

Support for people in temporary accommodation



Produced by a task group of
Business Support Overview
and Scrutiny Committee
October 2009

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1. FOREWORD

- 1.1. On behalf of the Business Support Overview and Scrutiny Committee the task group is pleased to present the review into support for people using temporary accommodation with its associated recommendations for the Cabinet to consider.
- 1.2. In addition to taking evidence from partner organisations and from officers from directorates within the Council the task group found the visit to Southampton City Council very informative and helpful in coming to conclusions about ways in which the current support could be enhanced to the benefit of Medway's users of temporary accommodation.
- 1.3. We hope that the Cabinet will take note of the evidence set out in this document in support of the recommendations and would like to take this opportunity of thanking all the participants in the review and with particular thanks to colleagues at Southampton City Council for their kind hospitality and assistance.



Cllr Kenneth Bamber



Cllr Avey



Cllr Harriott



Cllr Juby



Cllr Ruparel

2. EXECUTIVE SUMMARY

Introduction

- 2.1. The Business Support Overview and Scrutiny Committee undertook this review into the support for people in temporary accommodation in order to assess whether existing support services helped them to maintain a reasonable quality of life with access to healthcare, education, social services etc. The Committee also wanted to look at whether the recession had affected the need for temporary accommodation.

Conduct of work

- 2.2. The task group received a briefing from Medway Council officers involved in housing and took evidence statements from the Council's partners and outside agencies involved in providing support to people in temporary accommodation.

The task group made a number of visits, which included local visits to temporary accommodation in Medway and the following visits/interviews at Southampton City Council:

- ✓ An initial discussion with Lisette Wiltshire, Homelessness Manager
- ✓ A discussion with Kim Weekes, Health Visitor from the Health Care for Homeless team
- ✓ A visit to emergency accommodation in Southampton with Ann Key and Val Bray, Housing Assistants
- ✓ A visit to Patrick House, a 55 bed assessment centre in Southampton which offers intensive housing related support (and run by Two Saints Housing Association) and met Helena Kurzynska, the Manager and Duncan Robertson her Deputy
- ✓ A discussion with Julie Marron and Sarah Jefferies from the Street Homeless Prevention Team
- ✓ A powerpoint presentation by Ian McDonald, Supporting People Commissioning Officer and Steve Hards, Supporting People Review Officer who outlined the Council's supporting people work
- ✓ A visit to the Booth Centre, which is run by the Salvation Army and provides life skills training for couples and single people. It also accommodates 46 people (only 3 rooms are for couples)

Terms of reference

- 2.3. To answer the following questions:
- (a) Are support services for people in temporary accommodation helping them to maintain a reasonable quality of life with access to healthcare, education, social services etc?
 - (b) What affect has the recession had on the need for temporary accommodation?

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Outcomes of the review

- 2.4. The task group were impressed by examples of the high levels of dedication shown by people they interviewed as part of the review and the excellent work taking place in Medway around supporting people in temporary accommodation and enabling them to maintain a reasonable quality of life with access to healthcare, education, social services etc.
- 2.5. They did, however, accept that there was scope for improvement around the levels of communication, signposting of services and accountability between the partners involved in the service and felt the need for better co-ordination.
- 2.6. They felt that the extended services offered at Southampton where there was an assessment centre, emergency accommodation and a homeless healthcare service provided a real enhancement for the quality of life issues for people in temporary accommodation and that, wherever possible, these extensions to provision should be introduced in Medway.
- 2.7. As far as the impact of the recession was concerned the task group accepted that the full affects of the recession were most likely to be felt within the next 18 months. There had been an impact, however, already on people having their homes repossessed due to more stringent action being taken by some social landlords. The processing of housing benefit claims had also impacted on this process.

