usually by the team leader, for a discussion about their issue and most are offered an appointment. On occasion, phone advice is all that is required: a small sample of case notes found that around 10% of cases are resolved at the initial phone call. Calls back to customers and appointments are prioritised by urgency, so that anyone who is imminently or already homeless can be seen more quickly. Most customers are offered an appointment within a week of their first contact. Homeless single people that appear to have no priority need are given a quick appointment but also told about the Basement and Whitechapel, as they manage the Sit up and Hub service.

HOS has about 90 appointment slots each week spread across four of the One Stop Shops. There is also always emergency cover so that anyone who may be vulnerable and who is actually or imminently homeless can be seen the same day (usually two or three per day). One Stop Shops close at 16:30; the last appointment is 14:30. Later emergency homelessness cases have to be taxi-d to the HOS office so they can be seen, or they are assessed via a telephone call.

A significant number of customers do not keep their appointment. HOS introduced on-the-day reminder calls to reduce the number of wasted appointments (found after the last review to be around
51%) but these have been dropped since appointment times were brought forward. There is no accurate data on non-attendance but it is thought to be at least 10%, and probably higher.

Customers cannot contact HOS directly, even those who have a named caseworker: all contacts go via Careline or One Stop Shops, who email a message to HOS. A team leader sorts all emailed messages and either calls the contact back themselves or forwards the email to the relevant caseworker to make the call. This makes communication difficult and slow, and may be part of the explanation for the apparently high ‘drop out’ rate. A small sample of cases showed that almost 12% of all enquirers either could not be contacted or did not keep their appointment, but a further 8% of enquiries have no outcome recorded, and this is probably because of failed contacts or missed appointments.

Caseworkers take on responsibility for any case they see at appointment; there is no specific caseload weighting. There are some concerns from the HOS manager and team leaders that caseworkers are not closing cases down where the person didn’t keep their appointment, which would misrepresent the amount of work they have at any time. The system does not currently support clear recording about the result of appointments.

Caseworkers currently make their notes on paper and later enter the details onto the Abritas system. This is very inefficient: HOS staff are currently addressing this.

**Enquirers**

Unlike other universal services, HOS advice and prevention records allow a degree of analysis of the customer profile and needs of service users. However, information is only recorded about the enquirer him or herself. A notable absence in the database is household type. Any information about the nature of the household is within free field notes, which cannot be analysed. This makes it impossible to analyse the extent to which certain households require housing and homelessness prevention advice, and what works to prevent homelessness for household types. At the time of the review, records were available from April 2012 to September 2014.

**Table 40: Total enquiries to the Housing Options Service**

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 April to September</th>
<th>Anticipated 2014/15 full year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total enquiries</td>
<td>3,843</td>
<td>4,206</td>
<td>2,224</td>
<td>4,448</td>
</tr>
</tbody>
</table>

*Source: HOS advice and prevention records April 2012 to September 2014*

The numbers of enquiries are increasing year on year, and almost 4,500 can be expected in the full year 2014/15. This highlights that housing is becoming increasingly problematic for many people.

**Referrers**

Self-referrals to HOS are by far the most common: 77% of all enquiries in 2013/14 and 2014/15. Others come from a wide range of sources, the most common being other local authorities in the Liverpool City Region. The following chart shows referrers that make at least 0.5% of the referrals to HOS. It is notable that there are very low numbers from the Citizens’ Advice Bureau and General Practitioners (GPs) in particular (each of these is separately defined), although these and other agencies may advise people to make contact with HOS and enquiries would then appear to be self-referrals.
Age and gender profile

The numbers of male and female enquirers are roughly equal.

The age profile of customers over the last two and a half years reveals some shifts:

- Enquiries by 16/17 year olds has almost halved over the last two years (it is anticipated that there will be around 80 in 2014/15)
- Numbers are stable amongst those who are aged 18 to 24 years and 45 years or older
- There has been an increase in the number of enquiries from 25 to 34 year olds: particularly noticeable since Housing Benefit entitlement was reduced to the shared room rate for this age group.
Ethnicity
Ethnicity is a mandatory field at initial enquiry: only 5.5% are ‘not stated’ or ‘unknown’. The database includes a choice of ‘Gypsy’ or ‘Traveller’ but these are rarely used: there were only five people so recorded across the two and a half years. Comparing the ethnic profile of HOS enquirers with Liverpool at the Census 2011, the last column in the table below highlights some significant variations.

Table 41: Ethnicity of HOS enquirers compared to Liverpool profile in 2011

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Liverpool Census 2011</th>
<th>HOS 2012/13</th>
<th>HOS 2013/14</th>
<th>HOS 2014/15</th>
<th>Variation: HOS average from LCC 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British &amp; Irish</td>
<td>86.3%</td>
<td>74.5%</td>
<td>76.6%</td>
<td>76.4%</td>
<td>87.9%</td>
</tr>
<tr>
<td>White other</td>
<td>1.4%</td>
<td>2.9%</td>
<td>2.6%</td>
<td>3.2%</td>
<td>201.3%</td>
</tr>
<tr>
<td>All 'white'</td>
<td>87.7%</td>
<td>77.4%</td>
<td>79.2%</td>
<td>79.6%</td>
<td>89.8%</td>
</tr>
<tr>
<td>Mixed</td>
<td>2.5%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>3.0%</td>
<td>120.9%</td>
</tr>
<tr>
<td>Indian</td>
<td>1.1%</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.4%</td>
<td>0.7%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>208.3%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1.7%</td>
<td>1.0%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.7%</td>
<td>2.3%</td>
<td>1.7%</td>
<td>1.0%</td>
<td>227.9%</td>
</tr>
<tr>
<td>All 'Asian/Asian British'</td>
<td>4.2%</td>
<td>4.4%</td>
<td>3.5%</td>
<td>2.5%</td>
<td>84.3%</td>
</tr>
<tr>
<td>Black African</td>
<td>1.8%</td>
<td>5.6%</td>
<td>4.3%</td>
<td>5.4%</td>
<td>279.9%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.2%</td>
<td>128.3%</td>
</tr>
<tr>
<td>Other black</td>
<td>0.5%</td>
<td>2.6%</td>
<td>2.7%</td>
<td>2.8%</td>
<td>534.5%</td>
</tr>
<tr>
<td>All 'black/black British'</td>
<td>2.6%</td>
<td>8.6%</td>
<td>7.6%</td>
<td>8.4%</td>
<td>310.5%</td>
</tr>
<tr>
<td>Arab</td>
<td>1.2%</td>
<td>2.0%</td>
<td>1.8%</td>
<td>1.8%</td>
<td>154.3%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>0.6%</td>
<td>4.5%</td>
<td>4.8%</td>
<td>4.7%</td>
<td>818.2%</td>
</tr>
<tr>
<td>All 'other'</td>
<td>1.8%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>366.7%</td>
</tr>
</tbody>
</table>

Some of these differences can be explained by Liverpool’s role in asylum seeker assessments and the number accommodated within the city who, once accorded refugee status, approach HOS for advice and assistance with housing. However, only a small proportion of refugees are ‘white other’, so this variation probably reflects Europeans exercising their right to move across the common travel area. On the other hand, Indians (in particular), Bangladeshis and Chinese are all significantly under-represented.

Reason for enquiry
The primary and sometimes secondary reasons for enquiries are recorded using a defined list of around 40 classifications. Unfortunately, around a quarter of cases are classified as ‘other’ reason for enquiry, although the free field notes indicate that most could have been classified by one of the defined list. The table below excludes those, and lists those reasons that account for at least 1% of enquiries in any one year.

Table 42: Reasons for enquiries (excluding ‘other’)

<table>
<thead>
<tr>
<th>Primary reason for enquiry</th>
<th>% 2012/13</th>
<th>% 2013/14</th>
<th>% 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eviction by parents</td>
<td>11.9%</td>
<td>10.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Loss of tenancy – rent arrears</td>
<td>7.7%</td>
<td>9.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>DV / violent relationship breakdown</td>
<td>7.9%</td>
<td>8.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Need accommodation / help to secure accommodation</td>
<td>4.2%</td>
<td>8.0%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Relationship breakdown - non-violent</td>
<td>8.2%</td>
<td>7.9%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>
The top five reasons in the table above account for between 31.5% (2012/13) and 37.4% (2014/15) of all enquiries in each year. Four of these are also commonly mentioned in the ‘other’ classification free field notes, but it appears that domestic violence and violent relationship breakdown is more reliably categorised so the proportion here is more accurate overall. Some trends in rates of enquiries are notable.

Table 43: Trends in enquiry reasons 2012/13 to 2014/15

<table>
<thead>
<tr>
<th>Increasing trend</th>
<th>% difference 2014/15 to 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of tied / service tenancy</td>
<td>230.4%</td>
</tr>
<tr>
<td>Need accommodation / help to secure accommodation</td>
<td>221.8%</td>
</tr>
<tr>
<td>Arrears due to Housing Benefit</td>
<td>155.2%</td>
</tr>
<tr>
<td>Domestic violence - associated person outside the home</td>
<td>138.7%</td>
</tr>
<tr>
<td>Loss of tenancy - rent arrears</td>
<td>127.6%</td>
</tr>
<tr>
<td>Overcrowding</td>
<td>125.1%</td>
</tr>
<tr>
<td>Relationship breakdown – non-violent</td>
<td>120.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decreasing trend</th>
<th>% difference 2014/15 to 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping rough</td>
<td>46.2%</td>
</tr>
<tr>
<td>Mortgage arrears</td>
<td>51.6%</td>
</tr>
<tr>
<td>Leaving UKBA accommodation (refugees)</td>
<td>56.4%</td>
</tr>
<tr>
<td>Loss of rented / tied accommodation not due to end of AST</td>
<td>57.6%</td>
</tr>
<tr>
<td>Eviction by friends</td>
<td>57.8%</td>
</tr>
<tr>
<td>Disrepair</td>
<td>64.4%</td>
</tr>
<tr>
<td>Discharge from hospital / institutional care</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

Source: HOS advice and prevention records April 2012 to September 2014

Rough sleepers are now directly assisted by the No Second Night Out services (see Single Homeless chapter) so numbers contacting HOS should indeed be much lower, but there is no obvious artificial driver for other changes. The rates of enquiries about loss of service or tied accommodation (usually related to loss of employment) and needing help to find accommodation have more than doubled, and...
there are significant increases in rates of arrears from Housing Benefit payments and loss of tenancy because of rent arrears. On the other side of the coin, rates of mortgage arrears enquiries, eviction by friends and loss of rented accommodation for reasons other than the end of an Assured Shorthold Tenancy (AST) have more than halved, even compared to 2013/14.

Case outcomes
Over 50% of all enquiries have a ‘non-positive’ outcome. A small sample of 10% of one quarter’s cases with non-positive outcomes (60 cases) showed that, of this subset:

- 30% were enquiries made by the same person albeit on a different date
- Almost 20% had received advice and information at first contact and did not need an appointment
- Over 20% had either not attended their appointment or no contact could be made with them
- 10% were open to another authority
- Almost 12% had no leave to remain in the UK
- Over 8% had been referred for a homelessness assessment.

A further 8% have no outcome recorded, so either HOS could not contact the customer after their initial enquiry, or they failed to keep an appointment.

Specific outcomes were recorded for:

- 1,260 cases in 2012/13 (32.8% of all enquiries)
- 1,620 cases in 2013/14 (38.5% of all enquiries)
- 703 cases in the first half of 2014/15 (31.6% of all enquiries).

A team leader audits all cases before signing them off as homelessness preventions or reliefs.

Outcomes are classified into four main types:

1. Prevention Existing Home: the person was able to stay in their home as a result of advice and/or assistance.
2. Prevention Alternative Accommodation: the person was not / did not become homeless but they were assisted to move to another home.
3. Relief Alternative Accommodation: the person was or did become homeless but was helped to find a home.
4. Positive action was unsuccessful in preventing / relieving homelessness: in the latter case, the person was already homeless when they contacted HOS and could not be assisted into another home.
The proportion of cases where the customer is able to stay put has increased over the last three years, but rehousing is still a more likely outcome.

1) **Prevention existing home**

Prevention assistance ending with the person able to stay put in his or her own home can range from general advice to active intervention, e.g. negotiation with the landlord or assistance with mortgage arrears. A high proportion (ranging from 65% in 2013/14 to 73% in 2014/15) of case outcomes do not specify the methodology used and are likely to have been mainly advice about a tenant’s rights or referral to another service for other help. The main named approaches are shown in the chart below. Other approaches are used fewer than four times in any year.
2) & 3) Prevention through re-housing
Prevention or relief of homelessness through rehousing is considerably more likely, with a range of options being used, the most common of which is arranging privately rented accommodation without any landlord incentive. This approach would not be as successful if Liverpool had a higher demand for private rented accommodation (see the chapter on access to private sector housing). Whilst this rate is holding steady, it has not replaced the reducing rate of placements into hostels, supported accommodation or social tenancies.

Use of HOS’s own bond guarantee scheme has decreased since the capacity of the Riverside ECHG floating support scheme, usually offered alongside a bond, was reduced in 2012. In addition, there is now less demand from families, to whom the bond was directed until very recently. This approach to homelessness prevention is discussed further under ‘targeted services’ below.

Chart 105: Rehousing outcomes for customers who could not stay in their home

Rehousing with friends and families has increased very significantly to fill gaps left by hostels, supported accommodation and social housing, but this solution is rarely sustainable for long periods of time. There is a danger that more customers will return for help as these arrangements break down.

18.3 Voluntary sector housing and homelessness advice services
Liverpool City Council’s Community Resources Unit (CRU) funds a range of services, including services that provide community legal advice. Those included in this chapter specifically offer housing advice and homelessness prevention assistance.

Citizens Advice Bureau
The CAB agencies in Liverpool all provide advice and information on a wide range of subjects including:

- Debt
The CRU funds the CABs and they also provide a Court desk and have Legal Aid contracts. However, only customers who are at imminent risk of homelessness are now eligible for Legal Aid. All three services report increases in the numbers of people asking for help related to housing and homelessness since April 2013 with another step change from April 2014, mostly related to welfare reforms including the spare room subsidy; changes to benefits for EU migrants; increasing debts; LHA restrictions; and the extension of the shared room rate to single people under 35 years old.

The 2013/14 CAB dashboard indicates the Liverpool agencies, including their community-based services, dealt with 20,515 clients who had 55,116 problems. The most frequent issues were:

- Benefits: 26,243 (48%), 33% of which were related to Employment Support Allowance (ESA)
- Debt: 17,568 (32%), 15% of which were related to Council Tax arrears, 10% to personal unsecured loans, and 9% to credit and store cards debts
- Housing: 2,556 (5%) – however, stakeholders highlighted that many of the other issues were contributing to potential or actual homelessness. 53 clients were actually homeless and 354 were threatened with homelessness during the year
- Employment: 1,334 (2%).

Owing to changes in the way that data is collected, only summary figures were available for clients seeking help because they were homeless, or were threatened with homelessness. The Wavertree office reported that it alone had dealt with:

- 2011/12: 271 clients
- 2012/13: 238 clients
- 2013/14: 331 clients
- 2014/15 (April to August): 294 clients – predicting over 600 clients to year-end if that trend continues.

One CAB stakeholder described a ‘typical’ client living in social housing as a woman in her 50s left in a family home, on incapacity benefits, with a 25% reduction of HB because of bedroom tax, but unable to afford the rent on a one bedroom private tenancy. She will be enforced into work but then be on a zero hours contract, where there is no assurance of the number of hours work per week.

**Merseyside Welfare Rights (Bold Street and Dovecot)**

This agency provides specialist legal advice and assistance in welfare benefits, housing and money advice. It is funded by CRU and has a Legal Aid contract. Both offices have a solicitor and provide housing advice including:

- Possession proceedings
- Anti-social behaviour
- Homelessness
- Disrepair
- Unlawful eviction
- Mortgage repossessions.
They also identify that removal of the spare room subsidy and the knock-on from Job Seekers Allowance (JSA) and ESA sanctions has raised enquiry numbers. They particularly highlighted that their clients are reporting to them that they have had HB stopped as a result of sanctions. This is where the DWP has written to the Benefits Office to tell them that a claimants’ JSA has ended. As a result, the council sends an ‘incomprehensible’ letter notifying the claimant that their HB has been suspended but as they don’t understand it, claimants ignore it.

Another common concern is that non-dependant deductions are now so high that they alone are driving up rent arrears, particularly as parents don’t want to press for money.

The agency reported that the council responds really well to late HB appeals; particularly where claimants have a mental or physical health issue. DHP is also improving both in timeliness and response, although there were concerns that decisions can seem arbitrary.

Homelessness-related enquiries had doubled between 2013/14 and 2014/15, but client numbers coming to this agency that are actually homeless were relatively low – around ten in six months. Their main concerns were difficulties in contacting HOS (having to go through Careline and waiting for calls back) and feedback that some of their clients had been ‘brushed off’ by the service or diverted to Whitechapel or the Basement.

**Shelter**

Shelter provides advice services that focus on housing and homelessness issues. These are mainly funded by Shelter’s central funding and include:

- An information and resource centre which offers guided self-help, e.g. use of a computer and phones
- Drop-in specialist advice services – housing advisers, benefits adviser, debt and welfare advice
- Legal services – two solicitors provide advice on rent possession; illegal eviction and harassment; disrepair; homelessness and housing advice. Legal advice is provided through a Legal Aid contract.

**Irish Community Care Merseyside (ICCM)**

ICCM provides services specifically to the Irish and Irish Traveller communities (and people with Irish heritage) across Merseyside. The range of front-line information, advice and outreach support services includes:

- A regular drop-in advice service – issues include homelessness; identification (e.g. National Insurance Numbers); health; GP registration; applications for accommodation; cultural isolation; and maintaining family links
- Welfare Benefits Advice and Advocacy – includes initial welfare benefits checks, form-filling, and representation at appeals and tribunals; covering both the UK and the Republic of Ireland systems
- Outreach Support Services: home, hospital and prison visits to the Irish and Irish Traveller communities, including through the gate support.

**Vauxhall Community Law & Information Centre**

Provides advice on welfare rights, debt and housing law, including representation at social security appeal tribunals and county court possession proceedings.
18.4 Mediation

Involve Northwest
This service provides mediation approaches for young people presenting as homeless, usually from their parents’ homes. Liverpool HOS used to have a block contract, but changed to funding on a case-by-case basis, partly because there were so few referrals. Annual referrals have since dropped to single figures. The service has recently won funding from Comic Relief to provide mediation for 18 to 24 year olds at risk of homelessness in Liverpool City Region, Wirral and Chester. Services are being advertised in sixth form colleges, youth offending services and so on, and young people can now self-refer. The service identified the importance of becoming involved as early as possible, and before the family decides that the young person must leave. By the time young people get to HOS, it is usually too late – everyone in the family has agreed what must happen and are not open to negotiation or mediation.

18.5 Discretionary Housing Payments (DHPs)

DHPs are not Housing Benefit (HB). They provide claimants with further financial assistance, usually on a temporary basis, when a council considers that help with housing costs is needed. DHPs are governed by ‘The Discretionary Financial Assistance Regulations 2001’: they can only be made to customers who qualify for HB and cannot be made if the current level of Housing Benefit already meets the rent liability. Apart from these restrictions, there is a substantial discretion for councils to agree their own policy.

DHPs can provide important assistance to enable people to secure and move into a tenancy, and to sustain an existing home. Liverpool’s scheme provides for payments towards advance rent and deposits as well as helping with the gap in rent from benefit restrictions.

In the light of welfare reforms, the council’s DHP policy was reviewed in March 2013 (with its final form being agreed by Cabinet in December 2013). The current policy states that:

<table>
<thead>
<tr>
<th>DHPs can be considered for:</th>
<th>DHPs cannot be awarded for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reductions in HB or UC when the benefit cap has been applied</td>
<td>Rent liability if there is no entitlement to HB or UC for housing costs</td>
</tr>
<tr>
<td>Reductions for HB or UC due to under occupancy in the social rented sector</td>
<td>Council Tax support</td>
</tr>
<tr>
<td>Reductions in HB or UC as a result of Local Housing Allowance (LHA) restrictions</td>
<td>Ineligible service charges</td>
</tr>
<tr>
<td>Rent shortfall to prevent a family becoming homeless whilst the LA explores alternative options</td>
<td>Increases in the rent charge to cover rent arrears</td>
</tr>
<tr>
<td>Rent Officer restrictions such as local reference rent or shared room rates</td>
<td>Support charges</td>
</tr>
<tr>
<td>Non-dependant deductions</td>
<td>DWP sanctions</td>
</tr>
<tr>
<td>Income tapers</td>
<td>HB overpayment recovery</td>
</tr>
<tr>
<td>Advance rent or deposit</td>
<td></td>
</tr>
</tbody>
</table>

Source: Liverpool City Council DHP Policy 2013

The government increased its 2013/14 DHP contribution to councils to support the introduction of the welfare reform changes – mainly the benefit cap and the under-occupation penalty (bedroom tax). The former affected 172 large households and the latter 11,500 working age social tenants in Liverpool with a combined loss of benefit in excess of £8.5 million. As a consequence, the service experienced a surge in demand of more than 700%, most of which was related to removal of the spare room subsidy.
In the first eight months of 2013/14, 14,355 applications were received and 9,302 awards were made.

Liverpool’s initial allocation was £1,606,233. Local authorities can add to the funds from their own budgets to a maximum of 250% of the government grant.

- Due to the extreme demands on the fund in December, the Cabinet agreed to allocate a further £350,000, increasing the total available fund to £1.956 million
- In January 2014 the Benefits Service bid to the DWP for further DHP funding of £350,000, confirmed on 14 February 2014, taking the total fund to £2.306 million
- In March 2014 the council confirmed that it would allocate further provision
- At the end of 2013/14 the Service had spent £2.525 million on DHP.

Government DHP funding for 2014/15 was increased to £2,056,430. Added to this was £180,727 that remained unallocated from 2013/14 (owing to the late addition to the fund).

In contrast to previous years when most awards related to private sector tenancies, 92% of all awards up to December 2013 were in respect of under-occupation penalties. By year-end, 14,180 DHP assessments had been completed. 86.8% of these were from customers living in social housing and 67.8% of these received a DHP.

In the first five months of 2014/15, 4,695 applications were received and 4,371 assessed with over 75% approved (3,283). 79% of applications were from customers in social housing, of which 79% received a DHP. Only 555 awards (around 17%) were made to private tenants. Of the total fund, 39% had been spent or committed: slightly below planned expenditure.

Unfortunately DHP records do not enable interrogation to extract data about the reason for an award (for example, to pay for a deposit or rent in advance as opposed to a rent shortfall). The Benefits service is looking to improve recording so that more information can be extracted about applications and awards.

The government’s contribution to Liverpool’s DHP fund in 2015/16 is £1,751,657.

### 18.6 Setting up home and help in a crisis

**Liverpool Citizens’ Support Scheme (LCSS)**

Following the cessation in March 2013 of DWP community care grants and crisis loans, the government awarded specific grant to all upper tier authorities to set up their own local welfare schemes. Community Care Grants had been widely used to fund the costs of setting up home, and were particularly useful for people moving on from a hostel or supported or temporary accommodation.

Like almost all authorities, Liverpool decided to supply goods or vouchers for furniture and domestic appliances for customers setting up home, rather than cash payments. Demand was anticipated to be high given that, in the same year, 45,000 Liverpool households had had a reduction in Council Tax Rebate (following the abolition of Council Tax Benefit), plus the numbers affected by the benefit cap and removal of the spare room subsidy. An important commitment was to include benefit maximisation support plus referral and signposting to alternative or additional local advice including housing and debt.
‘Home Needs’ awards roughly equate to the previous community care grants, but include the potential for assistance to replace broken goods. They are usually determined within ten working days, and are intended for people who:

- Have been in long-term care
- Have left prison
- Have fled domestic abuse
- Are moving to supported accommodation/independent living
- Have moved as a consequence of benefit reductions associated with welfare reform or are otherwise at risk of losing their home as a result of welfare reform.

‘Urgent Needs’ awards are usually determined within two working days where a household needs urgent assistance in meeting basic living expenses. Awards may be made where households:

- Have no essential food
- Need essential goods for infants/children
- Have experienced an emergency or crisis.

In the first seven months, the total expenditure was around £589,000 – around £1.47 million less than budgeted. The scheme received:

- 7,185 Urgent Need Award applications, with 3,049 cash awards made totalling £170,908
- 1,909 applications for a Home Needs Award, with 1,097 ‘in kind’ awards totalling £417,894.

The slow start was probably due to lack of awareness of the local fund, but demand increased throughout 2013/14, and the scheme finally helped almost 9,000 households. 2,234 of the 8,992 payments were for Home Needs at a total cost of £975,018 (68.6% of the total spend on grants and 35.3% of the total scheme budget). Unfortunately software constraints (addressed by autumn 2014) prevent further classification of the reasons for applications and types of awards.

During 2014/15, to the end of October, the scheme had received 9,970 applications, of which 8,705 were determined (178 were withdrawn) and there was an approval rate of 63.1%. 80.39% of the budget allocated for the period had been spent. Total spend to end of October was:

- £424,445 on Urgent Needs
- £1,607,042 on Home Needs. A typical award includes a sofa, beds and bedding, a cooker and fridge freezer, costing an average of £1,000 (depending on household size).

The system enhancements have provided more data about applications, shown in the two charts below.
The LCSS was acknowledged nationally by Citizens’ Advice as one of only three showcased for their ‘innovative and effective work’, and was particularly cited because the council had learned from experience and responded flexibly to needs. Some changes made included:

- Extending the policy so that it could assist with the costs of starting work and moving home as a result of welfare reform benefit reductions
- Providing assistance where there was a threat of eviction because of debt
- Providing a free-phone number to all Benefits services

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13 Owing to ‘limited and sporadic’ data collection, this is based on 1,695 out of 9,970 applications
• Additional benefit maximisation resources

• Linking together with other schemes (e.g. DHP, benefit maximisation) so that customers are helped from any of these, depending on their needs

• Increasing the average award for Home Needs from £500 to £1,000, as experience showed that the former amount was too low to pay for essentials.

Stakeholders in the review also praised the scheme; particularly the way it had responded to feedback and reached out to other agencies. This is now the only Liverpool-wide route for funding or help with urgent or crisis needs and to set up and sustain a home. As discussed in the chapter on access to and sustainment of social housing, very few social landlords provide a furniture package. Some private tenancies are part or fully furnished, but most are not. Without help, most new tenants will be unable to establish a ‘homely’ environment, which puts sustainment of their tenancy at risk. Some will not even be able to move in, as they will have no essential household goods.

There are serious concerns that, with the ending of the government’s funding for local welfare schemes, the LCSS will be terminated and with it the only universal funding that enables someone to set up home and replace essential goods. A decision is awaited on the scheme’s future.

Furniture and household goods

In the review, a number of services identified that they provide help with furniture and domestic equipment. Many of these provide furnished accommodation. Where they don’t, most support clients to apply to LCSS, although some have their own partnership arrangements with Bulky Bob’s.

The Furniture Resource Centre’s ‘Bulky Bob’s’ is a charitable business that collects, recycles and sells furniture and household goods to people on low incomes. Partnership arrangements with local support organisations provide discounts or free goods and delivery of essential items to those in crisis. LCSS’s Home Grants are provided through vouchers for Bulky Bob’s.

Nugent Care provides furniture and household goods to help people entering its ‘New Beginnings’ supported accommodation service, but it also provides furniture to other clients. It appears that other agencies direct people to Nugent Care for assistance with furniture and household goods.

Two social landlords have been identified as providing practical help with furniture:

• One Vision Housing’s Home Starter Fund can provide a one-off maximum grant of £450 to pay for essential furniture and household goods (although note that most of One Vision’s properties are in Sefton)

• Liverpool Mutual Homes (associated with Nugent Care) can provide a furnished tenancy package where a new tenant doesn’t have the resources to buy essential goods.

Stakeholders and customers identified that setting up home is a vital step in people’s ability to resolve and avoid homelessness. Having a homely living environment is highly influential on someone’s mental health and general wellbeing. It provides the stability needed to undertake work or training and it enhances resilience. Without a home that someone wants to be in, they are far more likely to seek out former haunts and friends, which can often mean substance and alcohol misuse and other adverse behaviours.
18.7 **Advice and assistance with money and welfare benefits**

**Welfare Benefits Maximisation Service (Liverpool City Council)**
The council’s Benefits service provides a Welfare Benefits Maximisation service, which has a good record for increasing income to help sustain housing and pay for living expenses. The team was brought together from four separate services in individual departments (including social care) and has been enhanced through contributions from LCSS. Customers can self-refer through Careline or One Stop Shops, or be referred from other services and will be offered an appointment at a council office or at home. HOS referrals of people that are at risk of being or are homeless are prioritised, although there is a wait for the service of several weeks.

**New Direction**
This is a partnership of Raise, Citizens Advice, Big Lottery Fund and The Money Advice Service. Their advisers provide income checks and benefit maximisation, budgeting advice, support to open a current account with a bank or credit union and set up direct debits or standing orders, use comparison websites to get better fuel deals or mobile phone contracts.

Raise is an independent charity providing advice and assistance with benefits, debts, and money issues across Merseyside and Runcorn. They are funded by most of the social housing providers in Liverpool and by the council, as well as private funding. They can also provide support at tribunals.

**Other provision**
Most of the advice agencies described under ‘voluntary sector housing and homelessness advice services’ above provide welfare benefits and money-management services. Other voluntary organisations operating across Liverpool also provide help with benefits, including Croxteth & Gillmoss Community Federation, Age UK, and Liverpool Association of Disabled People (all funded by CRU’s community legal advice theme).

Several social landlords also provide other income maximisation or benefits services for their own tenants. These are discussed in the chapter on access to and sustainment of social housing.

18.8 **Targeted services that contribute to homelessness prevention**

Targeted services are very specific to the need of the person: for this review this is specifically homelessness: a substantial or imminent risk, or being or having been homeless. Whilst someone can usually self-refer, these services are only available after an assessment identifies their potential or actual homelessness.

If a universal service cannot prevent homelessness, an individual may be referred to a targeted service (or the same agency may have a targeted service available). Targeted services may also reduce the need for a specialist service by stepping in before problems escalate.

As with universal services, funding is from a wide range of sources but is more likely to be from a statutory agency.

In relation to this review, ‘targeted’ services include:

- Resettlement services for single people and families
- Floating support services for people with specific characteristics or circumstances (e.g. domestic violence, young people/care leavers, families at risk of homelessness due to anti-social behaviour,
Travellers, substance misusers and offenders, those moving into settled homes from homeless accommodation)

- Bonds and other tools that contribute to securing a home
- Homeless hostels and other short-term accommodation for single people, families, young people and care leavers.

Information about floating support and resettlement services that are specific to people with certain needs is included in the chapter for each relevant population. This chapter considers generic floating support intended to prevent homelessness or support resettlement. Information about hostels and short-term accommodation is included in chapters on relevant population, and the chapter on temporary accommodation for statutorily homeless households.

While DHP and LCSS funds are sometimes used to secure and set up a home, the data is not available to separate these out from other payments, so these schemes are both included under ‘universal services’, above.

**Generic floating support and resettlement services**

**Commissioned services**

Four services are commissioned by the council specifically to provide ‘generic’ floating support:

- Home Group (110 units of floating support)
- Plus Dane (130 units of floating support, of which 20 are specifically intended to address families at risk of homelessness due to anti-social behaviour)
- Riverside ECHG (62 units of floating support): commissioned to support single people and families who are at risk of homelessness or are resettling into a new home; prioritising households in priority need including those leaving temporary accommodation or using HOS’s bond guarantee scheme
- Whitechapel Move On Move In resettlement service (160 units of floating support): commissioned to support single homeless people but also providing support to families with children during the resettlement process.

On average, 157 customers have entered one of these four floating support services every quarter since April 2012/13, although numbers have varied over time, depending on the amount of time clients needed support.
The most frequent referral source for customers entering any of the four floating support services from April 2012 to June 2014 was ‘other’ (that is, an agency not included in the defined database list) but the next highest is HOS, who referred 22% of clients. Small numbers were also recorded for the police and the Youth Offending Team.

At least 18% (240) of clients had just moved at the point of receiving floating support, which would classify their support as ‘resettlement’. Small numbers had also previously been in hospital (acute or psychiatric), women’s refuges, or prison.
Chart 110: Clients’ accommodation prior to and at the start of their support

Based on a total capacity of 462 units, on average customers received floating support for around nine months, or 40 weeks, although this varied depending on individual need.

More recently, the floating support ‘Three Tier’ pilot has found that around half of floating support customers could be successfully helped to sustain their home and avoid homelessness through much shorter, focused interventions lasting under twelve weeks, although actual duration does vary the characteristics and issues of clients typically referred to each service.

The age profile of customers in these four services shows that customers are well represented from 18 to 59 years, but are most likely to be aged between 25 and 34 years old. (Barnardo’s provides a specialist service for young people at risk of homelessness).
The ethnic profile of floating support customers shows that non-white British/Irish ethnicities are all higher than the Liverpool profile from the Census 2011. This is only partly explained by the 5.7% of customers that are refugees.

Of all people entering these services, significant proportions had one or more additional vulnerabilities:

- Mental health issues: 20%
- Physical or sensory disability: 8%
Learning disabilities: 2%
Having been a child in the care of the local authority: 1% and
Being a refugee: 6%.

As their support ended between April 2012 and March 2014, 92.5% of all clients stayed in Liverpool, with a further 3.2% moving to other Liverpool City Region authority areas. 4.3% moved elsewhere in the UK, with a very wide spread.

There had been a 27% change in the type of accommodation occupied by all clients between starting their support and when that support finished. There were significant shifts into social housing and older persons’ housing, and out of private rented accommodation, supported housing and hostels, accommodation with friends or family and owner occupation. The whereabouts of 17 people was unknown.

370 (over 35%) of clients had at least one and often more additional vulnerabilities:

- 20% of all clients had a physical or sensory disability (a much higher proportion than recognised at the start of support)
- 20% of all clients had a mental health issue
- 6% of all clients had chronic ill health, and
- 2% of all clients had a learning disability.

Comparing the economic status of clients entering and leaving services should provide some insight into whether floating support has helped people to become more economically resilient.
There are small proportional increases in full time (24 or more hours per week) and part time working, and in full time study, and commensurate decreases in the percentage of job seekers and those not seeking work, but these changes are less than 1% (it is not clear what ‘Other’ equates to). Perhaps a significant change in economic status cannot be achieved in the average 40 weeks of support, but longer-term resilience of customers and their ability to keep their home is to a great extent (particularly with welfare benefit changes) dependant on this.

**Shelter Family Support Scheme**

This scheme, which is not commissioned by the council but is funded from charitable sources, is targeted towards families living in private rented homes and at risk of homelessness. The aim of the project is to end the cycle of homelessness and bad housing; give families a greater chance of accessing a decent, affordable, secure private-rented home, or help them gain access to social housing (including through referral to HOS).

The service offers:

- Practical support to secure a home, such as viewing properties and negotiating with landlords
- Practical support to set up a home, with help moving in, securing basic white goods and furniture, setting up utilities, securing school places and other essential local services
- Training and advice to help families to understand their rights and responsibilities as tenants.

The service only started in January 2014, and it has four support workers. The scheme manager reports a huge demand for the service: the target is 433 families over three years but it is already at capacity. Between January and September 2014, over 150 referrals were made to the service. It is too early to report outcomes, but there is a clear need for this service that could not otherwise be met.
Floating support provided by social landlords
In addition to the commissioned services, several social landlords provide and fund floating support to their own tenants. These services are targeted towards tenants that are either:

- Identified as ‘vulnerable’ to breaching their tenancy or having difficulty in setting up a sustainable home at sign up for their tenancy – often because they have a history of homelessness, or
- Recognised during their tenancy as being at risk of breaching or having breached their tenancy conditions and therefore at risk of losing their home, for example being in rent arrears, attracting neighbour complaints about nuisance or anti-social behaviour, or other tenancy issues.

Most of these services provide support with a range of issues including establishing a home, dealing with debt and budgeting, life skills, and access to specialist health and support services.

The most comprehensive social landlord early identification and prevention service identified in the review is that provided by Liverpool Housing Trust (LHT). Every tenant is offered a ‘360° Housing, Health and Wellbeing Check’ that looks holistically at six aspects of ‘living well’:

- Spending well
- Feeling well
- Doing well
- Planning well
- Eating well and
- Well at home.

As part of this assessment, tenants are assisted to get the best value for money on diverse items like mobile phone contracts and utilities, are offered help to manage debts and maximise benefits and to draw up a home budget. The ‘Well at home’ check covers a full range of health-related issues including a mood self-assessment, which can result in a referral to appropriate services to improve mental and physical health as well as maximising the potential for good health.

The provision to most tenants will be ‘low level’ or advisory (and therefore a ‘universal’ service), with the intention of promoting sustainment of the tenancy, and helping tenants to have fulfilling lives. However, there are more intensive and longer-term inputs (targeted) where people are identified as having difficulty maintaining their tenancy, or have health, wellbeing or behaviour issues that could result in homelessness risk or other serious detriment. The service also enables LHT to tailor services to tenants’ needs, moving away from a ‘one size fits all’ approach.

LHT also offers more specialist support for people in their own tenancies that are affected by hoarding disorder, dementia or isolation, and is commissioned to deliver the Somali mental health floating support service (cross-tenure – see the chapter on health and social care issues).

Other examples of social landlord funded tenant support services include:

- Plus Dane provides floating support to around 30 tenants at any one time across Liverpool, Halton and Wirral. They have supported 40 tenants in the last twelve months
- South Liverpool Homes provides floating support service to 90 tenants, and they have more than 60 on their waiting list
- Liverpool Mutual Homes provides a floating support service.
Most social landlords raised concerns about reductions in floating support for their tenants in more recent years; hence the introduction of internal services, although some identified that these are overstretched. LHT is identifying tenants that not only need support to prevent homelessness, but also are unlikely to have the capacity to gain the skills needed to maintain independent living. These have a need for long-term support, and would benefit from more dedicated supported housing. They are concerned that there is a gap between specialist accommodation and hostels, and general needs housing that would help people with long-term support needs who, without help and guidance, will always be at risk of homelessness.

Certainly anecdotally there appears to be a cohort of customers caught in a cycle of access to a tenancy, short periods of sustainment that are often supported by internal or commissioned support services, followed by tenancy breaches (for example, rent arrears, neighbour nuisance or inability to manage day to day matters), followed by re-referral to a tenancy support service and so on. Eventually, repeated tenancy breaches may lead to loss of their tenancy and a return through the homeless ‘system’. There is no data on repeated homelessness, except in homeless application records that identify where someone has made a prior application within the previous two years. Most of these (less than 1% of homeless applicants) concerned domestic violence or loss of a private rented home. MainStay does record those re-entering services but there is insufficient length of data so far to make any assessment of prevalence.

**Bond Guarantee Schemes**

Bond guarantee schemes work on the basis that the scheme promises a (private) landlord that they will be repaid for any property damage or other expenses (for example, unpaid rent) that would otherwise have come out of the rent deposit (usually equivalent to one month’s rent) paid by a new tenant as a condition of their tenancy. The landlord accepts the guarantee instead of a cash payment that should, by law, be deposited with one of three government-backed tenancy deposit protection (TDP) schemes. Two bond guarantee schemes currently operate in Liverpool; both funded or part-funded by the City Council.

To run successfully, guarantee schemes need to incorporate a viewing and inventory at the start and end of the tenancy, to evidence how much the landlord should be repaid. The most successful schemes include housing-related support at least at the start of the tenancy, plus the provision for either landlord or tenant to request further input if things start to go wrong.

In 2012/13 and 2013/14, around 10% of floating support customers were resettled with the help of a bond guarantee scheme. Between April and June 2014, this proportion increased to 16% – associated with an increase in the rate of resettlement into private rented accommodation.

Of the customers who received floating support and were resettled with the aid of a bond guarantee, the majority were supported by the four generic services discussed above, but a number of others were also involved. All were single people or adult couples without children in the household. However, bond schemes provide an important opportunity to reunite parents with children who do not currently live with them. Under Property Pool Plus, they would not be eligible for a bedroom for the child. Finding a stable home may enable the child to return to them, and be acknowledged in their bedroom eligibility.

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14 Nugent Care was previously commissioned by the City Council to provide a combined floating support and bond scheme for single homeless people (24 units in 2012/13 and 22 units in 2013/14), but this contract has now ceased.
Table 45: Numbers of clients entering services

<table>
<thead>
<tr>
<th>Floating support service</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (1 quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside ECHG</td>
<td>38</td>
<td>42</td>
<td>14</td>
</tr>
<tr>
<td>Whitechapel move on move in</td>
<td>11</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Whitechapel substance misuse</td>
<td>9</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Plus Dane</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Whitechapel rough sleeper outreach</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Local solutions IDVA/additional barriers (domestic abuse)</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nugent Care (single homeless) *</td>
<td>*0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Home Group</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Shelter (offenders)</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Barnardo’s (young people)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Creative support (mental health)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total numbers</strong></td>
<td><strong>70</strong></td>
<td><strong>84</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

Source: Clients into service data

*In 2012/13, 25 single homeless people received a floating support from Nugent Care’s ‘Deposit guarantee and support service’ but none are identified in client records as having had a bond. In 2013/14, five of the service’s 17 floating support clients are noted to have had a bond. This is probably an under-statement but the correct data could not be accessed.

HOS Bond scheme

The scheme is managed within the HOS rehousing team, and is targeted towards homeless or potentially homeless households that are in priority need. Until the autumn of 2014, only families with children were offered bonds, but the scheme had under-used capacity (not least because there is currently no policy to discharge the council’s homelessness duty to the private sector). It has now expanded to issue bonds for single people or couples that would be in priority need if they became homeless. These include (by agreement with Leaving Care services) care leavers that are 18 years or over; usually those with no realistic prospects of social housing or who have a specific location need (for example, to be near their parent).

Some HOS bond scheme customers are also referred for floating support by the Riverside ECHG service (see above) but, as capacity of that service was reduced from 2012/13, not everyone can be offered support. HOS therefore has to risk assess the likelihood of the tenancy being successfully managed without support. Risk is reduced by liaison with Housing Benefits to make payments direct to landlords.

The scheme has provided over 100 bonds per year since 2012/13, 96% of which were for six months.

Table 46: Bonds issued under HOS Bond scheme

<table>
<thead>
<tr>
<th>Year</th>
<th>Bonds used to prevent/resolve homelessness at advice and prevention stage</th>
<th>Total Bonds issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>106</td>
<td>111</td>
</tr>
<tr>
<td>2013/14</td>
<td>83</td>
<td>121</td>
</tr>
<tr>
<td>2014/15 (April to September)</td>
<td>11</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: HOS

Bonds are also used to resolve homelessness for people who have made a homelessness application, many of whom will not have been accepted. However, housing resolutions of homeless applicants are only recorded for those accepted as being owed a full duty, so numbers are unclear. It is presumed that these make up the balance of all Bonds issued.
At November 2014, 63 bonds were currently active. Around 19% of bonds resulted in a claim, which is high for a bond guarantee scheme, and the total amount paid out between April 2013 and September 2014 was in excess of £10,500. Bond records do not indicate whether customers were in receipt of support.

Whitechapel Bond schemes
Whitechapel provides three bond guarantee schemes for single people: single homeless, street resettlement and a pan-Merseyside scheme. They receive a total of £120,000 per year to provide all three schemes: 50% from the council/s and 50% from Crisis. The current Crisis funding ends in March 2015, but they should be able to reapply provided they have matched funding. Funding mainly pays for support workers with a small pot for claims against the bonds. As part of the scheme, they arrange for HB to be paid direct to the landlord, which is an important incentive.

Every client receives floating support, either from the bond scheme itself, or from one of Whitechapel’s three schemes (Move on move in resettlement; substance misuse; or rough sleepers outreach) or, in a few cases, from another specialist service. The bond manager identifies that support is crucial to the schemes’ success, and outcomes are excellent: in 2013/14, 97% of single homeless scheme tenancies and 91% of street resettlement tenancies were successfully sustained to the end of the six month’s bond. Total landlord claims in 2013/14 amounted to only around £3,000 – considerably lower than HOS’s payments for a not dissimilar number of bonds.

Demand for the scheme is considerably higher than capacity and perhaps half of all referrals can be helped. In the first five months of 2014/15, 199 referrals were received of which 44% had been accepted and accommodated. At the end of August 2014, 40 people were still on the waiting list, an additional 19 were in assessment and five were on hold pending queries.

High waiting times result in people dropping out. By the end of August 2014 38 had found their own housing solution but 19 could not be contacted.

Chart 47: Referrals to the Whitechapel bond scheme April to August 2014

<table>
<thead>
<tr>
<th>Referral source</th>
<th>Single homeless</th>
<th>Street Resettlement</th>
<th>Pan Merseyside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Options</td>
<td>74</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Internal referral from another Whitechapel project</td>
<td>29</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Hostel or Residential Treatment Agency</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Other support provider</td>
<td>3</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Self-referral</td>
<td>6</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Shelter (usually people leaving prison)</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total referrals</strong></td>
<td><strong>122</strong></td>
<td><strong>51</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

Source: Whitechapel Bond Scheme

HOS made 61% of the referrals to the single homeless scheme and 23.5% into the street resettlement scheme: around half of all referrals into these two schemes.

The scheme’s manager reports that there is sufficient availability of private rented properties to expand the scheme, but they cannot risk offering bonds without support, which is fully stretched.

Liverpool City Council’s Homeless Prevention Fund
This fund is a combination of government funding for homelessness prevention and mental health funding for the rough sleepers enablement service. Most of the funding is directed towards specialist services (around £517,300 in 2014/15 and £547,400 in 2015/16). The 2014/15 balance was around
£84,700 and the estimate for 2015/16 is around £54,600. Unspent resources are rolled into the following year.

74 payments were made from the fund between April 2013 and November 2014: around £29,000 (36 payments) in 2013/14, and £34,800 (38 payments) from April to mid-November 2014.

In addition to payments against bonds, these payments prevented homelessness by helping:

- Homeowners with mortgage arrears: sixteen cases received a total of £36,000 towards mortgage arrears or as a contribution to mortgage rescue costs. Payments are only made where the outcome is sustainable.
- Tenants with one-off rent arrears: twelve payments summing to approximately £12,500. Payments are only made where the tenant is now in a position to meet their rent commitments.
- Homeless people with fees to access the private rented sector: five payments for fees, deposit or rent in advance amounting to around £900.