3. BACKGROUND

- 3.1. In June 2008 the Business Support Overview and Scrutiny Committee took over the responsibility for scrutiny of housing. Slightly earlier that year the Audit Commission inspected the Council's strategic housing function and the Committee received a series of full and detailed reports on the outcome of the inspection and the subsequent action plans to address the findings of the Inspectors.
- 3.2. The Council had since made significant organisational changes to help address all the recommendations made by the Audit Committee. There have been staffing changes and housing services was now under the management of the Assistant Director (Housing and Corporate Services).
- 3.3. A comprehensive improvement plan, identifying areas to be strengthened, was developed covering all the areas which the Audit Commission have asked the Council to improve, together with targets to be achieved. A number of the targets had already been delivered, including: -
- The Council has met Government targets for 2010 for reducing the number of homeless people living in temporary accommodation.
 - Reception facilities for housing customers have been improved by our move to the Chatham Contact point.
 - Recruitment to key empty posts had now taken place.
- 3.4. A senior officer group was monitoring the improvement plan on a regular basis, and this group reports to the Portfolio Holder and Cabinet. Dedicated project management support had also been put in place to support the improvement plan.
- 3.5. On 18 December 2008 Members of the Business Support Overview and Scrutiny Committee were given specific training by the Improvement and Development Agency (IDeA) to build capacity to effectively scrutinise the housing function. As a consequence of this in depth training Members identified possible topics for in-depth scrutiny including:
- Temporary accommodation
Empty properties
Value for money
- 3.6. From this list Members expressed an interest in temporary accommodation and a task group comprising Councillors Kenneth Bamber, Avey, Harriott, Ruparel/Juby was set up by the Committee in 2009.
- 3.7. An initial scoping meeting of the task group with the Assistant Director, Housing and Corporate Services and the Overview and Scrutiny Co-ordinator was held on 25 June 2009. At that meeting consideration was given to the Audit Commission report, the selection of reports, which had been considered by the Cabinet and Business Support Overview and Scrutiny Committee

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along with other research material relating to housing good practice such as the Department of Communities and Local Government - Homelessness code of guidance - July 2006.

- 3.8. The Audit Commission report had highlighted a number of issues to be addressed, relating to temporary accommodation which were as follows:
- ❖ People spending too long in temporary accommodation and there not being a clear breakdown of information about them
 - ❖ No specific customer care training
 - ❖ Information about housing services inconsistent
 - ❖ Customers unsure about standards of service they can expect
 - ❖ Some not getting their concerns resolved effectively
 - ❖ Council not learning from customers
 - ❖ Homelessness Forum not an effective vehicle for driving forward the Homelessness Strategy, limited engagement with Parish Councils, there is a need for robust engagement
 - ❖ Failure to draw on experience of stakeholders and service users
 - ❖ No written procedures for homelessness, poor quality control and inadequate training increasing the risk of service failure
 - ❖ People in temporary accommodation had not been regularly visited – lack of statistics
 - ❖ Stays in B&B were too long
 - ❖ Work with private landlords very limited
 - ❖ Other than in an emergency people waited too long for an appointment to discuss housing and debt advice
 - ❖ Very high rates of dissatisfaction with homeless service (not customer focussed)
 - ❖ No regulation of caravan and park homes – causing health and safety risks
 - ❖ £70k CLG grant to reduce temporary accommodation
 - ❖ Cross boundary working with other Councils re homelessness not well developed
- 3.9. The Assistant Director, Housing and Corporate Services reported on the work which had been undertaken to address all these issues and satisfied the task group that all necessary actions were being taken particularly in relation to reducing numbers of people in temporary accommodation. She did, however, support Members in their selection of temporary accommodation as a review topic and consideration was then given to the Department of Communities and Local Government's Homelessness Code of Guidance issued in July 2006. This gave the focus for the production of the terms of reference for the review set out in the executive summary in section 2 of this report. Members also felt that the issue of the effect of the recession on the need for temporary accommodation should be added.
- 3.10. A diversity impact assessment will be prepared as part of the development of the Temporary Accommodation Strategy.