Apart from a small number of one-off payments for emergency accommodation, to date the fund has not been used for wider purposes, such as moving or setting up home. Customers with these needs are referred to the Liverpool Citizens Support Scheme (LCSS) or for a Discretionary Housing Payment (DHP). Use of the fund may need to broaden depending on the council’s decision on contributions into these two schemes, but the fund is clearly not inexhaustible: without other resources there will be insufficient capacity to meet needs.

**Citizens’ Advice Bureau ‘Advice on Prescription’ service**

This scheme is commissioned by the Clinical Commissioning Group to increase support options for people vulnerable to mental ill health. Piloted in 2012 in five Health Centres across Liverpool, it was rolled out across Liverpool from April 2014. This service is targeted towards patients who cannot or do not usually access advice services: access is via GP (or clinical) referral only.

The usual circumstances making patients vulnerable to mental ill health include:

- People with long-term health problems/disabilities
- The unemployed and low paid
- Parents of young children
- Carers
- Those experiencing or attempting to flee domestic abuse.

Service reports demonstrate a rise in the number of vulnerable patients being referred by their GPs for assistance with priority debts (debts that threaten health, home and/or liberty), that are almost exclusively linked to the impact of welfare reform i.e. the ‘bedroom tax’, benefit cuts/sanctions and the impact of zero hour contracts. There also appears to be growing insecurities and anxieties linked to rent/mortgage arrears and threats of eviction. Patients are also being referred to CAB by GPs for food vouchers and help with priority debts.

During the pilot project:

- 69% of patients referred had a physical and/or a mental health disability or a long-term health condition
- 82% were not in work (compared to 33% for CAB clients and 28.7% for Liverpool generally)
- 34% had an annual income of below £4,800 (excluding housing costs) – the average income for Liverpool was £29,285 (2010)

- Total income generated over 12 months for 635 patients was £1.1 million in benefits and grants to individuals

- Total amount of debt handled was £720,000.

18.9 Stakeholder and customer views

Stakeholder feedback
Most stakeholders were reasonably positive about progress in preventing and addressing homelessness since 2011 (the last Homelessness Strategy), although a significant minority thought that things had got worse.

Chart 115: Stakeholders’ opinions of progress in aspects of homelessness prevention

Specific improvements mentioned were:
- The inclusion of homelessness prevention in Band B of Property Pool Plus
- MainStay has improved responses to people not usually considered in priority need under homelessness legislation.

However, most people had concerns about changes as a result, mainly, of budget and service cuts and welfare reforms. Examples of specific concerns were:

- Long response times to requests to HOS for help
- There is insufficient homelessness advice and prevention: as a result more single people are entering homeless hostels
Floating support, particularly for single people, has diminished.

The removal of the spare room subsidy (referred to as the ‘bedroom tax’) has put far more people at risk of losing their home.

Welfare reforms have made retaining accommodation and finding a home far more difficult.

Benefit sanctions are pushing a lot of people towards homelessness.

Stakeholders were asked what the main barriers to homelessness prevention or resolution are at present. In interviews, it was common for people to say that there is inadequate advice and help to prevent homelessness, and in any case clients were not aware of what is available. Advice services (provided by the council and other agencies) are not widely publicised. It was suggested that services would not be able to cope with demand if they raised awareness. As a result people were becoming homeless and moving into hostels instead of getting help to keep their existing home.

There were also frequent mentions of the lack of suitable (usually small size) social housing, the costs of accessing and living in the private rented sector, and the difficulties caused by welfare reform (including the anticipated Universal Credit) and particularly sanctions. This last was mentioned by almost every stakeholder.

The online survey asked about a range of specific issues: the higher the percentage in the chart below, the more of a barrier it is thought to be.

Chart 116: Stakeholders’ opinions of the main barriers to homelessness prevention

How significant are these barriers to homelessness prevention?

Source: Online stakeholder survey
The higher the percentage in the above chart, the more effective current services are considered to be. No service was accorded an average mark higher than 58%, and some of the rationale behind these ratings was also provided:

- New Beginnings provides furniture but other agencies do not
- With the withdrawal of the Community Care Grants, clients are finding it difficult to get household goods, even with the introduction of LCSS
- Liverpool Citizens Support Scheme provides furniture for clients moving into new homes. They try to accommodate the move in date, but furniture can be delivered after the tenancy starts. Clients have to remain in hostel so they either accrue arrears in their new tenancy or can’t pay for the hostel
- While interventions can be effective, not everyone can get access, for example, PRS bond schemes have limited capacity; advocacy at possession hearings is very good if you can get access.

Stakeholders commented online and in interviews on what would improve homelessness prevention. Many of these are included in the chapters related to the specific client group. More generally, typical stakeholder comments were:

- More information needs to be available to people in an accessible format
- There needs to be a quicker response to people in need
• Independent, free, confidential advice and support to people at risk of eviction

• People need more support and advice on how to budget and pay bills to prevent evictions due to rent arrears

• More resources are needed to assist people into private rented accommodation – the supply of one-bed social housing has dried up

• People don’t know what HOS can do and often only see them as a ‘barrier’ or unhelpful. Agencies and customers need more information about what they can and can't do, and what services they offer.

Customer feedback
Customers interviewed as part of the review were clients of a range of services. However, almost all customers who completed the online survey were clients of The Basement, Whitechapel and YMCA. Some questions were specifically about people’s opinions and experiences of housing advice and homelessness prevention.

Customers interviewed and completing the online survey were asked where they had first sought advice and help:

• Single homeless including rough sleepers: a minority had approached HOS, but only 14 of the 104 interviewed had made a homelessness application

• Young People: most said that the Whitechapel / Basement services were their ‘first port of call’, and had not been to HOS

• Ex-service personnel: had come into contact with services via the Whitechapel / Basement ‘Early Morning Outreach Service’

• Offenders: had come to services either directly from prison or had been referred by an offender manager

• Substance misuse: only three of 17 interviewed had made a homeless presentation. Again the Basement / Whitechapel projects had acted as the ‘gateway’ to temporary (and in some cases, permanent) accommodation

• People from abroad: had not approached the City Council but had sought help from the Basement and the Sisters of Mercy.
Chart 118: Where online customer responders first went for help

'Another agency' included a private landlord, Children’s Services, Probation, CAB, and the Police.

Asked how they knew about this first place to go, most customers who were interviewed said they had asked friends or family or gone straight to an agency they already knew about. Online customers had a slightly wider source of signposting but the most frequent mention was still family and friends.

Chart 119: How online customer responders knew where to go

Other responses included being told by other homeless people, the housing officer of the property the person was squatting, the police, and the CAB
Online, customers were asked what sorts of help or advice they were looking for from services when they became homeless or at risk of homelessness. Most respondents were single homeless people.

Chart 120: The help or advice online customer responders were looking for

![Chart 120](image)

Source: Online customer survey

The online survey asked about all sources of signposting to services, for any of the help or advice people have so far received.

Chart 121: How online customer responders found out about all the help they have had

![Chart 121](image)

Source: Online customer survey

Once in contact with an agency (and for most this was Whitechapel, the Basement or YMCA), that agency or a specialist agency (for example, health, offender or treatment) was the main signposting organisation, but family and friends were also important. Less than a quarter were signposted by HOS or the council’s access points.
There is clearly a lot of community knowledge about the services available to people who are at risk of or actually homeless, and people did find help quite quickly. However, this is a self-fulfilling trend: if it is ‘common knowledge’ that Whitechapel and the Basement are the places to go, this is where people will end up, often without having sought help or advice from the council. This is not a negative, but these agencies are not funded to provide this level of homelessness prevention. As some stakeholders pointed out, once accessing these services, it is more likely that people will end up in hostels rather than retaining their existing home or moving to another (unsupported) one.

Linked to this were comments made by a number of agencies and some customers, who felt strongly that support in short-term accommodation focuses on people with more complex needs, while people who could be moved on are not helped to do so as quickly as possible. As a result, people with no support needs are staying longer in hostels, and their support needs may increase in consequence. This is discussed in more detail in the single homeless chapter.

18.10 Summary of findings and options to consider

Liverpool has a wide range of housing and homelessness advice and assistance services, many of which are at least part-funded by the council. Despite this, it can be difficult to find the right service at the right time. This particularly applies to the council’s Housing Options Service (HOS), which is the main housing advice and homeless prevention service in the city. There is very little advertising or publicity on where to go if someone has a housing, or homeless-related need. As a result there is reasonable evidence that single people in particular end up in homeless accommodation when early advice and interventions could have prevented this and, once in these services, people with no support needs are not swiftly moved into independent accommodation.

Improving the public profile of housing-related advice and homeless prevention services would mean that people facing housing problems are not reliant on word of mouth to direct them to the right place.

Ensure that council and other key websites accurately state what help and advice is available, and encourage early contact where there are housing- and homeless-related issues.

In consultation with customers, put posters and/or leaflets in the right places to inform people about available housing advice and homeless prevention services.

As part of self-directed support, work across partners to provide access to computers so that people can use these to help themselves.

There is evidence from across the review that opportunities to prevent homelessness are not always recognised or taken. This requires more focus on early advice and interventions, and a more effective toolkit to help people to retain their homes or move swiftly to another.

HOS dedicates a substantial amount of team leader time to phoning enquirers to make appointments and handling and calling back in response to messages. Around 10% of initial enquiries can be dealt with through phone advice only, but most enquirers are offered an appointment (provided they can be contacted). Appointments are usually within the week, although people in urgent need can be seen more quickly.
Customers and stakeholders (including other advice services) said that getting in touch with HOS is cumbersome and lengthy, even when someone has a named caseworker. Access is always through Careline or One Stop Shops, and customers and stakeholders alike then have to wait for calls back from HOS staff. The HOS pathway means that quick interventions (for example, calls to landlords or family) that could stop home loss cannot happen.

There is a significant amount of ‘double handling’ of enquiries in the current HOS pathway, which wastes everybody’s time and is frustrating and off-putting for customers and stakeholders alike. Where enquirers cannot be reached because their phone number is incorrect or out of use, multiple attempts to try to reach people waste staff time.

Some helpful or essential information about enquirers is missed at enquiry stage, or is incorrect in a significant minority of cases. Examples include customers’ need for interpreter; post codes (usually put into the wrong field); phone numbers (without these, HOS cannot arrange appointments). In addition, the Abritas advice and prevention database does not support the recording of household type in relation to enquiries. This together with the failure to use the postcode field and the wide-ranging use of the ‘non-positive action’ outcome option means that enquiries cannot be analysed to determine customer characteristics and profile to inform delivery and strategic responses.

A significant percentage of appointments are not kept, probably because people are anxious about their situation and impatient to find a solution, so find other ways to address their needs. However, the main alternatives used are the Basement, Whitechapel and direct access hostels. Whilst these former two provide excellent advice and assistance services, they should not be bearing such a large burden, given that their capacity is lower than HOS. In addition, people who find their way to these services are more likely to end up in homeless hostels, to the detriment of those who are more in need. A drop-in HOS service that is convenient for the Basement and Whitechapel services (for example) could assist

### Improve the customer journey and make best use of resources

- Reducing multiple case handling (by Customer Service advisor, team leader and caseworker) and enable customers to contact their allocated caseworker directly by phone or by email. This would also reduce the administrative work handled by team leaders

- Moving the ‘interpreter required’ field (at enquiry) onto the same page as ethnicity so that HOS can prepare for customers that need interpreters, and other agencies to whom referrals are made are equally aware of this need

- Entering and checking phone numbers twice so that fewer customers cannot be contacted so do not receive a prompt service

- Recording and reducing abortive appointments. Abritas outcomes choices should include ‘failed to keep appointment’ which should be entered on the day, so that caseloads levels can be actively managed. It would be worth reminding people of their appointment by text, with a dedicated mobile number for responses. Reducing missed appointments would improve timeliness of appointments for others and minimise wasted staff time

- Considering whether a drop-in surgery at One Stop Shop/s close to services used by homeless single people in particular can be introduced. Staff capacity may well be an issue, but the absence of any drop-in sessions means that anybody without a phone, or with only occasional phone access will have difficulty getting to see HOS because of the way the current system operates. Capacity could be released if there were fewer abortive appointments.
None of the databases shared in this review track someone’s housing and homelessness history. It is therefore difficult to understand the ‘critical points’ – the factors that precipitate housing loss for certain people or households. Understanding more about these would enable a more proactive approach to early identification and intervention to prevent crises that result in home loss.

The council and its partners have a small range of ‘tools’ to prevent or address homelessness. Although these seem to have the best potential to help people, there is insufficient capacity in some, and others could be more effective.

The council has to date topped up Discretionary Housing Payment (DHP) funding so that those most in need can be helped. Data is not available to identify how often DHPs help with rent in advance or deposits, but numbers are believed not to be extensive. Whilst there is still a very significant demand for help from social housing under-occupiers, these two types of payment would be one off inputs that could make a real difference in people’s chances of accessing private sector homes. Alternatively some of the fund could be invested in a bond guarantee scheme, which would help more people.

HOS and Whitechapel (and Nugent Care) each operate a Bond guarantee scheme. These can be very successful, particularly where rent levels are sustainable. Apart from mortgage rescue/arrears cases, the HOS prevention fund has mainly been used to repay landlords in respect of bond guarantees. HOS is currently prepared to take more risks in relation to issuing bonds without support, but the fund is likely to be required in future for other homeless prevention activities, and the scheme should therefore be reviewed.

The Whitechapel schemes have a long waiting list, owing to insufficient support capacity. It is apparent from outcomes data that the best chance of success (and lowest cost) is where floating support to resettle is provided alongside the bond, and the door is left open for customer or landlord to ask for further help if things start to go wrong.

Social housing providers in particular have developed their own internal support services – sometimes in response to reductions in commissioned floating support. These offer a variety of support levels and some smaller schemes have capacity and succession challenges. Specialist services are not connected into the whole range of floating support services, so approaches to preventing and addressing all the issues that can result in homelessness are disjointed and not timely.

Joint commissioning could make more sense; offering a more cohesive and connected floating support service across tenure, provided partners are prepared to share resources to enable this. This approach would also make it easier to develop referral and response protocols so that customers with specialist needs receive a more timely service.

Improve the Abritas system and how it is used, by making some fields mandatory, adding a field for ‘household type’ and providing additional closure options that are meaningful and are used promptly.

Consider how to improve tracking households’ histories so that critical points can be recognised, prompting early intervention.
Being able to settle quickly into a homely environment is crucial to resolving and avoiding future homelessness. Most people move into unfurnished properties, often without floor coverings. At present, outside Liverpool’s Citizens’ Support Scheme, there are few arrangements to help people with essential furniture and household equipment unless they can meet the cost themselves.

Depending on the council’s decision on Liverpool Citizens’ Support Scheme, providers may need to find other ways to help people to resettle and establish a home.

18.11 Positive practice

Liverpool Housing Trust’s 360° housing health and wellbeing checks are provided to all tenants; offering support with all aspects of ‘living well’. This approach to holistic needs assessment provides a comprehensive approach to tenancy sustainment, homelessness prevention, personal development and quality of life. This enables issues to be picked up quickly and addressed; reducing the likelihood of home loss.

19. Temporary Accommodation for statutorily homeless households

Councils must provide temporary accommodation for households that are owed a full duty under homelessness legislation. Households that make a homelessness application and have nowhere to live whilst it is investigated and determined must also be temporarily accommodated, pending a decision.

Like many local authorities, Liverpool City Council uses specific accommodation for most applicant households, although some are housed in domestic violence refuges, single person hostels or with friends or family, and a delay may occasionally be able to be negotiated for those having to leave private or social rented housing.

The council’s Housing Options Service (HOS) pays for any units that are reserved for statutory homeless referrals but left void. The council must therefore balance the capacity of its specialist temporary accommodation so that there is sufficient housing for accepted homeless households and those who have made an application and are homeless that night, whilst minimising the costs of having empty properties.

Currently, while HOS offers a Bond and practical assistance to secure a privately rented home to any household that is likely to be, or is accepted homeless, there is no agreed policy to discharge homelessness duty into the private rented sector.
19.1 Temporary accommodation used

The council only places households into bed and breakfast in very limited circumstances, and never uses this for young people. Discussions with the Housing Options Service (HOS) identified that it had only been used three times in the last three years. Two households were single people who were not appropriate for other temporary accommodation because of their behaviour and the impact it would have on others. One family had to be placed in a serviced apartment, as their behaviour and issues with others in Belvidere meant they could not be placed there. However, this was a self-contained unit and they did not have to share facilities.

Three schemes are specifically used for statutorily homeless households. All are currently leased by the council and the provision and services are summarised below:

- Belvidere Family Centre
- Green Lane Men’s Centre
- Geneva Road Women’s Centre.

**Belvidere Family Centre**

Belvidere was completely redesigned and renovated in 2012 using the latest green technology. The 16 furnished, family units can accommodate up to 80 adults and children and units can be interconnected to accommodate larger households. All units are reserved for statutory homeless referrals from HOS. The current managing agents are SHAP and the Whitechapel Centre who deliver the service in partnership. There is a garden and play area, internet space, family and children’s lounges and a laundry. Units are accessible and there is provision for wheelchair users. Households have a licence to occupy and are usually given seven days’ notice to leave once the homelessness duty is discharged.

Support includes assistance with budgeting and benefits, resettlement activities and life skills training including diet and cooking, seeking training and employment. As well as housing-related support, there is also a ‘homework’ club for children in the centre run by local volunteers. Support workers also organise access to professional help where required. The only animals allowed are registered guide or disability dogs.

**Green Lane Men’s hostel**

Managed by the Salvation Army, this provides 23 en-suite furnished rooms, three of which are made available for statutory homeless referrals from the Housing Options Service (HOS) and one for referrals from Children’s Services. The rest are let via MainStay. There is a communal kitchen, TV lounges, laundry, training rooms and a small gym facility. The training and meeting rooms are wheelchair accessible.

As well as housing-related support, courses are on offer within the centre and people can also access additional courses locally including literacy and numeracy, IT, preparation for volunteering and work, arts and crafts, drama and music, and English language.

**Geneva Road Women’s Centre**

Currently managed by the council, this scheme provides 25 en-suite furnished rooms, two of which are wheelchair friendly. 12 beds are reserved for statutory homeless referrals from HOS and the rest are let via MainStay. There are communal kitchens and dining area, laundry facilities, TV lounge, computer room and gym facilities.
The in-house staff team provides housing-related support including access to specialist and professional help. Outside agencies facilitate activities including healthy eating, arts and crafts, and wellbeing.

**Other provision**
Statutorily homeless households may also be in other temporary accommodation: either because they were living there when they applied as homeless, or because HOS negotiated a placement as the best option for them. Other provision includes domestic violence refuges, the Salvation Army's Darbyshire House (single men) and Ann Fowler House (single women), Local Solution's Homeground (single people up to 35 years old) and Riverside ECHG’s Powerhouse Foyer (single people up to age 24). These are described in more detail in the single homeless and young persons' sections.

From mid-2012/13 there is a noticeable drop in the proportion of households living in domestic violence refuges as opposed to hostels. Prior to this, four-quarter rolling averages were above 25%, but from 2013/14, the rate decreased to around 15%. Given the data on placements, this may coincide with improvements in dwell time in refuges, but as data on dwell time prior to April 2012 is not available, this is speculation.

**Chart 122: Profile of temporary accommodation used**

![Chart](chart.png)

**Source: P1E data**

**19.2 Characteristics of households placed in temporary accommodation**

Placement records, provided by HOS, for specific temporary accommodation used for statutorily homeless households from April 2012 to September 2014, have been analysed. This data does not include household characteristics, but most temporary accommodation is specific to certain types of household so it is possible to draw some conclusions. There is, however, a degree of duplication because when a household moves room they are allocated a different tenancy number. Without customers’ names these cannot be eliminated.

Liverpool City Council’s P1E returns to central government provide a profile of the types of households in temporary accommodation on the last day of each quarter, and the range of temporary
accommodation they were occupying. These are only snapshots: anyone who was placed and then left temporary accommodation during the same quarter is not captured. Similarly, people that were in temporary accommodation for long periods are counted at each quarter end. However, these data do provide an overview of numbers, types of households and accommodation.

Client records, entered by all housing related support services that are commissioned by the council, should have provided good information about people’s characteristics, but a basic comparison of numbers revealed that many providers are recording people as statutorily homeless when they are not.

**Total number of households in temporary accommodation**

Placement records enable us to look at the numbers of households being placed into temporary accommodation during each quarter.

<table>
<thead>
<tr>
<th>Table 48: Households placed into various services as temporary accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
</tr>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>Belvidere Family Centre (or equivalent)</td>
</tr>
<tr>
<td>Green Lane</td>
</tr>
<tr>
<td>Geneva Road</td>
</tr>
<tr>
<td>Ann Fowler House</td>
</tr>
<tr>
<td>Darbyshire House</td>
</tr>
<tr>
<td>Refuge South</td>
</tr>
<tr>
<td>Refuge North</td>
</tr>
<tr>
<td>Powerhouse</td>
</tr>
<tr>
<td>Homeground</td>
</tr>
<tr>
<td><strong>Totals per quarter</strong></td>
</tr>
</tbody>
</table>

Source: Housing Options placement records

The quarterly totals indicate that while there is some variation from quarter to quarter, this is relatively minor. Rolling four-quarter averages show that there has, if anything, been a slight decrease in placements over this 30-month period.

The chart below, drawn from the P1E returns, confirms that there is a reasonably steady state of households in temporary accommodation. The rolling four-quarter averages range from 39 for April 2012 to March 2013, to 46 for October 2013 to September 2014.
However, the highest number at quarter end was at 30 September 2014, when 51 households were in temporary accommodation. This is despite a slight reduction in placement rate over the last year or so. The council needs to track this snapshot figure at the end of each month, as the numbers in temporary accommodation may now be rising.

Trends in placement numbers over time have been considered, through analysis of three month rolling total placements between April 2012 and September 2014 for the three main temporary accommodation services. To properly understand placement rates requires analysis of individuals’ placement records, not tenancy records, as any person could move room once placed, creating a new record. However, there is no reason to believe that the rate of room changes have altered over the 30-month period, so this approach does provide a good visual indication of placement trends.

After a high in the first half of 2012/13, placement rates at Belvidere decreased and were largely stable until the latter part of 2013/14, when numbers increased. More recently, since April 2014, there was a decrease to the lowest placement levels across the 30-month period.
After a period of relative stability, placement rates at Green Lane increased from November 2013 to March 2014. Towards the end of the period they somewhat settled back to the previous levels but the overall trend is a slight increase.

There appears to have been a significant but temporary dip in average placement rate at Geneva Road in the winter of 2012/13. There has also been a decrease overall, steadying to a current 11 to 12 placements every three months, from around 16 or 17 earlier in 2012/13.
This together with the P1E snapshot data indicates that people are staying longer in temporary accommodation (examined later in this section). This is not desirable on the whole, although clearly some people do need longer stays to access the support needed to sustain a settled home.

Types of household placed in temporary accommodation

As the services used for temporary accommodation are client-specific, some basic conclusions can be drawn from placement records about the household type placed into each service. It should be noted that people below the age of 35 years will also be placed into single men’s or women’s facilities. Similarly, a small minority of households in Belvidere may not have children, but may be couples, older people, or people with disabilities etc.

Table 49: Types of household placed as statutorily homeless

<table>
<thead>
<tr>
<th>Service type</th>
<th>% of all placements in 2012/13</th>
<th>% of all placements in 2013/14</th>
<th>% of all placements in 2014/15 (2 quarters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>28.9%</td>
<td>27.2%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Young people (under 35 years)</td>
<td>4.1%</td>
<td>3.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Single men</td>
<td>30.1%</td>
<td>37.1%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Single women</td>
<td>30.9%</td>
<td>28.0%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Domestic violence refuges</td>
<td>6.1%</td>
<td>4.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is noticeable that there has been a large increase in the percentage of homeless households in the domestic violence refuges. HOS will only occasionally make these placements: households are more usually accepted into the refuge before making a homelessness presentation.

The proportion of single men has increased over time, and that of single women has decreased (although note that some refuge households may be single women).

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The P1E data provide a snapshot of the characteristics of households in temporary accommodation on the last day of each quarter. The next two charts show firstly the detailed classification recorded on P1Es and then the proportion of households with and without children.

Chart 127: Profile of households accommodated at the end of each quarter

‘Other’ household types are usually couples with no children or all-adult households. There are very few: none in most quarters and a maximum of two only twice in the three and a half years. As we would expect, most lone parents are females, although two sole males with children were accommodated at the end of September 2014. It is noticeable how few households with children have two parents.
This chart highlights that most households who are temporarily accommodated are single, vulnerable adults: only in one quarter did the percentage fall below 50%, and it was as high as 75% at the end of September 2013.

Between 60% and 100% of accommodated households with children were headed a single parent. The rolling four-quarter average since April 2011 ranged from 67% to 86%, though it has been at the lower level for the last eight quarters.

Since Belvidere (and its predecessor family centre) only accommodates statutorily homeless households, client record data can be used to analyse characteristics of households entering this service.
P1E snapshots also shed some light on the ethnicity of households in temporary accommodation at the end of each quarter, but do not provide detailed profiles.

**Chart 130: Percentage of households from minority ethnic groups in temporary accommodation – rolling four-quarter averages**

![Bar chart showing percentage of minority ethnic groups in temporary accommodation over a four-quarter period from 1/4/2011.]

*Source: P1E data*

At the 2011 Census, 13.8% of Liverpool's population was not White British or Irish. The P1E data show a generally higher proportion of minority ethnic groups placed in temporary accommodation. However, we would expect this. Housing related support client records show that 39 out of 176 households (i.e. over 22%) who moved into Belvidere between April 2012 and June 2014 were previously in Home Office asylum seeker accommodation, and other refugee households may previously have been in other accommodation.

### 19.3 Length of stay and where people move on to

There was some concern that changes to welfare benefits and the policy and practical responses to these had resulted in longer stays in temporary accommodation in Liverpool. In some authority areas, dwell times in temporary accommodation have increased over the last two years owing to the difficulties of securing a settled housing option for some households. In particular, where allocation schemes have increased the relative priority of under-occupying households affected by the Spare Room Subsidy (referred to generally as the ‘bedroom tax’) there has been considerably more competition for one and two bedroom homes.

The gradual increase in the total numbers in temporary accommodation at the end of each quarter raises concern that, if placement rates aren’t changing, people are staying longer, perhaps because they are finding it more difficult to find settled accommodation. This section looks at the three main temporary accommodation services used, to see whether lengths of stay are changing.

Unfortunately placement records do not include households’ characteristics and it is not possible to link households to the homelessness data. Records do however tell us more about how long individual households stay in their temporary accommodation prior to moving into settled housing (though note there are some duplications caused by room changes).

This section also considers where people move on to: this data isn’t captured in HOS records but client record outcomes information does not separate out those who were placed into temporary accommodation by HOS from other clients that moved in through (now) MainStay.
Work for this review on access to social housing has found that, in 2012/13, one third of those accepted homeless were made a direct offer of accommodation. In 2013/14, this proportion dropped to just 13%. It is therefore apparent that most people who move to settled social housing have been able to exercise choice about the properties for which they bid.

**Belvidere Family Centre**
Belvidere is reserved for families placed by HOS as homeless, either pending a decision on their application or (more often) after they have been accepted as homeless. 163 families were placed between 1 April 2012 and the end of September 2014. The chart below shows how long these applicants stayed within the Belvidere Centre and its predecessor hostel. Most stayed for less than 12 weeks but the longest completed stay was 28 weeks.

**Chart 131: Lengths of stay in family temporary accommodation**

![Pie chart showing lengths of stay in family temporary accommodation]

Source: Housing Options placement records

A more detailed analysis using rolling three-month averages shows that although there are fairly significant variations in average stay, the trend line shows that there is a slight upwards trend over time – stays are getting longer, although this isn’t very notable at present.
A specific circumstance extends average length of stay of some households: many families in the Belvidere Family Centre are refugees referred by Serco following a discontinuation notice of their asylum accommodation. These households are usually awaiting their national insurance number (NINO), which can take between six and seven weeks (or longer) to come through. In the meantime, applicants cannot access the welfare benefits that would enable them to move to settled accommodation. Outcomes data for 133 households that left family temporary accommodation in 2012/13 and 2013/14 provides some insight into the difference this can make. The average stay for all families noted to be refugees was 72 days (over 10 weeks), whereas the average for all other families was 49 days (7 weeks).

More detailed information was provided about the 14 families placed into Belvidere between 1 April 2014 and 30 June 2014 and who have now left:

- Their average length of stay was nearly 11 weeks ranging between 26 days and almost 20 weeks
- Eight families (57%) had been given leave to remain or were exercising their right to family reunion following a grant of leave to remain
- Two of the three longest stays were experienced by refugee households
- Active bidders on Property Pool Plus (PPP) moved on within two months
- Three families refused offers of Bonds to enable access to private rented housing
- Two refused to engage with bidding on PPP.

Some of these households were very selective about the settled housing they were prepared to accept. One family, who required and was offered an adapted property, refused it, as it was not in an area that they wanted. They bid for and accepted a property that was not adapted – the adaptation...
required was a lift for a wheelchair user. Some refused to cooperate in bidding, and one even removed bids placed on their behalf by HOS. A few households will be more difficult to accommodate, for example those needing ground floor one bedroom accommodation; accommodation with special features like adaptations; or more limited areas due to specific vulnerabilities.

The apparent reluctance to move on and refusals to engage in bidding on PPP seems to be mainly related to the quality of, and support at, Belvidere. Service user consultation included three families interviewed at the Belvidere Family Centre. They said that the accommodation was excellent, very modern and comfortable, and key workers were very supportive and helped them with form filling, etc. They would prefer to stay at Belvidere for as long as possible – ‘it is like living in ‘Grand Designs’!’ One admitted to avoiding appointments with HOS and their key worker so as to put off a discussion about bidding for a settled home.

Avoiding bidding means that families can experience some stability after a disruptive period. Bidding and moving means having to find furniture and the means to pay for it, arrange utilities, secure school places for children, arrange the move and set up home. For some, a short turnaround from losing a home, moving into temporary accommodation and then having to move again into a settled home is just too much. Belvidere offers extremely good quality temporary accommodation with support, and moving on can be too daunting for some.

Since only statutorily homeless households are placed into Belvidere, we have been able to use short-term services’ outcomes data (available for 2012/13 and 2013/14 only) to look at where they go.

**Chart 133: Accommodation moved into from Belvidere and predecessor family hostel**

As expected, well over half of the 133 households recorded as leaving in those two years moved into settled social housing. A surprisingly significant proportion moved into private rented accommodation – 29 households across the two years. Some of these may have been placed prior to an adverse decision on their homelessness application, so had to find their own accommodation. Some will want specific accommodation (location for example) and can only find this in the private sector. A small number move in with family or friends, and other housing solutions are also very low numbers.
Green Lane Men’s Centre
The chart below shows the average length of stay at the Green Lane Men’s Centre (House) for men placed by HOS as statutorily homeless from April 2012 to the end of September 2014 (174 people in total). Client records indicate that this is just over half of all who moved into this facility. MainStay records for the period 1 July 2013 to 30 June 2014 indicate that the proportion was 31%. The majority were resident for up to 12 weeks before moving on, although the longest stay was almost 54 weeks.

Chart 134: Average length of stay for all HOS placements at Green Lane

![Chart showing average length of stay for all HOS placements at Green Lane]

Source: Housing Options placement records

Analysis of length of stay over time, using three month rolling averages for people that moved in between April 2012 and September 2014, suggests that there appears to have been a significant dip in average length of stay in the last year.

Chart 135: Length of stay at Green Lane – trends

![Chart showing length of stay at Green Lane]

Source: Housing Options placement records

Service user consultation was undertaken at Green Lane, where six men were interviewed. They all agreed that the accommodation and support was very good/excellent but it cost too much to stay at
the hostel. However, one person stated that staff treated them like second-rate citizens because of where they live. One person was volunteering within the service; trying to help others as part of his care plan.

It is expected that most men placed by HOS as statutorily homeless would move on into settled, social housing (which may include floating support) through bidding on PPP. Some will need supported accommodation for longer and have this provided through another service. It is not possible to track HOS placements to the accommodation they moved into from Green Lane, but the destinations for all Green Lane leavers is shown in the chart below.

**Chart 136: Accommodation moved into from Green Lane**

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Family</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Social Tenancy</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Unknown</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Direct Access Hostel</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Friends</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Private Rent</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Rough Sleeping</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Source: Housing Support Service outcomes 2012/13 and 2013/14*

It is noticeable that there were big drops in the proportions moving on into other supported housing and social tenancies, and significant increases in the proportions moving in with friends or to direct access hostels, or whose destination was unknown. This is not a positive trend, as it indicates that fewer people are settling into stable accommodation. If those accepted homeless and placed in Green Lane by HOS follow this overall pattern, they are more likely to re-present as homeless in the future.

**Geneva Road Women’s Centre**

The chart below shows the average length of stay at Geneva Road women’s hostel for women placed by HOS as statutorily homeless from April 2012 to the end of September 2014: 134 people in total. The records of clients into service are incomplete for this provision so it is not possible to definitively state what proportion of all clients this represents, but MainStay records indicate that 18% of all those entering Geneva Road between July 2013 and June 2014 were statutorily homeless and placed by HOS. Most of these stayed less than 12 weeks before moving on, although the longest stay was almost 36 weeks.
Chart 137: Average length of stay for all HOS placements at Geneva Road

Length of Stay - Geneva Road Apr 12 to Sept 14

Source: Housing Options placement records

Looking at a rolling three-month average for length of stay provides an insight into how stay durations are changing. The chart below for Geneva Road shows very significant variations, usually driven by one very long stay during a three-month period. Overall there is a very slight trend upwards, although this is not significant.

Chart 138: Length of stay at Geneva Road – trends

Geneva Rd Length of Stay - 3 month rolling averages
Apr 12 to Sept 14

Source: Housing Options placement records

Eight women living at Geneva Road participated in service user consultation. They reported that the provision is good quality and the majority agreed that the service is good. However, one person said that staff attitudes were unhelpful, and another felt that the service provides a room but no support.
As with men, it is expected that most women placed by HOS as statutorily homeless would move on into settled, social housing (which may include floating support) through bidding on PPP. Some will need supported accommodation for longer and have this provided through another service. It is not possible to track HOS placements to the accommodation they moved into from Geneva Road, and the service stopped recording client outcomes in June 2013, so the available data is not recent. However, the destinations for all Geneva Road leavers between April 2012 and June 2013 (100 clients) are shown in the chart below.

Chart 139: Accommodation moved into from Geneva Road

![Chart](chart-image-url)

Source: Housing Support Service outcomes 2012/13 and 2013/14

The destination for 38% of all those leaving Geneva Road is ‘unknown’, which is concerning in itself, as this service should be aiming to achieve positive outcomes for single homeless women. 11% are recorded as having moved to other temporary accommodation, and these would most likely be people that were placed by HOS. It is not known, however, where they moved.

### 19.4 Managing the supply of temporary accommodation

One HOS team takes lead responsibility for managing the supply of temporary accommodation and ensuring that households move on to settled accommodation when ready. The council has agreements with each of the three temporary accommodation services that seek to ensure that there will always be a place for emergency or urgent homeless households, whilst reducing the risks to the provider of void rent loss.

At Belvidere, all units are reserved for statutorily homeless families, usually with children. HOS has the overarching placement rights, but there is an agreement that Knowsley can make referrals to the centre when there are three or more voids. Where units are later required for Liverpool’s own homeless households, Knowsley can be given 24 hours’ notice to move families to their own temporary accommodation. 13 households moved out of Belvidere and back to Knowsley between August of 2012 and March 2014, including those that left to take up settled housing. This arrangement keeps void levels low whilst ensuring that Liverpool homeless families have access to good quality temporary accommodation.
At Green Lane, three beds are reserved for HOS placements and one for Children’s Services’ placements of 16/17 year olds (often leaving care). The service also provides direct access through MainStay. This appears to work well: households in priority need can usually be accommodated quickly, and because of other arrangements for rough sleepers and urgent needs, there are other options (e.g. Darbyshire House) where there is unexpectedly high need.

At Geneva Road, twelve beds are reserved for HOS statutory homeless placements and the remainder are accessed via MainStay. Unused bed spaces held for HOS placements are recharged back to the homelessness budget. This arrangement is costly: around £38,000 in 2013/14, with £43,000 budgeted for in 2014/15. Twelve beds equates to the current average number of placements every three months. Since the average stay over the nine months from January to September 2014 was around 54 nights, it is clear that the number of beds reserved for statutory homeless single women is at least a third higher than necessary. The council is re-commissioning the provision at Geneva Road (similar to Green Lane) so this cost should be reduced or eliminated depending on decisions about commissioning.

19.5 Summary of findings and options to consider

Liverpool City Council rarely uses bed and breakfast and then only for short periods. Virtually all statutorily homeless households are placed into good quality, appropriate temporary accommodation with support. There is provision for disabled people, and for much larger families. Women and families who have experienced domestic violence may be able to be accommodated in refuge services, where they are able to get specialist support to recover and rebuild their lives. Customers’ feedback is mostly very complimentary, and it is clear that Liverpool’s previous work in updating and improving temporary accommodation has been very successful.

Most households move on into settled housing within two months, although some take longer where they need more support. HOS’s rehousing team takes lead responsibility for liaison with accommodation providers and placed households. For the most part, applicants are enabled to make their own bids on Property Pool Plus, so have some choice about their settled accommodation. This is good practice provided the authority has the capacity to allow this approach.

The review has highlighted some areas of concern that may impede the authority’s ability to meet temporary accommodation needs in the future. These are summarised below, together with options to overcome these challenges.

Total households in temporary accommodation

Over the two and a half years to September 2014, placements have averaged 58 per quarter, with the last four quarters showing a slight decrease. However, there is some evidence that placed households are now moving more slowly into settled accommodation. Total placements at the end of each quarter are increasing and dwell times in some services are increasing. This gradual build-up of temporary accommodation placements must be monitored so action can be taken to ensure availability of places for homeless households as they present.

Track month-end total placements in temporary accommodation so HOS is aware of increases and can take action to tackle these: ensuring there are places for newly homeless households.
Families in temporary accommodation
Families in Belvidere can be particularly slow to move on: this is a compliment to the standard of the accommodation and support. As this is the only family temporary accommodation, there is a need to ensure that places are not blocked to arising homeless families. Households are ‘allowed’ to avoid bidding, remove bids placed on their behalf by HOS, and refuse offers of assistance to move into private rented accommodation and adapted social housing found via Access. In 2013/14 only 13% of households were rehoused through ‘assisted bidding’ (i.e. HOS placed a bid on their behalf). We appreciate that some households need longer to recuperate from the stress of homelessness. Nevertheless, the authority needs to agree a clear policy on assisted bidding and discharging duty into the private sector. Staff in the rehousing team of HOS can then take more definitive actions to move people on into settled accommodation, ensuring there are family units for those in need. The policy would be applicable to all accepted households, but is particularly relevant to families.

Agree a policy on discharging duty through offers of housing, so that family households in particular are assisted to move into settled accommodation as quickly as appropriate.

Include:

- A clear definition of a qualifying offer
- The authority’s right to make assisted bids.

Depending on the pressures, consideration should be given to adopting and implementing a policy enabling discharge into private sector accommodation.

Refugees
Liverpool is one of five places where asylum assessments are carried out. In 2013, Serco Ltd (commissioned by the Home Office) housed 1,350 of those awaiting assessments: almost half of the total accommodated across the North West. Once given leave to remain, the ‘home’ local authority is responsible for offering housing advice and assistance including, where applicable, temporary accommodation as statutorily homeless. Around 22% of all households with children accommodated at Belvidere are refugees.

HOS has already met with Serco about improving the procedure for those leaving asylum accommodation, including a proposal for joint visits and delayed evictions. Some actions have been delayed because of staff shortages, and as yet there is no formal procedure.

Owing mainly to delays in receipt of National Insurance numbers (NINOs), refugee households are staying in temporary accommodation over three weeks longer than non-refugee households. NINOs may even be received after households with family or friend connections in the UK have moved on. It is not unusual for the non-rebatable element of their temporary accommodation to be left unpaid, and Housing Benefit repayments may also be delayed where families have already moved on. The council needs to work with Serco to ensure that NINOs are applied for at the point of discontinuation notice. This would:

- Reduce the length of time refugees have to cope without any income
- Reduce their necessary dwell time in temporary accommodation
- Improve the likelihood of temporary accommodation charges being paid.
Provision for single women
The review demonstrates that the temporary accommodation requirement for single women (Geneva Road) is around a third of the beds currently reserved. This may reduce further in future. The homelessness budget pays for voids reserved for HOS placements, at a cost of around £40,000 per annum. The council is externalising this provision, and this process should include a reassessment of the number of beds that need to be reserved for statutory homeless placements, and an agreement on how void costs can be minimised.

As part of externalising Geneva Road, reconsider the optimum number of beds reserved for HOS placements.

Intelligence to inform commissioning
It has taken considerable effort to interpret a number of sources of data to understand the use of temporary accommodation by homeless households, but this has provided sufficient evidence to suggest that the council needs to take action in a number of areas (above). Going forward the council needs to be able to understand the picture on a routine basis to ensure it is always securing the best value and outcomes from its investment; the current approach to data recording does not enable this.

Implement individual level recording of temporary accommodation placements and monitor data on a monthly basis as a minimum.

20. Access to and sustainment of social housing

20.1 Relevance and operational context

Social housing provides decent quality housing, with landlords that meet and often exceed required standards in terms of customer service, housing management, and repairs and maintenance. It is, by definition, affordable for those on low incomes, with rents that are below Local Housing Allowance (LHA) (i.e. the maximum amount that can be claimed in Housing Benefit towards the rent for a home). This, together with the longer tenancies (often ‘lifetime’) granted on socially rented homes, makes it a preference for most people on a lower income and those who want security of tenure and stability at a reasonable rent. Private rent levels are often above LHA – sometimes by a substantial amount – and tenancy lengths are usually six months.

Those that have been threatened with, or become, homeless understand how hard it can be to find a reasonable quality and affordable tenancy, and how expensive it is to secure and move into a new home. The prospect of having to repeat the experience is a strong driver towards social housing. However, despite the relatively high levels of social housing in Liverpool, there is insufficient for
everyone who wants it and a household may not be able to find a home that matches their needs and preferences.

20.2 Social housing in Liverpool

All social housing across Liverpool is owned and managed by registered providers (RPs, or housing associations). At the 2011 Census, 27.9% of all households in Liverpool lived in social housing. The general needs and sheltered social housing stock in Liverpool at 31 March 2014\(^{xxiv}\) is shown in the table below. The remainder mainly consists of other types of supported housing and hostels.

Table 50: General needs and sheltered rented stock in Liverpool, 31/3/2014

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Average rent</th>
<th>% of housing in LCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>General needs social rent units</td>
<td>47,618</td>
<td>£80.14</td>
<td>22.24%</td>
</tr>
<tr>
<td>General needs affordable rent units</td>
<td>2,181</td>
<td>£97.22</td>
<td>1.02%</td>
</tr>
<tr>
<td>Sheltered housing units</td>
<td>5,108</td>
<td>£76.57</td>
<td>2.39%</td>
</tr>
</tbody>
</table>

Source: Statistical Data Returns 2013/4

71 registered providers hold social housing stock across Liverpool. The following table includes only those with at least 250 general needs units: the type of housing most usually required by households that are actually or potentially homeless.

Table 51: Larger registered providers with stock in Liverpool

<table>
<thead>
<tr>
<th>RP name</th>
<th>General needs units</th>
<th>GN units vacant &amp; ready to let at 31/3/14</th>
<th>% stock ready to let at 31/3/14</th>
<th>Sheltered housing units</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool Mutual Homes (LMH)</td>
<td>14,247</td>
<td>99</td>
<td>0.7%</td>
<td>722</td>
<td></td>
</tr>
<tr>
<td>Riverside</td>
<td>10,289</td>
<td>13</td>
<td>0.1%</td>
<td>39</td>
<td>Also has extra care scheme(^{15})</td>
</tr>
<tr>
<td>Cobalt Housing</td>
<td>5,857</td>
<td>46</td>
<td>0.8%</td>
<td>280</td>
<td></td>
</tr>
<tr>
<td>Liverpool Housing Trust (LHT)</td>
<td>5,249</td>
<td>58</td>
<td>1.1%</td>
<td>478</td>
<td>Also has extra care scheme</td>
</tr>
<tr>
<td>Plus Dane</td>
<td>4,583</td>
<td>129</td>
<td>2.8%</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>South Liverpool Homes (SLH)</td>
<td>3,499</td>
<td>1</td>
<td>0.0%</td>
<td>40</td>
<td>Does not participate in PPP</td>
</tr>
<tr>
<td>Your Housing</td>
<td>2,582</td>
<td>2</td>
<td>0.1%</td>
<td>35</td>
<td>Previously Arena HG. Also has extra care scheme</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>879</td>
<td>10</td>
<td>1.1%</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Venture</td>
<td>747</td>
<td>132</td>
<td>17.7%</td>
<td>756</td>
<td></td>
</tr>
<tr>
<td>Regenda</td>
<td>726</td>
<td>6</td>
<td>0.8%</td>
<td>163</td>
<td></td>
</tr>
<tr>
<td>Pierhead</td>
<td>716</td>
<td>14</td>
<td>2.0%</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Eldonian CBHA</td>
<td>346</td>
<td>32</td>
<td>9.2%</td>
<td></td>
<td>Community based HA</td>
</tr>
<tr>
<td>Pine Court</td>
<td>311</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>Predominantly for Chinese community</td>
</tr>
<tr>
<td>Guinness Partnership</td>
<td>285</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>Has extra care scheme</td>
</tr>
</tbody>
</table>

Source: Statistical data returns 2013/4

\(^{15}\) Extra care schemes are specialist housing for older people with support and care needs.
At 31 March 2014, 2.64% (1,321) of all general needs, self-contained units were vacant, of which 1.1% (544) were ready to let – around average for similar local authority areas.