4. KEY FINDINGS

- 4.1. This review took place over the period of one month, during which the task group spent time talking to local service users, visited local temporary accommodation in Medway and talked to representatives both within the Council and outside of it who were involved in providing support to people in temporary accommodation.
- 4.2. In addition to this the task group visited Southampton City Council to compare what support services were provided there for people in temporary accommodation. Southampton City Council was also a unitary authority with a similar sized electorate and many comparable challenges to Medway. The work of their supporting people team, their street homeless prevention team and homeless healthcare team made them a useful authority to visit to find out about good practice.
- 4.3. The following bullet points summarise the key findings of the review aligned with the terms of reference:

General observations about support to people in temporary accommodation

- The use of emergency accommodation in Southampton has dramatically reduced the need for bed and breakfast facilities, which are costly and often not ideal for the service users.
- The identification of a suitable building to host an assessment centre, run in partnership with the voluntary sector, would be a useful asset and enabled more time to assess the client's individual needs and allowed for a more tailored approach to their being placed in temporary accommodation or with a private landlord.
- The additional consents on the Service User Information Form used at Southampton would be a useful addition to the Medway housing forms to ensure that more comprehensive information is gathered and the service user gives permission for sharing of information between agencies.
- The consensus of opinion was that to increase the weighting of points for people in temporary accommodation to help them to find permanent accommodation could have the detrimental effect of people making themselves intentionally homeless in order to increase their chances of obtaining permanent accommodation.
- The perception of the task group was that there was a lack of signposting between organisations involved in temporary accommodation and often breakdowns in communication.

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- The task group felt that the policy in Southampton, to ensure that only those people who have proven they are able to maintain a tenancy in temporary accommodation should be added to the list for Council housing, was a helpful one.

General health needs

- Specific provision catering for the health needs of clients in temporary accommodation would ensure that broader support is available. It would appear that the current provision was limited in this regard. The task group felt that this could be an option for the Primary Care Trust (PCT) to consider.
- The attendance of NHS Medway and the Supporting People team at the Homelessness Forum would be a positive move to share information and to identify gaps in provision of support to people in temporary accommodation.
- It was agreed that there needed to be better lines of communication and engagement between all the agencies involved in the support needs of people in temporary accommodation.

Mental health needs

- A large proportion of residents in one particular unit of temporary accommodation had very specific mental health needs. In contrast, Southampton City Council did not appear to take into their temporary accommodation people with mental health needs, they are dealt with by the NHS and accommodated separately. More involvement by the Mental Health Trust would reduce the considerable burden on the Council's housing services and would undoubtedly have an impact on those people placed at the unit who do not have a mental illness.
- The task group found that the Mental Health Trust felt there was a lack of connection between the various agencies and lack of clarity on who was leading in supporting people in temporary accommodation.

Education/employment needs

- There appear to be gaps in the provision of support for people in temporary accommodation in Medway, which could potentially be filled by closer working with the voluntary sector. The development of a Street Homeless Prevention team by the voluntary sector would be very valuable in supporting people who are homeless and provide a reference point for service users. It would also assist with helping them to return to education and employment.
- Other authorities had developed Street Homeless Prevention Teams. Members were informed of one in Birmingham made up of outreach

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workers who worked jointly with staff from various support agencies for example drug and alcohol services, homeless health services and the mental health team.

- It was noted that it would be helpful if schools were notified when parents with school aged children were moved into temporary accommodation although it was accepted that security of data was paramount.
- Members were impressed with the opportunities they saw were being offered by the Cyrenians to clients with regards to learning gardening and cooking skills and the training courses which had been undertaken by residents of Pier Road, Gillingham.
- The task group noted that the Children and Adults Directorate had produced a video in a number of Eastern European languages setting out the Council's support services and felt that this could be shared with the Homelessness Forum and more widely within the Council.