**Affordable tenancies**

Affordable tenancies were introduced following the Localism Act 2011, and are not optional for Registered Providers (RPs) using government subsidy to build new homes. Affordable rents are higher than social rents: up to 80% of market levels, but always within LHA. In theory, therefore, these rents should be eligible for Housing Benefit. However, claimants will find it more difficult to budget for their rent payments when they receive Universal Credit. Most RPs avoid letting affordable tenancies to people who are not in employment, owing to the potential for rent arrears.

People who are homeless or threatened with homelessness are much more likely to be in receipt of means tested benefits including Housing Benefit. Most of those entering short-term supported housing are not in work, and where they are, they are in part time, low paid jobs. It is unlikely that they would be able to access affordable tenancies.

A number of RPs in Liverpool have established affordable rent tenancies. For example:

- Liverpool Housing Trust has introduced affordable tenancies and currently 3% of their stock is let at affordable rents
- South Liverpool Homes plans to have 0.5% of its stock let on affordable rent by 2015
- Cobalt Housing currently has 2.6% of its stock as affordable tenancies, all of which are new build homes
- Regenda has converted all of their Liverpool stock to affordable tenancies, with rents set at 80% of market rent
- One Vision Housing lets 1% of its stock as affordable tenancies at up to 75% market rents. In addition, around 60% of its stock is let at market rents.

Whilst the proportion of general needs stock in Liverpool currently let on affordable rents is relatively low, it will increase. In doing so, the number of homes let at a ‘social rent’ will decrease. This will be particularly challenging for low-income customers who are in receipt of Universal Credit.

**20.3 Access to social housing**

**Legislation governing the allocation of social housing**

Part 6 of the Housing Act 1996 sets out the ‘reasonable preference’ categories that local authority Allocations Schemes must incorporate; meaning that priority must be given to:

- Accepted homeless households
- Those who are homeless but not accepted (e.g. not to be in priority need, or intentionally homeless
- People living in unsatisfactory housing conditions including insanitary or overcrowded housing
- People who need to move on medical or welfare grounds
- People who need to move to avoid hardship to themselves or others.
The Localism Act 2011 led to a new Code of Guidance in June 2012, which requires that consideration must to be given to:

- An applicant’s eligibility for social housing (age, immigration status)
- Qualification criteria that local authorities can set locally. Examples include whether applicants:
  - Own accommodation
  - Have a local connection (Armed Forces veterans and their families are exempt from this)
  - Have sufficient income/resources to enable them to secure alternative accommodation
  - Have behaved unacceptably in relation to a current or previous tenancy\(^\text{16}\).

- The existing reasonable preference criteria, plus others that local authorities can set themselves, e.g. applicants that are:
  - In employment
  - Making a contribution to the community through voluntary work
  - Fostering children.

**Liverpool Allocations Policy and Scheme**

Access to most social housing in Liverpool is through Property Pool Plus (PPP): a sub-regional choice-based lettings system that is jointly owned and run by a partnership of local authorities: Liverpool, Knowsley, Sefton, Halton and Wirral. This scheme came into operation in July 2012, succeeding the authorities’ earlier individual schemes. Most RPs in Liverpool are members, although South Liverpool Homes is a notable exception.

PPP is a web-based system. Applicants on the housing register can express an interest in (‘bid’ on) properties that are advertised by RP members. These are then offered to applicants in accordance with the sub-regional allocations scheme. PPP also enables applicants to consider other housing options advertised on the site: ‘Available Now’ properties, private rented properties, mutual exchange and shared ownership. Allocation of adapted properties is not included within PPP but is dealt with by ACCESS Liverpool.

The allocations scheme was reviewed in 2013 and this introduced some amendments including aligning bedroom entitlement to welfare benefit changes (the ‘bedroom tax’). The scheme banding arrangements are currently:

### Table 52: Current PPP scheme bandings (highlighted text particularly relevant)

<table>
<thead>
<tr>
<th><strong>Urgent Band A</strong></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Welfare</td>
<td>Applicants with an urgent need to move: their life is at risk; they have a severe long-term health condition or disability and unable to access basic facilities including those who are ready to be discharged from hospital or residential care; displaced due to the intervention of environmental health, fire and rescue services; members of the armed forces who have sustained serious injury as a result of their service</td>
</tr>
<tr>
<td>Statutory Homeless</td>
<td>Applicants who are accepted as homeless and owed a full housing duty in accordance with the homeless legislation</td>
</tr>
</tbody>
</table>

\(^{16}\) This includes anything for which a landlord could have obtained a possession order had the applicant been a secure tenant: rent arrears of at least 8 weeks; serious and persistent nuisance or anti-social behaviour; criminal convictions that relate to the property and/or the locality; condition of the property; obtaining a property by providing false information.
Urgent Band A

<table>
<thead>
<tr>
<th>Regeneration</th>
<th>Applicants being rehoused due to a council decision to acquire their property as part of a regeneration scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcrowded (2 or more beds)</td>
<td>Applicants with a bedroom shortfall of two or more bedrooms, according to the bedroom standard</td>
</tr>
</tbody>
</table>

High Band B

<table>
<thead>
<tr>
<th>Health and Welfare</th>
<th>Applicants who are victims of harassment and domestic violence, hate crime; young people leaving the care of the council; formal referrals from Social Services under the Children Act 1989; applicants in commissioned supported or temporary hostel accommodation services where the maximum length of stay is 2 years; members of the armed forces with no medical need; applicants living in adapted properties that no longer need them; applicants with a severe long-term health condition who cannot access some of the facilities within their home; applicants whose housing is having a serious detrimental effect on their mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcrowded</td>
<td>Applicants who have been assessed using the bedroom standard and have a shortfall of one bedroom</td>
</tr>
<tr>
<td>Disrepair</td>
<td>Applicants whose housing has been inspected by the environmental health teams where enforcement action is considered appropriate to remove a hazard and the timescales for undertaking any action to remove the hazard are such that it is reasonable for the applicant to be rehoused</td>
</tr>
<tr>
<td>Under Occupation</td>
<td>Applicants of social rented property who are under-occupying their current housing and are downsizing to smaller accommodation</td>
</tr>
</tbody>
</table>

Medium Band C

<table>
<thead>
<tr>
<th>Health and Welfare</th>
<th>Applicants whose long-term health is made worse by their living conditions; relationship breakdown where an applicant has to leave a shared home; applicants who need to move to give or receive care; hostel residents who are not receiving support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Non-priority</td>
<td>Applicants who have been accepted as eligible for assistance</td>
</tr>
<tr>
<td>Homeless Intentional (Priority Need)</td>
<td>Applicants who have been accepted for assistance but have been found to be intentionally homeless</td>
</tr>
<tr>
<td>Living with family and friends</td>
<td>Applicants without a tenancy and living with family/friends but want their own home (includes applications from separate addresses who want rehousing together)</td>
</tr>
</tbody>
</table>

Band D

| No assessed need: in employment | Applicants with at least one household member who has been in work for 9 out of the last 12 months, working more than 16 hours per week |

Band E

| No assessed need | Applicants who do not meet the criteria to be placed in the other bands |

Band F

| Reduced Preference | Applicants who have a reduced preference due to unacceptable behaviour including rent arrears and anti-social behaviour |

Source: LCC Property Pool Plus

In October 2014, with an intention to go live in January 2015, the council approved minor amendments to the policy, the most important of which is to include preference within Band B for the prevention of homelessness. It also provides greater clarification about disqualification for unreasonable behaviour,
particularly offending behaviour. It is understood that training will be undertaken to ensure a consistent approach.

The larger stock holders have nomination agreements with the council, usually for at least 50% of all vacancies, although most advertise higher percentages than this via PPP. Pine Court Housing lets 20% via PPP and 80% through its own policy and waiting list. South Liverpool Homes does not to participate in PPP and has its own waiting list and policy.

Even where RPs maintain their own waiting list, most have either adopted the council’s allocations policy, or else their own policy has the same types of priority (e.g. accepted homeless households have significantly more priority than others).

Most RPs also have arrangements outside PPP for their own tenants who want or need to move home, including for urgent management moves.

**Accessing social housing and challenges**

Applications to PPP can be made online through the website, in person at one of the council’s One Stop Shops or the offices of a scheme partner, or by ringing to request an application form.

Once accepted onto the register, people who might find it more difficult to participate in the scheme, e.g. with disabilities or other vulnerabilities such as literacy or language, can get additional support to bid for a home including:

- Auto bidding – the system places a bid when a property matches a recorded set of criteria
- Proxy bidding – a bid made on the applicant’s behalf by someone else
- Mailed copies of adverts to those without internet access
- Forms and other documents in large print and other language formats.

Applicants must ensure that their details are updated when their circumstances change. This can be challenging when sofa surfing or moving between hostels, and some people told us that they had lost housing opportunities because they had not updated their details, including how they could be contacted. Around 55 offers of housing made every per month receive no response from the applicant. It is reasonable to assume that a significant number of these are people that are moving from address to address, so do not receive messages or letters.

**Eligibility**

The Secretary of State determines who is ineligible to join a social housing register. At present, this includes certain persons from abroad defined in the Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006 (SI 2006 No.1294) (‘the Eligibility Regulations’). These regulations apply to all local authority allocations policies and exclude anyone who has no recourse to public funds as well as other specific classes of persons from abroad. RPs are not bound by some of this regulation, but most will only accept tenants who have recourse to public funds, owing to the risk of rent arrears should the tenant lost their income.

Some people from abroad can therefore only access private rented accommodation. Changes under the Immigration Act 2014 are designed to prevent illegal immigrants from taking on tenancies. Anyone who can’t prove that they are legally in the country will be denied access to private tenancies. There is concern about the impact on homeless people, because receiving, keeping safe; and accessing documents is difficult where they are sofa surfing or moving frequently. There is therefore a potential for increased rough sleeping where people cannot locate their documents.
Disqualifications
Households are first assessed against qualification criteria at the point of application. Existing tenants who were housed within the previous twelve months by a scheme landlord and whose circumstances have not materially changed are disqualified from joining the register.

Applications can also be disqualified from joining the register where any member of the household has been guilty of unacceptable behaviour deemed serious enough to make them unsuitable to be a tenant. Changes in the applicant’s circumstances, including health, dependents and individual circumstances, are considered as part of the assessment.

Table 53: Examples of disqualification criteria, impact on application, and factors taken into consideration

<table>
<thead>
<tr>
<th>Disqualification criteria</th>
<th>Impact on application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent arrears equal to or over eight weeks gross rent</td>
<td>Disqualified until evidence of having adhered to a repayment plan for a minimum of 52 weeks or the debt is less than the disqualification amount. Account is taken of arrears from delays in payment of Housing Benefit (HB) or Universal Credit (UC). May be waived if arising from Spare Room Subsidy or benefit cap and the applicant is seeking a smaller or lower rent property</td>
</tr>
<tr>
<td>Eviction from or abandonment of a social tenancy</td>
<td>Discretionary: consideration given to length of time elapsed and any outstanding tenancy debt</td>
</tr>
<tr>
<td>Anti-social behaviour that is sufficiently serious to have enabled tenancy repossession, including abusive or threatening behaviour towards members of staff</td>
<td>Discretionary: consideration given to when this happened and the applicants’ subsequent steps to mitigate the unacceptable behaviour. Applicants unable to demonstrate changed behaviour remain disqualified</td>
</tr>
<tr>
<td>Conviction for serious assault; use or possession of an offensive weapon; using premises or allowing use of premises for immoral or illegal purposes</td>
<td>Initial disqualification for 12 months starting from the latter of date of offence/conviction or date of release</td>
</tr>
<tr>
<td>Failure to maintain an existing social tenancy in a reasonable condition</td>
<td>Discretionary: consideration given to the applicants’ subsequent steps to mitigate this, monitored by the landlord. Applicants unable to demonstrate changed behaviour remain disqualified</td>
</tr>
<tr>
<td>Offenders that are subject to Level 2 or 3 MAPPA17</td>
<td>Rehousing is only at the request of a MAPPA lead agency and by direct matching outside the scheme</td>
</tr>
</tbody>
</table>

Source: Property Pool Plus

The Administering Scheme Partner with whom an applicant is registered is responsible for assessing initial qualification and for changing this (either way) should the applicant’s circumstances change. They should also tell the applicant, in writing, how long the disqualification applies for, and how they can overturn a decision to disqualify them from the register.

Mitigation to avoid or overturn disqualification includes evidence (depending on cause) that the applicant has cooperated with a professional support agency; or undertaken treatment for substance misuse; or satisfactorily maintained a tenancy; or been able to turn around their behaviour so that there have been no further breaches for a significant period of time.

Whilst not automatically disqualified for the register, two groups have bidding restrictions:

17 MAPPA – Multi Agency Public Protection Assessment
• Applicants that are qualified to join the register but are in custody cannot bid for vacancies until two weeks prior to their release date.

• 16 and 17 year olds can join the register if eligible and qualified, but cannot usually bid for tenancies until their 18th birthday. This can be over-ridden by HOS or Children and Young People’s Services, although landlords usually still require a rent guarantor and a support plan.

The Allocations Policy states: ‘Where a scheme council has a legal duty under Part VII HA 96 or Homelessness Act 2002 to secure accommodation for someone who is homeless, this duty will take precedence over these qualification provisions.’ This means that anyone accepted as homeless should join the register in Band A, and be offered any home for which they are top of the shortlist.

Reduced preference

Applicants who are qualified to join the register may still be subject to ‘Reduced Preference’ status within the Allocations Scheme for the following reasons:

Table 54: Criteria for reduced preference (Band F)

<table>
<thead>
<tr>
<th>Reduced preference criteria</th>
<th>Impact on application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing related debt of 4 – 8 weeks gross rent</td>
<td>Stay in reduced preference until the debt is under 4 weeks. Waived if arising from bedroom tax or benefit cap and the applicant is seeking a smaller or lower rent property</td>
</tr>
<tr>
<td>Deliberate worsening housing circumstances in order to gain priority</td>
<td>Reduced priority for 12 months</td>
</tr>
<tr>
<td>Client in supported housing is not ready for independent living</td>
<td>Manages risk that client will be offered settled housing before they are ready to manage it while enabling them to retain their application date. Once ‘tenancy ready’ application is moved into Band B</td>
</tr>
</tbody>
</table>

Source: Property Pool Plus

Effectively applicants in this Band will be shortlisted beneath applicants with no housing need at all (Bands D and E). Of the 264 applicants in Band F at September 2014, around half had been in Band F for over a year, and 55 for over two years.

Chart 140: Applicants in Band F, months in Band

Source: Liverpool City Council

Source: www.gilllena.co.uk

Tel: 07766 660799

GLHS Ltd. Registered in England Reg. No. 5406554
Where applicants have current or former rent arrears (the main reason for inclusion within Band F), they must reduce their debt to below four weeks’ value to have the reduced preference lifted. It appears that applicants are not proactively contacted with offers of help to set up payment plans to achieve this.

The software used for Property Pool Plus does not enable identification of the banding applicants would have had, were it not for their reduced preference. It is known that accepted homeless applicants are not demoted to Band F, and that homeless applicants in supported accommodation who are not yet ‘tenancy ready’ are placed in the Band where they would usually be in Band B.

Additional RP-specific qualification and verification criteria
In addition to the policy qualification and reduced preference criteria, several of the Registered Providers have their own verification and qualification policies and procedures that influence short lists and determine to whom the property will be offered. Examples are:

- Regenda requires all potential tenants to complete a Service Risk Assessment to establish whether the applicant could sustain a tenancy, and additional verification including questions around past addresses, landlord references, convictions, investigations, abuse, etc, which may highlight areas for further checks. Applicants’ medical circumstances are also considered to establish whether they need tailored services
- Riverside has extensive additional verification requirements: their Pre-tenancy Declaration is some 38 pages long
- Your Housing Group requires proof of identity and income details for all household members, plus two references including one from their last landlord
- One Vision Housing requires all new tenants who are allocated outside of PPP to be in employment
- South Liverpool Homes undertakes ‘rent ready’ visits to prospective tenants.

Despite some additional criteria, all the RPs stated that no applicants are actually overlooked for offers of accommodation. However, despite the policy statement that accepted homeless households will not be disqualified from the register or for offers, HOS state that some accepted homeless applicants in temporary accommodation have been overlooked because of their previous tenancy histories. They were able to provide several specific case examples since May 2014.

In addition, during the service user consultation for this review, Property Pool Plus and RPs received some significant criticism from offenders and people recovering from substance misuse particularly around ‘blanket bans’ and inconsistencies in banding. There was also feedback from a wider range of customers and from some stakeholders that housing officers responsible for short listing and offering vacancies may overlook people in homeless hostels or with an indication of prior substance misuse or offending behaviour, despite their acceptance onto the register and banding. Several service users had been in short-term supported accommodation for nearly two years and had not been offered accommodation despite being well-banded and bidding for suitable homes.

Each partner within the allocations scheme accepts and processes applications. Applicants found to be ineligible or unqualified for the register are considered by the PPP monthly meeting with registered providers and verified. However, it is not possible to determine what consistency there is in the approach to banding applicants or identify monitoring controls in place to ensure equity and fairness. It
also appears that there is no embedded approach to checking shortlists and offers to ensure that households are not overlooked.

**Direct lets**

Applicants can bid for up to three properties per week. This is done online unless they have additional support such as auto or proxy bidding. Bids can be moved to other properties if the applicant sees they are low in a queue.

Applicants in the ‘urgent’ housing band, which includes those who are statutorily homeless, who do not use all their bids can have bids placed automatically on their behalf. The Housing Options Service (HOS) rehousing team is responsible for bidding on behalf of accepted homeless households. Statutory homeless households are only entitled to one offer of suitable accommodation. They do have their statutory rights to review to challenge the suitability of the offer made and, where the property is deemed suitable, the council’s discharge of duty.

It appears from data on direct lets in ‘Table 54: Lettings through Property Pool and Property Pool Plus’ (below) that the numbers of direct lets to homeless households decreased significantly between 2012/13 and 2013/14. In 2012/13, one third of accepted homeless households were made a direct offer. This decreased to just 13% in 2013/14. For 2014/15, only direct let data for all in Band A has been made available for review, but the proportion of direct lets for the whole Band was only 20%.

The review of temporary accommodation use indicates that direct lets are not used often enough to ensure that accepted homeless households are moved quickly into settled accommodation.

### 20.4 Demand for and supply of social rented homes

**Demand**

Changes in Policy over time have led to changes in applicant numbers and numbers in different bands. The table and chart below show changes over time. The main impact of the 2013 changes on demand was to reduce the number of applicants qualified to join the register, whereas previously some applicants had been allowed to join the register but were unable either to bid or to be offered a property. Applicant numbers are on the rise now, though, including those that are statutorily and non-statutorily homeless. Given the numbers accommodated in hostels the low numbers in the non-priority homeless banding is surprising. It is presumed that this number does not include those that will have planned move on as part of their support plan.

<table>
<thead>
<tr>
<th>Priority Banding</th>
<th>1/4/10</th>
<th>1/4/11</th>
<th>1/4/12</th>
<th>1/4/13</th>
<th>1/4/14</th>
<th>1/9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Band A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and welfare</td>
<td>11</td>
<td>20</td>
<td>10</td>
<td>41</td>
<td>52</td>
<td>72</td>
</tr>
<tr>
<td>Statutory homeless</td>
<td>70</td>
<td>40</td>
<td>37</td>
<td>32</td>
<td>31</td>
<td>51</td>
</tr>
<tr>
<td>CWOP decant</td>
<td>303</td>
<td>165</td>
<td>80</td>
<td>90</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Overcrowded 2 beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>99</td>
<td>138</td>
<td>133</td>
</tr>
<tr>
<td><strong>Total Band A</strong></td>
<td>384</td>
<td>225</td>
<td>127</td>
<td>262</td>
<td>281</td>
<td>306</td>
</tr>
<tr>
<td><strong>High Priority Band B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and welfare</td>
<td>632</td>
<td>874</td>
<td>1,045</td>
<td>1,261</td>
<td>1,221</td>
<td>1,327</td>
</tr>
<tr>
<td>Overcrowded 1 Bed</td>
<td>1,134</td>
<td>1,153</td>
<td>1,259</td>
<td>1,314</td>
<td>1,006</td>
<td>1,039</td>
</tr>
<tr>
<td>Non-priority homeless</td>
<td>80</td>
<td>2</td>
<td>10</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>High level disrepair</td>
<td>514</td>
<td>194</td>
<td>162</td>
<td>99</td>
<td>73</td>
<td>74</td>
</tr>
<tr>
<td>Under occupation</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1,181</td>
<td>1,721</td>
<td>1,764</td>
</tr>
</tbody>
</table>

18 Under s202 and s204 Housing Act 1996, as amended.
### Priority Banding

<table>
<thead>
<tr>
<th>Priority Banding</th>
<th>1/4/10</th>
<th>1/4/11</th>
<th>1/4/12</th>
<th>1/4/13</th>
<th>1/4/14</th>
<th>1/9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Band B</strong></td>
<td>2,360</td>
<td>2,223</td>
<td>2,476</td>
<td>3,855</td>
<td>4,027</td>
<td>4,204</td>
</tr>
<tr>
<td><strong>Medium Priority Band C</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and welfare</td>
<td>1,155</td>
<td>1,262</td>
<td>1,446</td>
<td>1,600</td>
<td>1,260</td>
<td>1,374</td>
</tr>
<tr>
<td>Living with family/friends</td>
<td>3,955</td>
<td>2,194</td>
<td>1,890</td>
<td>2,091</td>
<td>1,698</td>
<td>1,756</td>
</tr>
<tr>
<td>Homeless intentional</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Homeless, Not Priority Need</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>13</td>
<td>17</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total Band C</strong></td>
<td>5,110</td>
<td>3,456</td>
<td>3,336</td>
<td>3,706</td>
<td>2,992</td>
<td>3,163</td>
</tr>
<tr>
<td><strong>Low Priority Bands D &amp; E</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General (employed)</td>
<td>9,276</td>
<td>6,264</td>
<td>5,659</td>
<td>426</td>
<td>796</td>
<td>986</td>
</tr>
<tr>
<td>Low (unemployed)</td>
<td>4,091</td>
<td>945</td>
<td>756</td>
<td>6,546</td>
<td>4,833</td>
<td>4,897</td>
</tr>
<tr>
<td><strong>Total Band D and E</strong></td>
<td>13,367</td>
<td>7,209</td>
<td>6,415</td>
<td>6,972</td>
<td>5,629</td>
<td>5,883</td>
</tr>
<tr>
<td>Band F reduced preference</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>193</td>
<td>236</td>
<td>264</td>
</tr>
<tr>
<td><strong>Total Applicants across all bands</strong></td>
<td>21,221</td>
<td>13,113</td>
<td>12,354</td>
<td>14,989</td>
<td>13,165</td>
<td>13,820</td>
</tr>
</tbody>
</table>

Source: Liverpool City Council Property Pool Plus

Note: people in commissioned short-term housing/hostels are placed into Band B, Health and Welfare once they are ‘tenancy ready’ but numbers cannot be pulled out of this group.

### Chart 141: Housing Register Applicants by Band

![Housing Register by Banding](image)

Source: Liverpool City Council

Demand amongst under-occupiers rose by almost 50% between April 2013 and April 2014, but it is clear from the supply data below that this demand cannot easily be satisfied.