Social Care – Adults and Children

- Co-ordination and ownership between the directorates within the Council and with the Council's partners regarding the support needs of people in temporary accommodation could be improved. This leads to delays for the service user, and difficulties/demands for housing services. A common protocol setting out the responsibilities of all relevant parties would clarify the position with regard to responsibilities and shared accountability. It would also prevent duplication or neglect of a service user's needs. There is also a need to ensure there is clear signposting between the agencies working with people in temporary accommodation.
- To improve communication between social care and health visitors a common protocol might be helpful to enable them to discuss the health issues of people in temporary accommodation.
- It was noted that Shelter would find it helpful if the Council's housing services could share more information with them concerning the services to homeless people provided by the Council along with continued co-ordination of follow up details of people referred by Shelter to housing services.
- Representatives from Shelter suggested that the form completed by people requesting temporary accommodation should also ask if they have children of school age that will be needing transport, and whether they needed furniture storage. They also were impressed by the idea of the Homeless Healthcare Team in Southampton.

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Recession

- It was clear that the recession would soon be having a detrimental effect on people becoming homeless (probably in the next 18 months), in tandem with evidence of more stringent action on behalf of some landlords who are taking people to court for non-payment after 8 weeks rather than 12 weeks.
- If the backlog in dealing with housing benefits exceeded 8 weeks this caused some tenants to be taken to court incurring court costs and repossessions, which could potentially be avoided.

5. OBJECTIVE, METHODOLOGY AND APPROACH

Objective of the review

- 5.1. At the scoping meeting of the task group on 25 June 2009 it was agreed that the objective of the review would be to provide Members with more detailed knowledge of the position on support for people using temporary accommodation in Medway and to find out what, if anything, could be improved.

Methodology and approach

- 5.2. The task group considered the approach and methodology for the review and agreed the following, having taken into account the terms of reference, evidence sources, resource requirements, officer support, purpose and objectives, models of best practice, performance regime and current risk assessment for the service area along with the route for the review:

Date	Others present	Invitees	Where	Purpose of event
11 September 2009	Assistant Director, Housing and Corporate Services, Head of Housing Solutions and O&S Co-ordinator		Gun Wharf	Briefing/familiarisation with the AD on current local provision and support for people in temporary accommodation in Medway
14 September 2009	Head of Housing Solutions and O&S Co-ordinator	Officers from Southampton City Council*	Southampton City Council – visiting Patrick House, Booth House and emergency accommodation	To assess common themes and to investigate areas of good practice
28 September 2009	AD Housing and Corporate Services and Overview and Scrutiny Co-ordinator	Jackie Challis, Service Manager, Physical Disabilities, Adult Social Care	Gun Wharf	To discuss with partners and support agencies the current levels of support for people in temporary accommodation.

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Date	Others present	Invitees	Where	Purpose of event
		<p>Hansa Ashok, NHS Medway</p> <p>Keith Towler, Citizen's Advice Bureau</p> <p>Dr Alison Barnett, Director of Public Health</p> <p>Olivia Butler, Interim AD Children's Care with Juliet Sevior, AD Inclusion</p> <p>Simon Trotter AD Learning and Achievement</p> <p>Genette Laws, Social Care Commissioning and Voluntary Sector Manager</p>		To assess the impact of the recession on people in temporary accommodation.
2 October 2009	Assistant Director (AD), Housing and Corporate Services, Head of Housing Solutions, Temporary Accommodation Officer and O&S Coordinator	Service User	Temporary accommodation visit to Canterbury Street, Gillingham	To familiarise the task group with local provision and speak to a service user

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Date	Others present	Invitees	Where	Purpose of event
2 October 2009	Assistant Director, Housing and Corporate Services, Head of Housing Solutions, Temporary Accommodation Officer and O&S Coordinator	Cyrenians – Karen Hurley and Julie Hawkins	Pier Road, Strood, a 24/7 supported project with 12 beds)	Discussion with support providers to assess what support and advice currently received by people in temporary accommodation
2 October 2009	As above	Cyrenians – Claire Taylor	Mountview, Rochester (9 bed unit)	To consider the third stage of the pathway for clients where they engage in training, employment, work and start bidding for properties
2 October 2009	AD Housing and Corporate Services and O&S Coordinator	James Sinclair and Mark Brampton Director of Partnerships and Social Care, Kent and Medway NHS and Social Care Partnership Trust (mental health trust) Alison Norris and Dean Cooke from Shelter	Gun Wharf	To discuss with partners and support agencies the current levels of support for people in temporary accommodation
6 October 2009	AD Housing and Corporate Services and Overview and Scrutiny Co-ordinator		Gun Wharf	Final meeting of task group to sign off review

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*Officers seen at Southampton City Council:

Lisette Wiltshire – Homelessness Manager

Ann Key – Housing Assistant

Val Bray – Housing Assistant

Kim Weeks – Health Visitor (Healthcare for Homeless)

Marguerite Rayner – Policy and Projects Officer (Housing)

Helena Kurcynska – Manager Patrick House (assessment centre)

Duncan Robertson – Deputy Manager Patrick House

Julie Marron – Manager – Street Homeless Prevention Team

Sarah Jefferies – Street Homeless Prevention Team

Steve Hards – Supporting People Review Officer

Ian McDonald – Supporting People Commissioning Officer

Jo Cherriman – Manager (Booth Centre)

- 5.3. It was agreed that for the evidence gathering exercises on 28 September 2009 and 2 October 2009 that case studies would be used to enable the participants to explain the level of support they would give in the particular set of circumstances.

6. SETTING THE CONTEXT

(a) Legal framework, Council duties and obligations, accountabilities and performance

- 6.1. The legal framework for the provision of temporary accommodation is found in the Housing Act 1996 sections 184, 198 and 186. Local authorities must secure accommodation for homeless people in certain circumstances and have powers to do so in others. Under the main homelessness duty (owed to people accepted by a local housing authority as eligible for assistance as unintentionally homeless and in priority need) they must secure suitable temporary accommodation until a settled home becomes available.
- 6.2. Housing Services are subject to inspections from the Department for Communities and Local Government and the Audit Commission.
- 6.3. The Government priorities for homelessness are:
- Eliminate rough sleeping by 2012, once and for all, providing the right help in the right place at the right time
 - Reduce the level of households in temporary accommodation by 50% by 2010
 - Ensure that homeless families with children are not placed in Bed and Breakfast accommodation, unless it is an emergency
 - Not to accommodate 16 and 17 year old homeless young people in Bed and Breakfast by 2010
- 6.4. Housing Services also contributes towards the following indicators in the single set of National Indicators for Local Authorities and Local Authority Partnerships:
- | | |
|--------|--|
| NI 156 | Number of households living in Temporary Accommodation |
| NI 45 | Young offenders' engagement in suitable accommodation, education, employment or training |
| NI 46 | Young offenders' access to suitable accommodations |
| NI 116 | Proportion of children in poverty |
| NI 117 | 16 to 18 year olds who are not in education, employment or training (NEET) |
| NI 145 | Adults with learning disabilities in settled accommodation |
| NI 147 | Care leavers in suitable accommodation |
| NI 149 | Adults in contact with secondary mental health services in settled Accommodation |
- 6.5. In 2000, the Government published "Quality and Choice: A Decent Home for All; The Way Forward for Housing", which laid out the Government's housing strategy around the key theme of offering everyone a decent home and thereby promoting social cohesion, well-being and self-dependence. These aims are:

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- Making it work locally
 - Encouraging sustainable home ownership
 - Promoting a healthier private rented sector
 - Raising the quality of social housing
 - Providing new affordable housing
 - Promoting choice through lettings in social housing
 - Strengthening the protection available to the homeless
 - New forms of tenure
 - Moving to a fairer system of affordable social rent
 - Tackling other forms of social exclusion
- 6.6. In 2003, the Government published “Sustainable Communities: Building for the Future”, which has been followed by a series of documents including a five year plan for housing, and strategies for tackling homelessness, increasing the supply of all types of housing and improving the standard of housing in the private sector. These have emphasised the central role that housing policy plays within the economic and community life of Britain. The Government’s housing related aims are to ensure that:
- Prevent homelessness
 - Provide support for vulnerable people
 - Tackle the wider causes and symptoms of homelessness
 - Helping more people move away from rough sleeping
 - Providing more settled accommodation
- 6.7. There is no legal obligation for Housing Services to provide support for people in temporary accommodation.