Other aspects of this review lead to the conclusion that most demand amongst homeless (not accepted) households is for one-bedroom properties. However, until the policy changes raise non-priority homeless households into Band B, under-occupiers will be prioritised for the limited supply. Whilst this may help more non-statutorily homeless households, most will be at the expense of under-occupiers, who themselves may be at risk of homelessness because of rent arrears.
Supply
2013/14 saw a considerable increase in the number of social lettings. RP and PPP staff consulted as part of the review reflected that there was considerable movement of under-occupying tenants as a result of the rule relating to the Spare Room Subsidy, which was introduced in April 2013. The majority of change in the letting numbers was driven by under-occupation. Data for the first quarter of 2014/15 provides only totals per band, so any more recent shifts in patterns cannot be determined. However, it appears that monthly average lets have dropped back to their previous levels.

Table 56: Lettings through Property Pool and Property Pool Plus

<table>
<thead>
<tr>
<th>Banding</th>
<th>2012/13</th>
<th>2013/14</th>
<th>April to June 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>Total</td>
</tr>
<tr>
<td>Band A total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health/welfare (urgent)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Overcrowded by 2 Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Regeneration</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Statutory Homeless</td>
<td>14</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>Band B total</td>
<td>241</td>
<td>27</td>
<td>268</td>
</tr>
<tr>
<td>Disrepair</td>
<td>20</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Health/welfare (high)</td>
<td>78</td>
<td>16</td>
<td>94</td>
</tr>
<tr>
<td>Overcrowded by 1 Bed</td>
<td>143</td>
<td>8</td>
<td>151</td>
</tr>
<tr>
<td>Under Occupation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Band C total</td>
<td>206</td>
<td>37</td>
<td>243</td>
</tr>
<tr>
<td>Health/welfare (medium)</td>
<td>73</td>
<td>16</td>
<td>89</td>
</tr>
<tr>
<td>Homeless PN intentional</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Homeless Not PN</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Living with family/friends</td>
<td>129</td>
<td>20</td>
<td>149</td>
</tr>
<tr>
<td>All other lets</td>
<td>923</td>
<td>522</td>
<td>2,100</td>
</tr>
<tr>
<td>Band D total</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Band E total</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Band F total</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total lets</td>
<td>1,391</td>
<td>594</td>
<td>2,640</td>
</tr>
<tr>
<td>Average lets per month</td>
<td>220</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Liverpool City Council Property Pool Plus

The applicant groups most relevant to the homelessness review have been pulled out into the table below, to show the proportion of all lets to Bands A, B and C, and to specific needs groups.

Table 57: Proportion of all lets to certain needs groups

<table>
<thead>
<tr>
<th>Banding</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band A total</td>
<td>1.1%</td>
<td>6.6%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Statutory homeless</td>
<td>0.8%</td>
<td>2.4%</td>
<td>n/k</td>
</tr>
<tr>
<td>Band B total</td>
<td>10.2%</td>
<td>46.0%</td>
<td>44.1%</td>
</tr>
<tr>
<td>Under occupation</td>
<td>n/a</td>
<td>13.7%</td>
<td>n/k</td>
</tr>
<tr>
<td>Band C total</td>
<td>9.2%</td>
<td>20.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Homeless not PN</td>
<td>0.2%</td>
<td>0.2%</td>
<td>n/k</td>
</tr>
<tr>
<td>Living with family/friends</td>
<td>5.6%</td>
<td>11.3%</td>
<td>n/k</td>
</tr>
<tr>
<td>Percentage of all lets to the top three Bands</td>
<td>20.5%</td>
<td>73.3%</td>
<td>76.2%</td>
</tr>
</tbody>
</table>

Source: Liverpool City Council Property Pool Plus
Over three quarters of all lets are now being made to applicants in the top three Bands, and the proportion is increasing. This demonstrates the level of housing stress in Liverpool, and counters the external impression that there is a ready supply of social housing in the city.

The higher the turnover, the more void periods there are within the stock because every property must, as a minimum, have regulatory checks on utility supplies and be cleaned prior to letting. Most will also need at least minor repairs before they are ready to let. RPs generally try to reduce turnover to avoid void rent losses and the costs of void repairs, but under-occupation has significantly increased stock turnover for most RPs, and there is clearly still a demand from under-occupiers registered on PPP.

All larger RPs are required to complete more detailed Statistical Data Returns to the HCA. Some of those operating in Liverpool have stock elsewhere in Merseyside or a wider area, but the turnover percentages for their entire general needs stock are shown below.

<table>
<thead>
<tr>
<th>RP name</th>
<th>% of GN stock let 2013/14</th>
<th>Compared to average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool Mutual Homes (LMH)</td>
<td>8.5%</td>
<td>87%</td>
</tr>
<tr>
<td>Riverside</td>
<td>11.4%</td>
<td>116%</td>
</tr>
<tr>
<td>Cobalt Housing</td>
<td>9.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Liverpool Housing Trust (LHT)</td>
<td>9.4%</td>
<td>96%</td>
</tr>
<tr>
<td>Plus Dane</td>
<td>8.9%</td>
<td>91%</td>
</tr>
<tr>
<td>South Liverpool Homes (SLH)</td>
<td>11.2%</td>
<td>114%</td>
</tr>
<tr>
<td>Your Housing</td>
<td>13.2%</td>
<td>135%</td>
</tr>
<tr>
<td>Sanctuary North West</td>
<td>12.5%</td>
<td>128%</td>
</tr>
<tr>
<td>Venture</td>
<td>13.2%</td>
<td>135%</td>
</tr>
<tr>
<td>Regenda Ltd</td>
<td>1.2%</td>
<td>12%</td>
</tr>
<tr>
<td>Pierhead</td>
<td>14.4%</td>
<td>147%</td>
</tr>
</tbody>
</table>

**Average – all large RPs with GN stock in Liverpool**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Compared to average</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.8%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Statistical Data Returns 2013/14

Some RPs had considerably higher turnover: Pierhead, Your Housing (formerly Arena), Venture and Sanctuary stand out. Void rent loss and expenditure on void repairs will have increased considerably during last year, when so many tenants wanted to avoid the under-occupancy penalties. Most RPs nationwide are predicting continued high levels of turnover and are also concerned that they will need to increase expenditure on certain types of void properties – see the commentary on ‘difficult to let’ properties below.

**Delays in letting properties**

Where there is significant actual or potential homelessness, as in Liverpool, an important action is to reduce void times. Where properties stay empty for longer, there is a knock-on effect: effectively reducing the number of properties available to people in housing need and increasing times in temporary and short stay accommodation.

Apart from RPs’ internal processes to get a property ready to let, two other factors can significantly increase void times: refusals of offers and properties that are ‘difficult to let’.

**Refusals of offers**

Refusals for the period 1 January 2014 to 11 November 2014 totalled 1,542 – an average of 212.7 refusals per month. On the basis of the 665 lets made from April to June 2014 – an average of 222 per
month – this equates to almost one refusal for every property let\textsuperscript{19}. There was a considerably higher rate of lettings in the full year 2013/14, and may have increased again from July to October, so this may be an overstatement of the problem, but there does appear to be a high average refusal rate. Obviously, some properties will have been refused more than once, even multiple times, whereas others will have been accepted by the first applicant offered.

More than a quarter of refusals were because the applicant that placed a bid did not respond to an offer. Difficulties in contacting people who move around have been discussed in the previous section, and elsewhere in this report. Almost 8\% were because a property’s bedroom/s were too small. This has become more of an issue with the Spare Room Subsidy, because children who were previously entitled to their own bedroom now have to share, and some bedrooms are too small to allow two single beds. 30\% of refusals were for ‘other’ reasons. PPP has 40 listed reasons for refusal so it seems unlikely that almost a third of refusals were for reasons that fell outside of these. Housing officers understandably find it easier to tick ‘other’ than look for the exact reason, but this does impede understanding of refusals, and therefore the ability to do something to reduce them.

With this rate of refusals, it may be appropriate to consider penalties where applicants refuse several offers of properties on which they themselves placed bids.

**Difficult to let properties**

Despite the apparent demand, several of the RPs have issues with difficult to let properties. This has been reported as an issue in many areas across the country. Prior to the bedroom tax, RPs were prepared to under-occupy two bedroom flats, particularly those above the ground floor that families with young children didn’t want. In addition, families with two children could bid for three-bed properties. This has had to cease for any household dependant on Housing Benefit: most cannot afford the under-occupation penalty and RPs are unwilling to take the risk of rent arrears.

Several RPs are taking actions to tackle difficult to let properties, for example Liverpool Housing Trust has a voids strategy and a working group looking at innovative ways to let their unpopular properties.

Regenda and Riverside both identified that they have difficult to let areas, rather than specific properties. However, both have seen decreasing demand for two bedroom flats, as a result of welfare reform and under-occupancy penalties. Riverside has a marketing toolkit and seeks allocations outside of PPP such as Available Now, their own website, their Recommend a Friend Scheme and action plans for certain properties.

Your Housing Group identified that some three-bed houses were difficult to let, but also two bed houses in some areas e.g. Anfield (Townsend area) and two bed flats in a number of areas. Properties that are difficult to let or fail to attract any bids are offered via agencies, Zoopla or offered for other local nominations.

With almost 14,000 applicants on the register, it seems unlikely that there is insufficient demand for properties overall, but some applicants can afford to wait for a more ideal property. One option is to set up shared housing tenancies in two bedroom flats or three bedroom houses. These could be managed by the RPs or by a social lettings agency on their behalf, and directed towards people who are threatened with homelessness or living in short-term housing.

\textsuperscript{19} We do not have refusal statistics for the same period as lettings
Accepting an offer of social housing

Once an applicant has bid for and been offered a social tenancy, there are still challenges before they can move in and settle down. These are considered in this section, and in the section on sustaining tenancies below.

Rent in advance

New tenants not only have to fund their removal costs and any furniture and white goods they need, they must also find money for the advance rent. The amounts are small compared to private rented properties, but most RPs feel that rent in advance sets the landlord/tenant relationship off on a good footing and establishes the expectation that rent will be paid promptly.

Several of the registered providers require at least one week’s rent in advance, e.g. LHT, SLH, Regenda, Riverside and Plus Dane.

- Cobalt bases its rent in advance requirement on how rent will be paid (e.g. if paid weekly, a week’s rent in advance; if paid monthly, a month’s rent in advance)
- Both Your Housing Group and One Vision require a month’s rent in advance unless the new tenant is in receipt of HB
- Applicants for One Vision Housing’s market rent properties have to undergo a credit check, for which they are charged a non-refundable £30.

Discretionary Housing Payments (DHPs) can be made for rent in advance, but understandably most resources are directed towards people needing to move into private tenancies, where rent in advance and a deposit usually amount to hundreds of pounds.

Moving in at short notice

All the RPs try to advertise and allocate their accommodation before the property is ready to let. This keeps voids to a minimum and it also gives the applicant additional time to organise themselves for the move. However, successful applicants cannot be notified of the exact date they will be able to move in until the home is returned from maintenance.

Once the property is ready, the new tenant is expected to move in within the week. Housing Benefit payments towards rent only, start once the tenant moves in (except in very specific circumstances), so there is a risk that rent arrears will build up if a move is delayed.

Where the property has been refused or has not received any bids and is now available for let, all RPs that responded said that they would require an offer to be accepted and the applicant to move within a week – the tenancy start date will be the first Monday after the offer. Riverside extends this to two weeks where it is a transferring tenant, including transfers from their supported accommodation into their general needs stock. Cobalt said they try to give all incoming tenants at least one week’s notice of their tenancy start date. Regenda is considering introducing ‘any day’ tenancy start dates to reduce void times still further.

Establishing a home

Once an applicant accepts an offer of housing, they clearly need to be prepared to move in quickly. This is difficult for many in temporary or short-term accommodation who often don’t have their own furniture or white goods and have to find ways to acquire enough to make moving in practical. Liverpool’s Citizen Support Scheme (LCSS) has been key in providing vouchers for furniture and white goods and meeting the cost of necessarily new goods (e.g. mattresses) cooker fitting, etc. They can act very quickly where the need is urgent.
The government announced in December 2014 as part of the Local Government Finance Settlement that local welfare would no longer be funded. Instead councils had £129.6m of their existing grant identified for local welfare schemes. The Local Government Association has found that half of all councils intend to scrap or severely cut back their local welfare schemes: Liverpool’s final decision is awaited.

Bulky Bob’s Furniture World is a key resource for people with little money who need to furnish their home, and of course Liverpool does have other second hand furniture stores.

Only two RPs have been identified as providing practical help with furniture:

- One Vision Housing’s Home Starter Fund can provide a one-off maximum grant of £450 to pay for essential furniture and household goods
- LMH can provide a furnished tenancy package where a new tenant doesn’t have the resources to buy essential goods.

Depending on the future for LCSS, other RPs may find that it is well worthwhile to set up furnished tenancy packages or grants for essential goods. Tenancies are considerably more likely to be sustained and successful where the tenant feels at home’ as quickly as possible. Achieving this requires some basic home comforts.

Short-term and temporary accommodation support could help people prepare for becoming a tenant by advising them on the expenses and practicalities involved, and helping them to set up a Credit Union account ready for the expenses of moving into a settled home.

**Sustaining social tenancies**

It is in everybody’s interests that tenancies are sustained. Effective sustainment support minimises rent arrears and evictions, reduces voids, tackles anti-social behaviour and improves community cohesion. It is particularly important that new tenants with a background of homelessness (or other vulnerabilities) are helped to settle in and establish their home, and supported through any issues they have themselves, or with their neighbours. This also helps people to avoid a cycle of homelessness: once evicted from social housing, people will find it very difficult to get another offer.

Recent research\(^{000}\) based on more than 300 in-depth interviews with social housing tenants living in the Midlands found that two thirds of tenants had no savings, and of those that do, half had less than £1,000. Almost two thirds of tenants had difficulty making ends meet until payday or the next benefits payment. Almost half of the tenants were in debt, with 55% of indebted tenants owing over £1,000 (a fifth owed over £6,000). A fifth of all tenants had used a high cost lender such as a payday loans company or a pawnbroker.

These findings emphasise the importance of work with social tenants to support their ability to manage on low incomes, resist indebtedness and manage on a limited income. Housing Associations’ debt and financial inclusion work was strongly backed by interviewees, but they also asked for help with tenancy sustainability, with furniture, affordable warmth and food as key priorities.

**Floating support**

In addition to the floating support services that are commissioned by the council, several of the RPs have in-house floating support for tenants who are identified as vulnerable at letting, or are struggling to maintain their tenancy (e.g. are starting to build up rent arrears, complaints made about nuisance or anti-social behaviour). Most services are comprehensive, and offer support with a wide range of issues
including establishing a home, dealing with debt and budgeting, life skills, and access to specialist health and support services.

Examples of RP-funded support services are:

- Plus Dane’s floating support service is provided by two tenancy support officers working across Liverpool, Halton and Wirral. Each has a caseload of 15 tenancies, and they have dealt with around 40 cases in the past twelve months.

- South Liverpool Homes holds first time tenancy workshops. These help those who haven’t held a tenancy before to understand simple day-to-day home maintenance, budget for bills and rent, and understand what is expected from them as tenants. They also have a floating support service (since April 2013) provided by three officers and a manager. This provides a support service to 90 tenants, and they have more than 60 on their waiting list.

- Regenda has their own tenancy advice service comprising one officer who covers their property across Merseyside. They were not able to say how many tenants are currently in receipt of support. Their ‘Silver Service’ for over-55 year olds is under review.

- Liverpool Mutual Homes provides a floating support service but we have no further information on the numbers of staff or tenants supported.

All of the RPs that responded said that they also refer to the floating support services commissioned by the council (see the chapter on Homelessness Prevention for more information).

Money advice

Most RPs provide specific help for tenants to claim Housing Benefit and establish any payments that they have to make themselves. They will also proactively contact tenants that fall into arrears, and seek to reduce the risk of this spiralling out of control. All RPs are conscious of the risks of Universal Credit (UC), when most eligible tenants will receive all their benefits direct to a bank account and as one lump sum. Most are gearing up to ensure that all tenants are helped to open a current account and to set up payments of rent. Income management officers may also provide money management and budgeting advice, and may be able to provide help with income maximisation.

A few RPs offer wider money advice, for example:

- Liverpool Mutual Homes’ Welfare Reform team works with other agencies to provide proactive help to avoid issues around welfare reforms including help to apply for DHPs, specialist debt advice, budgeting and money management, help to open a bank account, help with applications for Personal Independence Payments, fuel poverty advice, and food bank vouchers for those in financial hardship.

- Riverside’s welfare benefits advice is aimed at income maximisation, and tenants are taken through a benefits check and provided with help to claim any benefits to which they appear to be entitled.

- Several RPs offer specific fuel cost advice, for example South Liverpool Homes’ Affordable Living Service.
However, most RPs direct their tenants towards specialist money advice agencies including Citizens’ Advice Bureau; New Direction\(^\text{20}\); Local Solutions (for fuel advice); and StepChange Debt Charity.

**Developing resilience: entering training and employment**

Some RPs have set up specific employment and training services, apprenticeships and/or partnerships with repairs and maintenance forms, builders and so on. Two examples of services to help tenants to develop their long-term resilience are:

- Liverpool Mutual Homes’ Employment Support Officer, who supports tenants into work or training, including through:
  - Job search sessions, including how to use the Universal Job Match
  - Support with job applications and interview techniques
  - Support with writing CVs
  - Find training programmes to enhance or build on existing skills
  - Better off calculations
  - Identify job vacancies and training to suit individuals.

- Liverpool Housing Trust’s Talent Pool keeps tenants up-to-date on local opportunities in employment, training and community activities. The Hub at LHT’s Walton Road office provides a local centre for advice on employment, training and skills, with computer facilities to help residents find work and meet their claimant commitments.

**Evictions**

When support fails, which can be due to a number of reasons including non-engagement, and tenants have substantial rent arrears or persistent anti-social behaviour, the RP may no alternative but to seek eviction.

More recently in Liverpool, as in most other authority areas, more applications are being made for possession, with a gradually increasing trend in both outright and suspended orders since a large spike towards the end of 2013.

\(^{20}\) New Direction is a partnership of four advice services: RAISE, Citizens Advice, Big Lottery Fund and The Money Advice Service.
The eviction rate for all the larger RPs with stock in Liverpool for 2013/14 is shown in the table below, together with a comparison across their eviction rates. (Sanctuary and Regenda did not include eviction data in their Statistical Data Returns).
Table 59: Eviction rates from general needs tenancies for large registered providers with stock in Liverpool

<table>
<thead>
<tr>
<th>RP name</th>
<th>% of all GN tenants evicted</th>
<th>Compared to average eviction rate for this group</th>
<th>Rent arrears as % of all GN evictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool Mutual Homes (LMH)</td>
<td>0.3%</td>
<td>68%</td>
<td>97%</td>
</tr>
<tr>
<td>Riverside</td>
<td>0.6%</td>
<td>156%</td>
<td>67%</td>
</tr>
<tr>
<td>Cobalt Housing</td>
<td>0.3%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Liverpool Housing Trust (LHT)</td>
<td>0.5%</td>
<td>130%</td>
<td>83%</td>
</tr>
<tr>
<td>Plus Dane</td>
<td>0.2%</td>
<td>62%</td>
<td>81%</td>
</tr>
<tr>
<td>South Liverpool Homes (SLH)</td>
<td>0.6%</td>
<td>164%</td>
<td>86%</td>
</tr>
<tr>
<td>Your Housing</td>
<td>0.0%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Venture</td>
<td>0.3%</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>Your Housing</td>
<td>0.8%</td>
<td>209%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>0.4%</strong></td>
<td><strong>209%</strong></td>
<td><strong>76%</strong></td>
</tr>
</tbody>
</table>

Source: Statistical Data Returns 2013/14

On this narrow comparison, Pierhead, South Liverpool Homes and Riverside all had relatively high eviction rates in 2013/14. It should be noted that Pierhead only has a total of 1,244 general needs units, so relatively small numbers of evictions appear more significant. Liverpool Mutual Homes and Plus Dane were significantly below average despite their larger general needs stock.

Rent arrears was easily the most common reason for eviction, accounting for between two thirds and 100% all evictions. This highlights the importance of managing rental income and tackling non-payment quickly. These issues will increase with UC, when tenants will have all benefits paid directly to them; putting them in control of making rent payments.

All RPs were asked how they prevent homelessness and what they do in respect of advice when problems get to the stage of repossession. All reported that they have clear rent arrears procedures that aim to prevent debts building up. However, some tenants are resistant to help, or may make an arrangement to pay but not stick to this. None of the RPs monitor actions taken to prevent homelessness.

Some RPs told us how they tell tenants about the advice available to prevent eviction, and how they notify the councils Housing Options Service (HOS) about repossession actions:

- Liverpool Housing Trust’s possession proceeding includes a referral to HOS and to other agencies for help and support. These notifications are made at the point of applying to the court for an eviction date – they advise that there would be too many if they did it earlier. Most letters to indebted tenants include a paragraph telling them about the Housing Options Service, Shelter, CAB, National Debtline and RAISE. They also encourage tenants to see CAB when attending Court. They have referred 225 tenants for floating support over the last three years

- Cobalt Housing has a standard letter to send to HOS during the eviction process, but acknowledge that the procedure for this is not robust

- Regenda notifies HOS at the same time as notification of eviction to the tenant

- Riverside’s letters all include advice to contact HOS for advice on accommodation, and to ask CAB or an independent advice service for advice on their rights. Where someone is in receipt of floating support, they liaise with the support provider
• Plus Dane notifies HOS, social services and other relevant agencies at the time they apply for the eviction warrant

• South Liverpool Homes sends a standard letter to HOS at the time of Court action.

Of the 10,273 advice and prevention enquiries recorded by HOS from April 2012 to the end of September 2014, 282 (2.8%) were logged as being related to the loss of a local authority21 or housing association tenancy, of which 103 were specifically noted as rent arrears. Of the 282, only 15 are recorded as having been referred by a social landlord.

Of the 1,009 homeless applications made in the same period, 15 (1.5%) households applied as homeless because of social tenancy rent arrears. Nine of these were single person households, and six had children. None were accepted homeless:

• Twelve households were found intentionally homeless, five of whom had children
• One household was ‘not in priority need’
• Two households were ‘not homeless’.

It would be helpful, and would contribute to homelessness prevention, if all RPs agreed and embedded a robust approach to preventing homelessness, including telling tenants about agencies that can help them to avoid eviction, and notifying HOS about upcoming evictions. This would ensure that tenants have the best chance to avoid homelessness. HOS could also proactively invite tenants in to discuss their housing situation once the Court has given possession but before they have to leave.

20.5 Summary of findings and options to consider

Despite the apparently large social housing stock in Liverpool (27.9% of households live in social housing), the majority of applicants who are not in Bands A to C will not be able to successfully bid for a home that they want. Demand for social housing is rising with a notable number of under-occupiers (1,764 under-occupying households were registered on Property Pool Plus (PPP) at 1 September 2014). There was a spike in turnover in 2013/14 because of the under-occupation penalty but there is not yet sufficient data to understand whether this has continued into 2014/15. Over time, the proportion of social rented homes that are let at affordable rents will increase; adding to the difficulties in accessing social rent housing for those not in employment.