(b) Medway’s policy framework

- 6.8. Medway’s Homelessness Strategy for 2009-2011 was agreed at the beginning of 2009 by the Cabinet. The key objectives are as set out below:
- To ensure positive changes to tackle and prevent homelessness, it is essential that the Council works effectively with a wide range of agencies, organisations and partnerships to deliver the strategy.
 - It aims to address some of the underlying causes of homelessness and the difficulties service users face. The key objective of the strategy is to prevent homelessness and make a positive difference to the residents of Medway, who otherwise may face the emotional and physical upheaval that homelessness can cause.
 - Medway has adopted a preventative approach to dealing with homelessness. This means that rather than processing homelessness applications, accepting people as homeless and placing people in temporary accommodation, the Council aims to make an early intervention to ‘seek to find’ a housing solution prior to actual homelessness. Medway has seen a significant reduction in the number of formal homelessness applications. Levels of rough sleeping

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remain low and the Council has continued working to reduce the use of temporary accommodation.

- A focus on providing alternatives is largely responsible for the reduction in applications. The front line Housing Options service have also helped to prevent the need for applications to be made by offering assistance and advice before people reach the point of homelessness and offering signposts to alternative accommodation in the private sector to people who have made homeless applications.
- A Temporary Accommodation Strategy and a new Supporting People Strategy are currently being developed by Housing Services and Adult Social Care respectively.

(c) National and Local Picture

6.9. National picture - households in temporary accommodation

- 6.9.1. The following data has been extracted from Department for Communities and Local Government (DCLG) statutory data on homelessness for the 1st quarter of 2009 to show the position nationally with regard to households in temporary accommodation.

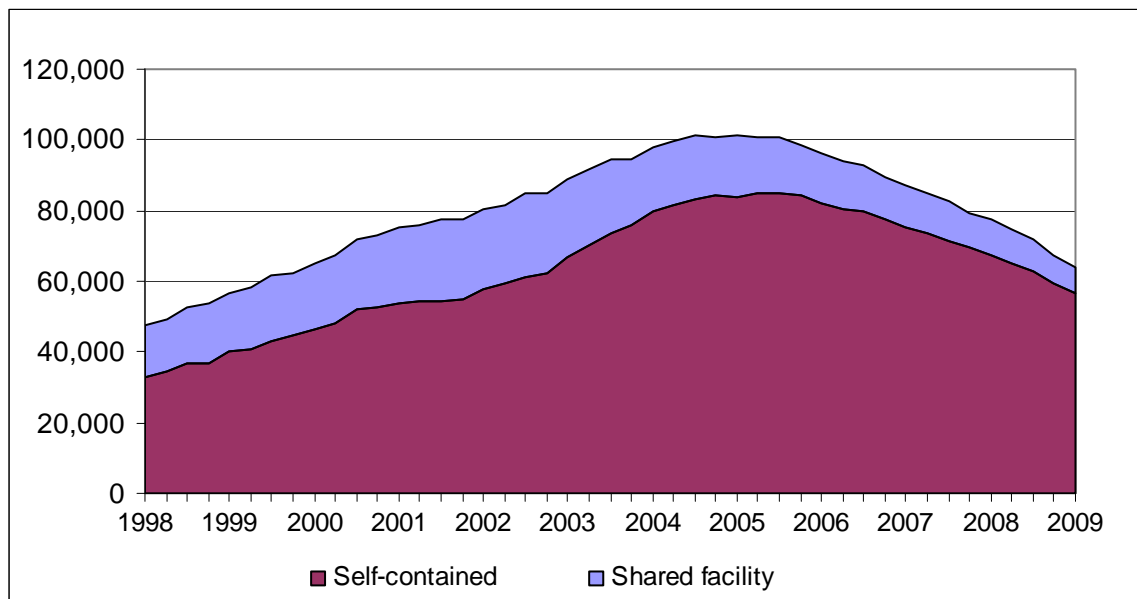
The scope of this data collection and statistical release is limited to English local housing authorities' activities under homelessness legislation (Part 7 of the Housing Act 1996). This release does not contain data on other forms of homelessness, for example, rough sleeping. The devolved administrations publish their own statistics on statutory homelessness.

- 6.9.2. The number of households in temporary accommodation on 31 March 2009, arranged by local authorities under homelessness legislation, was 64,000 nationally. This is 13,510 (17 per cent) lower than the same date last year, and 33,680 (over a third) lower than at the end of March 2004, the year in which households in temporary accommodation peaked.

- 6.9.3. Of these 64,000 households, 88 per cent had been accepted as being owed a main homelessness duty and were being housed in temporary accommodation by the authority until a settled home becomes available. The remainder were being accommodated pending a decision on their application, the outcome of a local authority review or an appeal to the county court on the authority's decision, or possible referral to another local authority, or had been found intentionally homeless and in priority need and subsequently were being accommodated for such a period as would give them a reasonable opportunity to find accommodation for themselves. 88 per cent of households in temporary accommodation were in self-contained accommodation (either in local authority or registered social landlord stock, or within the private sector) and 12 per cent were in accommodation with shared facilities (bed and breakfast style, or hostels and women's refuges).

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Households in temporary accommodation at the end of each quarter, by type, 1998 to Q1 2009, England



- 6.9.4. London had the highest number of households in temporary accommodation, at 47,780 on 31 March, accounting for three quarters of the England total. The South East had the next highest number, with 7 per cent of the England total. The North East, with less than 1 per cent, had the lowest number in temporary accommodation.

6.10. Local Context

- 6.10.1. Medway's population of 250,000 is growing and predicted to rise to 300,000 in the next 20 years. Medway has a younger population profile than the national average but in line with national trends this is slowly changing with a predicted 75% growth in the over 60's by 2028 with implications for housing and related care and support services. Single person households now make up a third of all households reflecting changes in family structure and an ageing population. Conversely the proportion of traditional family households has declined to 50% of all households although this is higher than in the rest of the south-east. This means there will be an ongoing need for emergency and Temporary Accommodation.

- 6.10.2. Temporary Accommodation plays a key role in housing households in an emergency such as:

- Households fleeing domestic abuse/violence and hate crime
- Homeless applications under consideration
- Households waiting for a permanent home
- Households requiring support
- Short-term need i.e. respite

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- Intentionally homeless families with children and families who need accommodation to prevent children being looked after
 - People with mental health issues
 - People with learning disabilities
 - People with physical disabilities
- 6.10.3. Medway has a range of households with complex problems. Many people present as homeless for reasons other than the nature of quality of housing provision. The Council's Housing Services are available to all residents of Medway and in some circumstances to non-residents of Medway. Eviction and loss of assured short-hold tenancies were the primary reasons for households approaching Housing Services during 2008/09. Current changes in the economy and housing market mean that issues which households face and the assistance they require are changing. In order for us to be well placed to respond to these changing trends, there is a clear need for us to understand the issues that effect not only those who present as homeless, but also those who are seeking assistance to either maintain or identify suitable settled accommodation
- 6.10.4. Housing Services in general relies heavily on effective external partnership working to deliver its housing programmes. Internal support services and other public bodies provide support to ensure that the homelessness, options, temporary accommodation and advice service meet its statutory duty as well as its policy objectives.
- 6.10.5. Every local authority in the UK is required to meet the Government target to halve the number of households in temporary accommodation by 2010. These changes have come about due to growing research demonstrating the negative impact of homelessness on families and communities and the huge cost of homelessness not only to housing, but related costs to health care, social care and the criminal justice system. Previously the emphasis was 'managing homelessness' and responding to crisis, which resulted in growing levels of homelessness and rising numbers of households in temporary accommodation. Medway Council are now directing their energies in preventing homelessness where possible, which has meant an honest look at working practices and priorities and ensuring services work together constructively
- 6.10.6. Medway's baseline target set in December 2004 was 629, therefore by 2010 our target was to reduce the number of households living in temporary accommodation to 314. This was achieved by March 2008. Continued reduction is aimed for which it is felt can be achievable through:
- Developing prevention and early intervention initiatives through the action plans detailed within Medway's Homelessness Strategy.
 - Developing a model of supported housing for young people, which effectively engages young people with complex needs and enables them to make permanent routes out of homelessness.
 - Continuation of tackling the backlog of households in temporary accommodation and the length of stay for households.