Homelessness and homeless prevention is a high priority in Liverpool. Property Pool Plus partners have reviewed and adjusted the Allocations Scheme to reflect welfare reforms and a further adjustment to raise the level of priority for non-priority homeless households to Band B will be implemented in February 2015. There are mechanisms to support people with no access to the Internet, or who need other help to use the Scheme.

The majority of RPs use PPP for most of their vacancies. A minority have adopted a different allocations policy for non-PPP lettings, although South Liverpool Homes, with a general needs stock of around 3,500, is not a PPP member. Most retain the ability to transfer tenants, where there is an urgent need, without recourse to PPP.

In September 2014, over 260 applicants were in Band F, most of which will be in rent arrears of between four and eight weeks gross rent. Half of these had been in this Band for over a year, but there does not appear to be any proactive effort to help them to reduce debt and regain their proper banding.

21 The reasons for enquiry are noted by Careline or One Stop Shops. Not infrequently, housing association tenants are described as local authority tenants.
Despite signing up to the PPP Scheme, several RPs have additional verification procedures and qualification requirements before applicants are made offers of housing. These are invisible to applicants, and there was strong feedback from some customers and stakeholders about this. It appears that customers who have been verified as suitable for their banding are still sometimes refused access to housing owing to a poor tenancy record prior to entering support. It appears that there is no monitoring in place to ensure that applicants are banded consistently by Scheme Partners, and that households are not overlooked on shortlists, although ineligibility and disqualifications are checked.

Introduce monitoring to ensure that applicants are banded consistently and to identify where applicants are overlooked for offers. This will help to ensure that applicants are treated equitably.

Accepted homeless households in Band A are rarely made a direct let yet the length of stay in temporary accommodation is increasing. HOS needs to be more proactive in ensuring that accommodated households are maximising their bids, and place bids on the household’s behalf where they are not doing so for themselves.

Reduce lengths of stay in temporary accommodation by making more use of direct lets where applicants are not placing their own bids, or are only bidding irregularly.

Difficult to let properties and refusals of offers (an average of one refusal for each property let) are increasing void times and costs to the Registered Providers, and also increasing the empty property rate. There is a knock-on effect in the chain, as those living in short-term accommodation will have to wait longer to move on. PPP partners should consider whether refusals are significant enough to warrant amending the policy to penalise applicants that refuse several offers where they have placed the bids.

Consider whether there is a need to discourage refusals of offers by introducing a penalty for repeated refusals in the PPP Scheme.

RPs should consider making different use of unpopular properties by letting these as shared tenancies, targeted towards people in homeless hostels or living with friends and relatives. The best way to manage these may be through a social lettings agency that has expertise in shared tenancies. This would tackle longer void times and provide a solution for those that need it most.

Consider making better use of unpopular properties by converting these to shared tenancies. These could be managed by the RP or let via a suitable and socially responsible managing agent.

People who have not previously held a tenancy will find it difficult and expensive to establish a home that they want to be in, but this is really important in preventing a cycle of homelessness. With uncertainties around Liverpool’s Citizens’ Support Scheme, RPs could consider furnished tenancy packages or a fund to provide grants for essential goods. Short-term accommodation providers could also do more to help people to prepare for a tenancy by encouraging them to set up a Credit Union account and start saving.
RPs need to consider what they can do to help new tenants to establish a homely environment that they associate with and want to stay in.

Support providers should pay more attention to helping customers to establish a current account, perhaps through the Credit Union, and starting to save, so they get ready for a settled home and Universal Credit.

Several RPs fund and provide floating support to their own tenants, and some state that demand outstrips capacity. RPs refer tenants to the commissioned floating support provision, e.g. Liverpool Housing Trust has referred 255 tenants over the last three years. There is clearly more need for floating support than supply. RPs that have their own floating support services and have evaluated these have found that they provide very good value for money: avoiding evictions, bad debts and anti-social behaviour. Other RPs may want to consider setting up their own support service, or pooling resources with the council to enlarge the capacity of existing services, so that more tenancies are successfully sustained and costs to the RPs of tenancy failure reduced.

RPs should seriously consider the value for money of investing in floating support services: either their own or, more effectively, those currently commissioned by the council. This would help to meet need for support and is likely to cost efficient for the RP.

Some RPs have developed robust possession procedures that include signposting to advice in letters to tenants, and notifications to HOS where eviction is being sought through the Court. Others have not adopted such reliable processes, and should consider doing so.

All RPs should have robust rent arrears and possession procedures that:

- Signpost tenants to advice early on and throughout the process
- Ensure that HOS has an opportunity to invite the tenant in to discuss their future housing needs once the Court has granted possession.

21. Access to and sustainment of private sector housing

21.1 Context

Liverpool has a low proportion of homeowners: just 46.9% at Census 2011, compared to its Merseyside neighbours where proportions are between 61.8% (Knowsley) and 70.5% (Sefton).

By contrast, private renting is a very significant tenure. 23.4% of households live in a privately rented home (the next highest in Merseyside is Wirral, at 15.8%), of which:

- 0.9% of those rent from a friend or family member, many of whom will be sharing the property with the householder
- 0.6% rent from someone other than a private landlord, letting agency, family or friend: six times higher than other Merseyside authorities. These are likely to be unregulated lodging or casual arrangements.

The chart below graphically illustrates the differences in tenure.
Whilst many renters might prefer a socially rented home, in reality private rented homes are a more likely solution to housing need. For households that want stability, though, the short tenancy terms (usually six months) and consequent lack of security are a worry, especially where location is important because children are in school, or because of the proximity of employment, family or specific services. Other concerns, frequently mentioned by private tenants in national surveys, are whether or not a landlord will carry out repairs and keep the property in good order and whether the rent will escalate beyond the households’ capacity to pay.

Liverpool is recognised as a ‘low demand’ housing market area: a factor that has contributed to the number of empty homes in the city. However, demand is concentrated at the lower cost end of the scale, with households that are on low incomes or reliant on benefits having significantly less choice and being more likely to live in homes that are non-decent and not well managed. Its status as a low demand area has driven the development of a citywide selective licensing scheme, which starts in April 2015.

**Help to pay rent**

Affordability can be a significant obstacle to accessing a private tenancy. Private tenants who are eligible for help towards their rent through Housing Benefit (HB) can claim up to Local Housing Allowance (LHA). Introduced in 2008 for the majority of private tenants, LHA was originally set on the basis of the median private rent for each size of property charged across the ‘Broad Rental Market Area’ (which covers Greater Liverpool).

The relevant rate of LHA is based on the household make-up, and the rules governing the size of property deemed reasonable for any household to occupy have now been extended to social tenants. One room is allowed for:

- An adult couple
- Another person aged 16 or over
- Any two children of the same sex up to the age of 16
- Any two children regardless of sex under the age of 10

Source: Census 2011

![Tenure in Merseyside, NW region and England](chart144.png)
• Any other child
• Overnight carers can be allowed an additional bedroom
• Foster children are not included in the private rented assessment.

In the last four years, there have been significant changes to the LHA rates that have reduced the amount tenants can claim:

• From April 2011:
  ▪ LHAs are based on the lowest 30% of rents (30th percentile) rather than the median of the lowest 99%
  ▪ The highest level of LHA is for a four-bedroom property – there is no increase in LHA for five bedrooms
  ▪ LHA is capped at a maximum national amount – these caps have not affected Liverpool, as rents are lower than the caps.

• From January 2012, any single person aged less than 35 years old is only entitled to LHA at the rate of a room in a shared house. Previously this rule applied to those under 25 years old

• From April 2012, LHA changed to being up-rated annually instead of monthly in line with local rent fluctuations

• In April 2013, LHAs were up-rated by the lower of the new thirtieth percentile level, or the old thirtieth percentile plus CPI\textsuperscript{22} inflation

• In April 2014 and 2015, LHA up-rating is limited to a maximum of 1%.

The lowering of LHA to the thirtieth percentile and the extension of the age group who can only claim the LHA of a room in a shared house have had the profoundest impacts on the affordability of private rented homes. Liverpool also has a relatively high level of households who require five bedrooms, but are capped at the four-bedroom rate – 172 families are capped in Liverpool.

The costs of moving into a private tenancy
Unlike social housing, potential private tenants usually have to make substantial one-off payments before they are granted a tenancy, or at its start.

Letting agent fees: these can be substantial and most are not refundable. They can include a holding deposit to ‘reserve’ a property before signing a tenancy agreement (this should be returned if the tenancy does not go ahead); fees for drawing up the tenancy agreement and an inventory of the property; fees for carrying out a credit check and getting references from an employer, bank or previous landlord; other administrative costs such as phone calls and postage. Mystery shopping by Shelter in 2013 found that the average fee was around £350, or around the equivalent of one month’s rent.

Tenancy or Rent Deposit: an amount usually equivalent to one month’s rent but can be higher, that the landlord holds against the tenant causing damage to the property or leaving rent arrears. Landlords are required to place this money into a government-based deposit protection scheme, so that they

\textsuperscript{22} Consumer Prices Index – this Index does not include housing costs
cannot just retain the money at the end of the tenancy. Nationally, there is evidence that a significant number still do not place the money into a deposit scheme and can be difficult or dilatory in repaying the deposit. Even if repaid promptly, tenants can expect to wait two weeks before receiving back their deposit: too late to rely on the money for their next tenancy.

Rent in Advance: landlords usually expect tenants to pay their rent in advance, including as a precursor to the start of a tenancy. Housing Benefit is paid in arrears, usually once per month.

These payments together mean that private tenants may have to find up to three times the monthly rent before or as the tenancy starts, and will have to find a similar sum before they take on their next tenancy. Coupled with the short-term nature of private renting, these costs plus the cost of removals can put people into substantial debt and do limit access to housing.

Rents in Liverpool

Whilst Liverpool is perceived as being a low rent and therefore affordable area (a perception that contributes to drawing people into the city), this is only true for some housing types and areas. Private renting in Liverpool is a differentiated market. Whilst rental levels are amongst the lowest in the country, rents differ considerably across housing type and area. The table below summarises findings from the Valuation Office Agency’s rent recording in 2013/14.

Table 60: Liverpool’s rent levels compared to other authorities across Merseyside

<table>
<thead>
<tr>
<th>Property type</th>
<th>VOA recorded monthly rents for Merseyside LAs 2013/14</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Compared to lower quartile</td>
<td>Compared to median</td>
</tr>
<tr>
<td>Room in shared house</td>
<td>Average</td>
<td>Average</td>
</tr>
<tr>
<td>Self-contained bedsit</td>
<td>£25 above</td>
<td>£30 above</td>
</tr>
<tr>
<td>1 bedroom</td>
<td>£28 above</td>
<td>£17 above</td>
</tr>
<tr>
<td>2 bedroom</td>
<td>£27 above</td>
<td>Average</td>
</tr>
<tr>
<td>3 bedroom</td>
<td>£25 below</td>
<td>£25 below</td>
</tr>
<tr>
<td>4 bedroom</td>
<td>£45 above</td>
<td>Average</td>
</tr>
</tbody>
</table>

Source: Valuation Office Agency

Whilst average rents for three bedroom properties in Liverpool are the lowest across Merseyside, and two bedroom rents are around average for the lower end of the market (though not across the range), average rents for other property types are the highest or second highest.

The restrictions on LHA have reduced allowances to levels below actual average rents recorded by the Valuation Office Agency in the twelve months to September 2014. LHA is now below even the lower quartile (i.e. the 25% cheapest) rents recorded. Private tenants must fund this gap from their income from employment or other benefits.

Table 61: LHA 2014/15 compared to rent levels recorded between October 2013 and September 2014

<table>
<thead>
<tr>
<th>Dwelling type</th>
<th>Liverpool LHA 2014/15</th>
<th>VOA data for Liverpool Oct 2013 to Sept 14</th>
<th>Gap between LHA &amp; median quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower quartile</td>
<td>Median</td>
<td></td>
</tr>
<tr>
<td>Room in shared house</td>
<td>£55.00</td>
<td>£66.10</td>
<td>£72.07</td>
</tr>
<tr>
<td>One bed</td>
<td>£91.38</td>
<td>£89.51</td>
<td>£102.13</td>
</tr>
</tbody>
</table>

319
Dwelling type & London Housing Allowance & Lower quartile & Median & Gap between LHA & median quartile

<table>
<thead>
<tr>
<th>Dwelling type</th>
<th>Liverpool LHA 2014/15</th>
<th>VOA data for Liverpool Oct 2013 to Sept 14</th>
<th>Gap between LHA &amp; median quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two beds</td>
<td>£103.85</td>
<td>£103.28</td>
<td>£114.75</td>
</tr>
<tr>
<td>Three beds</td>
<td>£121.15</td>
<td>£113.61</td>
<td>£126.23</td>
</tr>
<tr>
<td>Four beds</td>
<td>£150.00</td>
<td>£154.92</td>
<td>£183.61</td>
</tr>
</tbody>
</table>

Source: Valuation Office Agency and gov.uk

Although rents are on average higher than LHA, there are several areas where private rents are well within LHA. This is mainly driven by the relatively low demand, but lower rents can unfortunately also equate to poorer property conditions or management standards.

### 21.2 Access to private rented homes

Whist the supply of private rented homes in Liverpool exceeds demand, all stakeholders commented that where rents are within LHA, the properties are far more likely to be poor quality or poorly managed.

Shelter, Riverside ECHG, the Housing Options Team (HOS) and the Whitechapel Centre are all looking to develop relationships with landlords and managing agents that offer decent property at reasonable rents, although some do require a top-up above LHA. Each said they have a small number of landlords and agents that regularly inform them of vacancies. However, landlords are keener to accept referrals if support is also provided.

With aspirant tenants having to find a substantial amount to secure a tenancy, those reliant on benefits or on low pay have real difficulties. There is limited help available, mostly from the council, with fees, rent in advance and deposit payments, and to set up home once a tenancy is secured.

### Discretionary Housing Payments (DHPs)

DHPs can be made towards a deposit and rent in advance. Unfortunately because the DHP database does not include key indicators, the service cannot provide data on the number or amounts for this purpose. 92% of all DHPs in 2013/14 were to social tenants subject to the under-occupancy penalty. This level dropped to around 79% for the period April to August 2014.

The City Council has contributed substantial amounts into the DHP fund as a consequence of high levels of need. This is discussed in more detail in the chapter on Housing Advice and Homelessness Prevention.

### Liverpool Citizens Support Scheme (LCSS)

This is the local scheme started in 2013/14 to replace Department of Work and Pensions community care grants and discretionary social fund payments. In 2013/14, LCSS funds supported related initiatives for customers on a low income who needed advice and support regarding basic living costs and maintaining or setting up a home in the community. These additional initiatives included:

- Additional benefits maximisation resources
- Implementation of a Freephone
- Additional funding of DHPs.

Customers can make applications for money to help to set up or maintain a home (Home Needs). In 2013/14, 2,234 of the 8,992 payments were for Home Needs at a total cost of £975,018 (68.6% of the total spend on grants and 35.3% of the total scheme budget). As with DHP, the database does not enable interrogation about tenure type and the exact reason for a payment.
There are concerns that, with the ending of the government’s funding for local welfare scheme, the LCSS will be terminated. A decision is awaited on this.

**Housing Options Service (HOS) prevention fund**

HOS refers most enquirers who require help with a deposit or rent in advance to its own or Whitechapel’s bond scheme or to DHP. Since April 2013 it has used the homeless prevention fund for five payments amounting to around £900 for fees, deposit or rent in advance to secure private rented tenancies.

**Housing Options Service Bond scheme**

Housing Options’ scheme is targeted towards families, although has recently started to issue bonds for single people likely to be in priority need.

The scheme is managed within the HOS rehousing team, and has provided between 110 and 120 bonds per year since 2012/13, 96% of which were for six months. At November 2014, 63 bonds were currently active. Five managing agents send property details every week, although more than 40 landlords and agents have accepted a bond since its inception in 2009. As part of the arrangement, where the need for support is identified, a referral is made to Riverside ECHG, although not all tenants cooperate.

Between April 2013 and September 2014, 39 claims were received for payment against the guarantee: seven of these were made too late or after the bond had terminated and were refused. Claims approved were:

- 18 for rent arrears – usually because of HB and backdating issues
- 4 for rent where the tenant vacated without notice
- 4 for property damage
- 6 for multiple reasons including unpaid rent, lack of notice and property damage.

This equates to a claim rate of around 21%, which is high for a bond guarantee scheme. HOS prevention spend records indicate that the total amount paid out over the 18 months was in excess of £10,500, although as these amounts are not recorded on the Bond record it is difficult to be certain.

The scheme has under-used capacity and has recently started to issue bonds for single people that would be in priority need if they became homeless. These include care leavers that are 18 years or above; usually those with no realistic prospects of social housing or who have a specific location need (e.g. to be near their parent).

Experience of bond guarantee schemes elsewhere shows that they are more likely to be successful where they only provide a bond with tenancy support. HOS’s bond scheme needs to be more closely associated with support, in order to improve tenancy sustainment and reduce payments.

**Whitechapel Bond scheme**

Whitechapel is commissioned to provide three bond guarantee schemes for single people: single homeless, street resettlement and a Merseyside-wide scheme. They receive a total of £120,000 per year to provide all three schemes: 50% from the council/s and 50% from Crisis. The current Crisis funding ends in March 2015, but they should be able to reapply provided they have matched funding. Funding mainly pays for support workers with a small pot for claims against the bonds. As part of the scheme, they arrange for HB to be paid direct to the landlord, which is an important incentive.
Bonds last for six months and customers are supported to save towards a replacement deposit during that time by making payments into the Deposit Protection Scheme. Most do not manage to save the full amount but landlords are usually open to a smaller deposit if the first six months have gone well.

145 bonds were issued in 2013/14 against an annual target of 125. 62 were in operation at the end of August 2014/15 (predicting a likely out-turn of 149 for the year). Sustainment rates are very high: 97% of single homeless scheme tenancies and 91% of street resettlement tenancies in 2013/14. This level of success emphasises the need for support to be offered alongside the bond.

The scheme is heavily over-subscribed – it received 199 referrals in the first five months of 2014/15, of which 44% had been accepted by the end of August 2014. Of the remainder:

- 28% had found their own housing solution (waiting times are considerable, and the main issue for the project)
- 14% could not be contacted
- 14% either refused the project or were not tenancy-ready
- 12% were in assessment, of which a small number were on hold pending queries
- 20% were on the waiting list.

Referrals come from a variety of sources, but the single major referrer for the two Liverpool-only schemes is HOS, which made 61% of the referrals to the single homeless scheme and 23.5% into the street resettlement scheme: around half of all referrals into these schemes.

The major constraint on the scheme’s expansion is the availability of support, without which the scheme would not be successful. It currently takes between six and eight weeks before a referral might be assessed for the scheme and in that time many will have given up. The risk is that people end up rough sleeping in order to access the Hub, or enter hostels when their homelessness could have been prevented. The scheme’s manager reports that there is sufficient availability of private rented properties to expand the scheme, but they cannot risk offering bonds without support, which is fully stretched.

The Private Landlords’ Forum, which has recently been re-launched, received a presentation about the Whitechapel Bond guarantee scheme. One stakeholder fed back that in the past landlords have shown little or no interest in the scheme, but at the autumn meeting one landlord spoke out about his very good experience of the support offered to tenants, resulting in considerable interest from other landlords. This has been the experience elsewhere in the country.
With such good outcomes, this scheme clearly has more potential for resolving or preventing homelessness. However there is little point in offering a bond without support, and in fact most landlords would not be interested without this input.

21.3 Sustainment of private sector housing

The Housing Options Service (HOS) and third sector advice agencies provide advice and assistance to private tenants and owner-occupiers to sustain their homes. More detailed information is provided in the chapter on Housing Advice and Homelessness Prevention.

Floating support
Stakeholders commented that, although all services commissioned by the council are tenure-neutral, there is a lack of floating support for private tenants of any household type, as opposed to social housing where a number of social landlords have their own floating support service or refer to those commissioned by the council. The apparent lack of demand is largely because of low awareness that support could be helpful: private landlords are not aware and are unlikely to make referrals; private tenants either don’t recognise they need support, or don’t realise this could be available. Some agencies that might refer are either unaware that floating support could be offered to private tenants (and owner occupiers) or do not know about the services.

Shelter’s family support scheme is not commissioned by the council and is targeted towards families living in private rented homes. The service only started in January 2014, with four support workers funded through charitable resources. They report a huge demand for the service. Their target is 433 families over three years but it is already at capacity: they received over 150 referrals between January and September 2014.

Clients commonly have to fund the difference between Housing Benefit and the payable rent, although they have developed relationships with a small number of landlords and agents that let decent properties at LHA. The benefit cap affects large families: one family with seven children was only entitled to 50 pence per week and was living in one of the worst properties the service has seen. They contacted the landlord and Environmental Health and the landlord immediately served the family a section 21 notice to leave.

Riverside ECHG’s commissioned floating support service is largely targeted towards households leaving temporary accommodation. They can take referrals from private landlords where tenancies are at risk of failing but the actual number is very low.

ICCM also provides housing related support that is not commissioned by the council, most of which is provided to people living in the private rented sector.

Loss of owner-occupied housing
Liverpool, like other areas across the country, has seen a decline in mortgage repossessions through the courts after a steep increase in the early years of the recession, primarily helped by the sustained low interest rates.
360 (3.5%) of all advice and prevention enquiries between April 2012 and September 2014 were primarily prompted by mortgage arrears, and the risk of repossession. Although there is an overall downward trend in the number of enquiries to the Housing Options Service (HOS) because of mortgage arrears, this is not as steep as that for court actions overall: households are still struggling to manage mortgage repayments.

Of all cases where the primary reason for contact was mortgage arrears, 42% have a recorded ‘non-positive’\textsuperscript{23} or unstated outcome. Homelessness could not be prevented in five of the cases. Positive

\textsuperscript{23} A sample of ‘non-positive’ outcomes for one quarter showed that most of these were because contact could not be made with the enquirer, or they didn’t attend their appointment, or they needed advice only.
homelessness prevention outcomes are recorded for almost 57% of enquiries – shown in the chart below.

**Chart 147: Outcomes of mortgage arrears advice and prevention cases**

![Chart showing outcomes of mortgage arrears advice and prevention cases](chart.png)

*Source: Housing Options Advice and Prevention Records April 2012 to September 2014*

The homeowner was able to remain in their home in 65% of cases with positive prevention actions. Where arrears were at an early stage, debt and budgeting advice were helpful. HOS staff also negotiated easier repayments with mortgage companies, and the homeless prevention fund (which includes recession funding) has been used to contribute towards paying off mortgage arrears to prevent repossession, provided it was then sustainable for the household to continue to make payments. Mortgage Rescue Scheme cases also sometimes required a top-up from recession funds. In all, £36,000 from the recession fund was used to prevent homelessness for 16 cases.

**Loss of private rented accommodation**

Unlike mortgage repossessions, landlord repossessions through the courts are on an upward trend, albeit with significant variation.
Loss of tenancy – rent arrears
775 (7.5%) of all advice and prevention enquiries between April 2012 and September 2014 were primarily prompted by rent arrears and consequent risk of eviction. It was a significant factor in a further 106 cases. Numbers appear to be increasing, which is not surprising given the increasing gap between LHA and payable rents.

Of all cases where the primary reason for contact was a rent arrear, over half have a recorded ‘non-positive’ or unstated outcome. Homelessness could not be prevented in nine of the cases. Positive homelessness prevention outcomes are recorded for 43% of enquiries – shown in the chart below.
Cases where arrears were resolved sometimes included a payment towards these from the homeless prevention fund, provided the household would be able to sustain future rental payments. Exact amounts are not easy to extract, but the total approximates to £12,500 for twelve cases.

Discretionary Housing Payments (DHPs) are also available for people that have unaffordable gaps between their rent and HB entitlement. Unfortunately DHP records do not enable interrogation to extract data about the reason for an award, so the numbers applied for, and made, for this reason are not known. The Benefits Service is looking to improve recording so that more information can be extracted about awards. The Benefits Service also has a Welfare Benefits Maximisation Service which has a good record for increasing income to help sustain housing (and pay for living expenses). HOS referrals of people that are threatened with or actually homeless are prioritised, although there is still a lengthy wait for the service.

Loss of tenancy – not related to arrears
Over the same period, 157 (1.5%) of enquiries were recorded as being prompted by the loss of a rented or tied tenancy, either because an assured shorthold tenancy (AST) had come to an end (33 or 0.3% of all cases), or for other reasons (124 or 1.2% of all cases). ‘Other reasons’ include eviction or threatened eviction for reasons other than rent arrears, which may be prompted by the tenant’s actions (e.g. anti-social behaviour) or the landlord’s (e.g. selling the property).

Of the total, 42% had a non-positive or ‘other’ outcome. Homelessness could not be prevented in three cases (2%). Positive homelessness prevention outcomes are recorded for 56% of enquiries – shown in the chart below.
Enquiries because an AST has come to an end seem very low. It is probable that, with the low demand position for private rented accommodation, landlords are unlikely to end an AST provided the tenant behaves reasonably. This is unlike some other areas where landlords are more likely to ‘cash in’ their equity by selling, or terminate the AST in order to find a tenant who will pay a higher rent (i.e. someone who isn’t on benefits).

The proportion of households that can be rehoused without any landlord incentive – whether they lost their tenancy because of rent arrears or other reasons – also demonstrates that, provided customers are prepared to accept lower rent homes (which may not be in their preferred area), there is good availability.

Between April 2012 and September 2014, 24 homeless applications were made because of loss of a private tenancy owing to rent arrears. This is 2.4% of all homeless applications (1,009).

Of the 24 households:

- 8 were single adults:
  - 5 were found ‘not homeless’
  - 2 were accepted homeless
  - 1 was intentionally homeless.

- 16 had dependent children, of which:
  - 3 were found ‘not homeless’
  - 4 were accepted homeless
  - 4 were intentionally homeless
  - 5 households were ineligible for homelessness assistance, being persons from abroad with no recourse to public funds.

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24 In homelessness records, ‘Private rented tenancy’ includes tenancies in supported housing and hostels.
48 households made a homelessness application because of loss of the private rented tenancy for other reasons: 17 (1.7% of all applications) because of termination of their AST and 31 (3.1% of all) for other reasons.  

Of the 48 households:

- 36 were single adults (32) or all adult households (2), of which:
  - 13 were found ‘not homeless’
  - 10 were accepted homeless
  - 8 were not in priority need
  - 3 were intentionally homeless
  - 2 were ineligible households.

- 12 had dependent children, of which:
  - 2 were found ‘not homeless’
  - 6 were accepted homeless
  - 2 were intentionally homeless
  - 2 were ineligible households.

As with advice and prevention enquiries, the proportion (7.2%) and absolute number (around 29 per year) of homelessness applications because of loss of a private tenancy is very low compared to areas where the private rented market is not typified by low demand and rents.

Private renting is a good option for most households, provided it is good quality and well managed. Liverpool City Council is taking action on both these fronts.

### 21.4 The quality of private rented homes in Liverpool

‘Poor housing takes its toll on the residents of Liverpool with research suggesting it contributes to about 500 deaths a year and 5,000 illnesses.’

People on low incomes are likely to have to move into less desirable properties in order to afford the rents, but this can expose them to health and homelessness risks. Shelter’s family support service in particular raised concerns about poor conditions in privately rented family housing. The main reason for referrals to them is poor living conditions, with referrals coming particularly from children’s centres, adult social services and the troubled families’ team. Two thirds of their clientele are living in poor property conditions: they refer to the Healthy Homes team where they cannot get the landlord to respond to requests for repairs.

They have also had experience of landlords harassing or intimidating families into leaving properties if they complain about conditions. They are particularly concerned that one landlord has retained the passports of families from abroad living in his houses.

Between April 2012 and September 2014, 142 (1.4%) of all advice and homeless prevention enquiries to the Housing Options Services (HOS) concerned disrepair, almost all of which were private tenancies, and 255 (2.5%) enquiries concerned illegal eviction or harassment by a landlord. Careline and the One Stop Shops make referrals to the private sector housing enforcement team at the same time as referrals to HOS, where enquirers tell them their housing advice request includes poor property

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25 In homelessness records, ‘other reasons’ include landlord harassment/ illegal eviction, eviction for breaches of tenancy or because the landlord wants to sell the property, abandonment by the tenant, etc.
condition or management. Otherwise, HOS will make referrals as part of their housing advice. Environmental Health also tells HOS about Prohibition Orders so that they can assist tenants with rehousing.

The subjects of enquiries coming into the private sector enforcement team are recorded, and the following are almost all related to private rented property.

**Table 63: relevant enquiries made to the private sector housing team**

<table>
<thead>
<tr>
<th>Enquiry type</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disrepair</td>
<td>341</td>
<td>201</td>
<td>190</td>
</tr>
<tr>
<td>Filthy/verminous premises</td>
<td>280</td>
<td>197</td>
<td>142</td>
</tr>
<tr>
<td>HMO enquiry (not licensing)</td>
<td>108</td>
<td>112</td>
<td>50</td>
</tr>
<tr>
<td>Housing health and safety</td>
<td>1345</td>
<td>1293</td>
<td>694</td>
</tr>
<tr>
<td>Landlord disrepair</td>
<td>774</td>
<td>892</td>
<td>546</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,848</strong></td>
<td><strong>2,695</strong></td>
<td><strong>1,622</strong></td>
</tr>
<tr>
<td><strong>% of all enquiries received</strong></td>
<td><strong>72.7%</strong></td>
<td><strong>73.0%</strong></td>
<td><strong>70.9%</strong></td>
</tr>
</tbody>
</table>

Source: Healthy Homes Programme December 2014

Every year, the council’s specialist housing team completes around 1,000 inspections of private homes for a variety of reasons, including complaints. Where hazards 26 are identified these are recorded and notified to the property owner for removal. Findings of particularly relevant hazards are shown in the table below.

**Table 64: Hazards notified for removal**

<table>
<thead>
<tr>
<th>Type of hazard</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess cold</td>
<td>285</td>
<td>313</td>
<td>244</td>
</tr>
<tr>
<td>Crowding and space</td>
<td>25</td>
<td>25</td>
<td>18</td>
</tr>
<tr>
<td>Electrical hazards</td>
<td>95</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>Fire</td>
<td>223</td>
<td>299</td>
<td>245</td>
</tr>
<tr>
<td>Personal hygiene, sanitation and drainage</td>
<td>91</td>
<td>104</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total identified for removal</strong></td>
<td><strong>1,630</strong></td>
<td><strong>1,751</strong></td>
<td><strong>1,360</strong></td>
</tr>
</tbody>
</table>

Source: Healthy Homes Programme December 2014

It does appear from these data that there are fewer complaints about private sector tenancies than in previous years, although there is some variation year to year. Nationally lower levels of complaints are thought to reflect increasing competition in the private rented market, and fear of retaliatory eviction or rent increases if a complaint is made.

### Concerns about private rented HMOs

There are around 800 licensable houses in multiple occupation (HMOs) in Liverpool. Not all of these HMOs are licensable at present, but the enforcement team has taken several actions against those that qualify but are unlicensed, and for non-compliance. Where Prohibition Orders have been served, tenants have been supported by rehousing offers via Property Pool Plus.

During the review, several stakeholders told us about specific private or charitable (non-commissioned) HMOs that are notorious for providing basic and often poor quality rooms to people who have no real choices. Whilst some issues reported during the review were about poor property conditions (e.g. failure to repair kicked-in doors, or provide clean bed linen), most were about the risks to tenants and visitors from tenants' chaotic and unmanaged behaviour. Several stakeholders pointed out to us that these tenants do not have other housing options: they have been barred from

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26 Hazards are defined in the Housing Health and Safety Rating System.
commissioned homeless provision or actively want to avoid interventions. If these properties closed, they would have to resort to rough sleeping.

Local communities have expressed particular concerns about street drinking and anti-social behaviour around one HMO in Toxteth. The police have had meetings with the management of the hostel and the situation has improved. Similar concerns have been raised about similar hostels/shared housing in Kensington and Fairfield ward, Tuebrook (particularly) and St Michael’s. Local coordinated actions have been taken in some areas, for example, initiatives with the police and the Basement to tackle street drinking and aggressive begging at a location in Tuebrook. The Basement has a weekly drop-in at the Hope Centre that is having a positive impact, and the Locality team is recommending consultation on a Designated Public Place Order. In St Michael’s, the Locality team set up a meeting with ward councillors, the police, fire service and Addaction that resulted in ward funding for outreach work by the fire service and Addaction from April to June 2014. The follow-up meeting identified improvements and monitoring continues.

Under the Selective Licensing Scheme (see below) all private landlords will have to be registered and it will be considerably easier for complaints to result in inspection and action against those that don’t register, or don’t provide decent conditions.

Healthy Homes
Liverpool has an excellent record of tackling poor housing conditions, led by its Healthy Homes team, which was established in 2009 as a partnership programme with council and health funding: it is now wholly funded by the council as a housing and public health programme. Healthy Homes targets properties in the most deprived areas, initially focusing on property condition. The assessment is broader, incorporating referrals for wider health and wellbeing issues such as employment; smoking cessation; dental care; and benefits maximisation. Since the programme was launched:

- More than 33,000 assessments have taken place, resulting in nearly 25,000 referrals to services
- 17,700 housing inspections have identified 3,750 serious hazards.

The Building Research Establishment (BRE) has estimated that over a ten-year period the savings to the NHS and wider society could amount to £55 million, with 100 lives and 1,000 hospital admissions saved every year.

Whilst funding has been somewhat reduced (to just under £1.5 million in 2014/15), the BRE findings have encouraged continuation of the programme and it is still branded as a joint council and NHS scheme. Datasets on the stock condition and vulnerability of occupiers combines to form a ‘Healthy Homes Index’ for every super output area across the city. In general the programme prioritises neighbourhoods with a poor Healthy Homes Index. About a quarter of the list has been visited at least once, though some high-churn areas have been visited twice.

Ten Point Pledge
As a result of findings in the Healthy Homes team, and the rate of reports of poor private rented homes, the council has announced a Ten Point Pledge that commits to a range of actions to improve private sector standards. All are now in operation or being developed.

One important introduction is a confidential free phone line where people can report unregistered or poor quality landlords, triggering an investigation from the enforcement team. This helps to deal with the problem of retaliatory evictions, where a landlord gives notice to quit, or harasses a tenant when they report poor property conditions (regulations mean that action can only be taken against a landlord for poor property conditions when the property is occupied). The council is currently taking one landlord to court because of their record of harassing tenants. In 2014, a Tenancies Reform Bill that
would have outlawed retaliatory evictions failed to progress through the House of Commons. Although an amendment to the Deregulation Bill has been introduced to pick up this issue, it would be dependent on a health and safety hazard having already been identified by environmental health officers – the inspection must therefore happen before the landlord gives notice or evicts.

The Citywide Landlord Accreditation Safety Scheme (CLASS) is already in operation and currently has around 400 landlord members. The accreditation process includes an internal inspection of 10% of each landlord’s properties and 100% external inspection via drive by.

A new Tenants’ Charter and information pack was launched in August 2014. This provides clear information for private tenants on what they can expect of their landlord, and, in return, what they should do as good tenants. The pack contains information including how tenants should report repairs; fire safety issues; Healthwatch (advice on NHS services and how to register with a GP and dentist); and anti-social behaviour (ASB). The information pack has the backing of the Landlords’ Advisory Panel and is distributed through council and third sector agencies.

The council will implement a Citywide Selective Licensing Scheme from April 2015. This means that every private landlord must hold a licence, which will last for five years. The final standard fee is £400, with second and subsequent properties costing £350. Licence fees are reduced to £200 for landlords that are members of CLASS. Some properties will be exempt, e.g. where occupied by the owner (or their family member) and a lodger, or by the owner’s family, or is a student residence controlled or managed by a university or college scheme.

Rented properties must meet certain standards: the licence holder must:

- Show the council an annual gas safety certificate
- Keep electrical appliances and furniture let with the property in a safe condition and provide a declaration in this respect
- Fit and maintain smoke alarms as necessary
- Issue tenants with a written tenancy agreement that includes terms and conditions regarding nuisance and anti-social behaviour
- Demand references from prospective tenants.

The penalty for not being licensed is up to £20,000 and the tenant will be able to request a rent repayment order: these penalties together should be a good tool for motivating landlords to licence, and for policing the scheme.

The Ten Point Pledge actions demonstrate Liverpool City Council’s commitment to improving the private rented sector in the city. With increasing budget constraints there may be issues around the capacity to deliver these, although the licensing fee should be sufficient to fund activities around regulation and targeted actions.

21.5 Summary of findings and options to consider

Liverpool City Council recognises the importance of private renting in an area where almost a quarter of residents live in this tenure. Although the sector is low demand in general, this is a differentiated market. Properties with rents at or below Local Housing Allowance are more likely to be poorer quality and not as well managed, although properties with higher rents may also be non-decent. The Mayor’s
Ten Point Pledge sets out a range of actions that is very likely to lead to improved conditions and better quality tenancies.

Provided customers are willing to live in areas that they may not prefer, there is no lack of affordable supply. However, most landlords and agents expect rent in advance and a deposit and often charge fees that together can amount to almost three times the monthly rent. This makes taking on a private tenancy substantially more expensive than moving into a social tenancy. Many on low incomes, reliant on benefits or with debts cannot find this money. Financial help or negotiations with landlords to reduce these costs are therefore fundamental to preventing or resolving homelessness. With the removal of government funding for local welfare support schemes, restrictions in government funding for DHPs, and very significant cuts in council funding generally, it is likely that resources for homelessness prevention will be increasingly squeezed. There is therefore even more need to concentrate resources on what is proven to work well.

There is room to increase the existing Bond schemes, provided that support is provided alongside the Bond. Landlords are beginning to show more interest in this type of package, and it is a successful way of preventing future tenancy loss. Outcomes from the Whitechapel scheme, which helps households that are least likely to be able to sustain a tenancy, demonstrate that the right scheme can be very successful. However, the availability of support with this scheme limits its potential. The HOS scheme is likely to be more successful if support is always provided with, and is a requirement of the bond.

Consider how to increase the capacity of Bond schemes, ensuring that support is part of the package.

Tenants in short-term supported housing should be encouraged to open current accounts (e.g. through Credit Unions) and save towards the cost of moving into a new tenancy and to prepare for Universal Credit. (Same options as in access to social housing.)

There is very low availability of housing-related support for private tenancies in particular, and some stakeholders were not aware that private tenants and owner-occupiers could be referred to commissioned services. Private tenants have little access to income and debt assistance and when they are aware that they can get help, there are long waiting times owing to demand. If private tenancies are to develop as a main source of homelessness prevention and resolution, more inputs are required to support and sustain tenancies.

As part of re-commissioning floating support services, ensure that a good proportion of capacity is directed towards private tenancies by requiring providers to advertise availability to private landlords and tenants.

The notes on cases from advice and prevention records and from homelessness records make it clear that some people really struggle to adhere to tenancy conditions. Private landlords are also less likely than social landlords to refer tenants quickly to floating support schemes. Value for money studies show that it is usually more cost effective to take action to prevent eviction, rather than going to Court to repossess the property, repair and re-let it. Private landlords should be encouraged to contribute to floating support provision to maintain stable and responsible tenancies. Better evidence about the value for money (cost and effectiveness of support versus costs of eviction and re-letting) would be more persuasive. For landlords whose rental costs are below LHA, increased rents could help fund this, although this should be part of a partnership arrangement with HOS and Whitechapel (or other agencies) around tenant placement.
Improve the evidence of the value for money of housing-related support to private tenants, so that larger private landlords can be persuaded to participate in commissioning support for tenants.

Even if they are not prepared to fund support, landlords should be encouraged (and reminded) to refer failing tenants to the commissioned floating support schemes so that tenants that are struggling to keep to their tenancy conditions are supported to address rent payment and other issues. This will be increasingly important as Universal Credit rolls out.

Encourage and remind private landlords to refer tenants who are in breach of their tenancy conditions to floating support as early as possible.
REFERENCES

2. The unhealthy state of homelessness: Health Audit results 2014; Homeless Link
4. Homelessness: A silent killer, Crisis 2011
9. Children & Young People: Emotional Health & Wellbeing; Liverpool JSNA
15. Homelessness Health Needs Audit; Homeless Link (2013) for Liverpool City Council
16. The unhealthy state of homelessness: Health Audit results 2014; Homeless Link
19. Evidence review of the cost of homelessness, DCLG 2012
22. work it out: barriers to employment for homeless people, Business Action on Homelessness, 2008
24. Imaging Newcastle as a city of care, Adele Irving and Oliver Moss, Northumbria University Economic and Social Research Council in Festival of Social Science 2014
27. The Hidden Truth about Homelessness, Kesia Reeve and Elaine Batt, CRESR / Crisis 2011
31. A High Cost to Pay: The impact of benefit sanctions on homeless people, Homeless Link 2013
33. ST. Mungo’s Broadway employment page accessed 9/2/15
34. http://www.mungosbroadway.org.uk/services/recovery_from_homelessness/our_skills_employment_services
xxxii Making it matter: Improving the health of young homeless people, pub. April 2012 by Depaul UK
xxxiv Ibid
xxxvii Homelessness in Liverpool City Region A Health Needs Assessment (2014) Liverpool Public Health Observatory
www.liv.ac.uk/media/liveu.../publichealthobservatory/homelessnessinlrc2.pdf
xxxviii Blackburn with Darwen homelessness review (2014)
www.blackburn.gov.uk/Lists/.../Homelessness%20Review%202014.pdf
xxxix The Bridge Talk2sort mediation service http://bridgehousingservices.com/talk2sort
xl Toolkit: Early Intervention programmes to prevent Youth Homelessness: some examples from the UK
xli Positive pathway http://www.stbasils.org.uk/how-we-help/positive-pathway/
xliv Ibid
xlv Making the link between mental health and youth homelessness A pan-London study, Mental Health Foundation
http://www.mentalhealth.org.uk/content/assets/PDF/publications/making_the_link.pdf?view=Standard
xlvi No Recourse to Public Funds network http://www.nrpfnetwork.org.uk/Pages/Home.aspx
xlvii Support of vulnerable patients throughout TB treatment, JL Potter et al, 2014
xlviii No Recourse to Public Funds network
xlix People seeking asylum and refugees in Liverpool: needs assessment, Dr Peter McPherson, LCC 2014
http://www.cityofsanctuary.org/liverpool/council-motions
l Homeless Link www.homeless.org.uk/criminal-justice-project

HM Inspectorate of Prisons, HM Inspectorate of Probation and Ofsted (2014), Resettlement provision for adult offenders: Accommodation and education, training and employment

A Nacro report (2010) Prisoners’ Housing Destinations: Why prisoners don’t go to or don’t stay at accommodation arranged for them on release, and the implications of this for NOMS’ housing key performance targets

The right home environment for the rehabilitation of offenders (2014), GLHS


The Unhealthy State of Homelessness, Homeless Link 2014 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf


http://www.nta.nhs.uk/healthcare-JSNA.aspx

National Crime Survey for England and Wales for 2013/14


Alcohol care teams: reducing acute hospital admissions and improving quality of care, British Society of Gastroenterology and Bolton NHC Foundation Trust, 2011

The Unhealthy State of Homelessness, Homeless Link, 2014 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf


Breaking down the barriers: A study of how women exit prostitution, Bindel et al, Eaves and London South Bank University

The Housing Needs and Experiences of Homeless Women Involved in Street Sex Work in Stoke-on-Trent, Centre for Regional Economic and Social Research, 2009

Ibid


Street sex workers in Preston: An evidence based study, University of Central Lancs, 2011

Coping With Destitution: Survival and livelihood strategies of refused asylum seekers living in the UK, Oxfam, 2011

A Review of the Literature on Sex Workers and Social Exclusion – as above

Support Needs of Male Victims of Human Trafficking, Salvation Army, 2013

Consultation on a Managed Zone for sex trade workers in Liverpool, Liverpool John Moores University, 2004


Street sex workers in Preston: An evidence based study, University of Central Lancs, 2011


Still dying for a home, P Grenier, Crisis 1996

Sick to Death of Homelessness, S Keyes and M Kennedy, Crisis 1992

Rough Sleeping, Social Exclusion Unit, 1998

Profiling London’s rough sleepers, Natcen and Broadway, 2009

Street To Home, CHAIN Report 2013-14, Broadway, 2014

Making every contact count, DCLG 2012


No Second Night Out: An evaluation of the first six months of the project, 2011, Broadway, University of York and Crunch Consulting


Personally Speaking: A Review Of Personalised Services For Rough Sleepers, Homeless Link 2013


www.riverside.org.uk/.../2504_RSD_A4_exArmy_report_hires%20FIN.

www.sbe.hw.ac.uk/documents/MEH_Briefing_No_3_2012.pdf


Provided in partnership by Whitechapel and The Basement

http://www.liverpoolocho.co.uk/by-date/18-07-2014 - quote from an Arts psychotherapist working on NHS projects for veterans in Liverpool and across the North West.

Literature review: UK veterans and homelessness www.britishlegion.org.uk/media/31582/LitRev_UKVetsHomelessness.pdf

338
Review of homelessness in Liverpool

GLHS Ltd

339
Review of homelessness in Liverpool


“No Excuses” Available at http://www.homeless.org.uk/sites/default/files/site-attachments/No%20Excuses%20Report%202013.pdf


“The changing face of youth homelessness: trends in homeless young people’s support needs” Available at http://centrepoint.org.uk/media/11287/the_changing_face_of_youth_homelessness_-_final_report.pdf

Safeguarding children and young people from sexual exploitation: Supplementary guidance to working together to safeguard children (2013), DCSF


Safeguarding children who may have been trafficked (2007) DCSF


Homelessness Code of Guidance 2006; Children Act 1989; Children (Leaving Care) Regulations 2001 Regulation 4; R (M) v Hammersmith & Fulham LBC [2008] UKHL 14 and R (G) v Southwark LBC [2009] UKHL 26;


Voice called “The Door is Closed” issued in December, 2014,


Information for Local Areas on the change to the Definition of Domestic Violence and Abuse (March 2013) Home Office http://liverpoolscb.proceduresonline.com/pdfs/guide_la_change_def_dom_viol_abuse.pdf#search="homeless"


‘Beyond the Margins’, Human City Institute with Compass, supported by the Aster Group, Trident Social Investment Group, and WM Housing Group, November 2014

Healthy Homes, Healthy Lives: LGA May 2014

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