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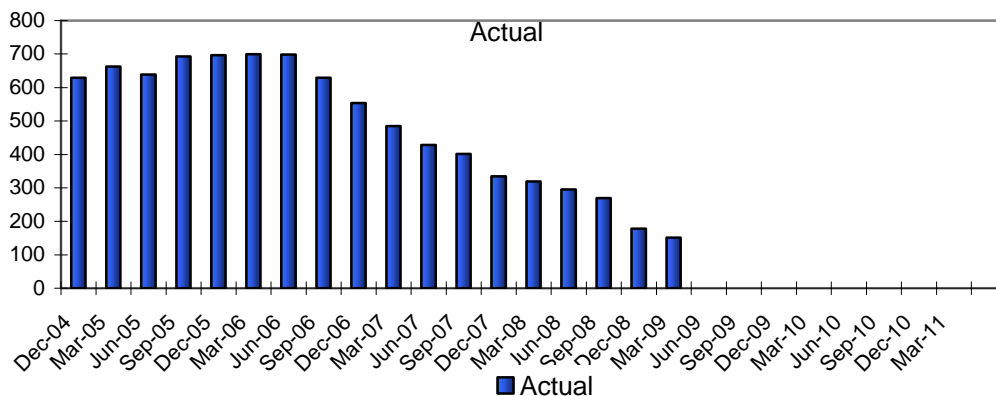
6.10.7. Where homelessness cannot be avoided and a placement in temporary accommodation is inevitable, the aim was to minimise the negative impact through:

- Improving the quality and geographical spread of temporary accommodation – both in terms of ‘bricks and mortar’ and also in terms of housing management
- Increasing access to floating support for households in temporary accommodation
- Developing necessary links to health care, social care, welfare benefits, education and employment for households in temporary accommodation.

6.10.8. Excellent work has taken place to not only reduce the number of households becoming homeless (through targeted prevention initiatives) but also to reduce the large numbers of households living in temporary accommodation including the length of stay from a baseline of 629 as of December 2004 to 151 as of March 2009.

The figures below demonstrate the results of the focused work that has taken place.

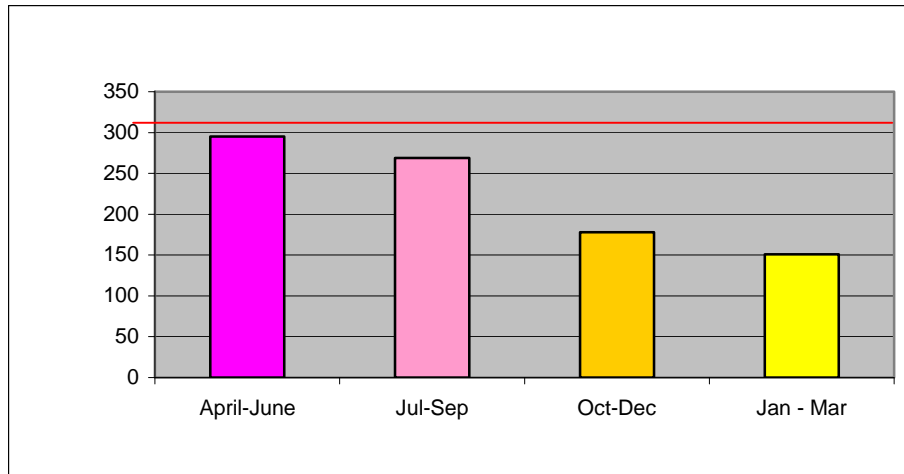
Numbers in TA at the end of each financial year between 31 December 2004 and March 2009



6.11. Number of Households living in Temporary Accommodation 2008-2009

6.11.1. By March 2008, Medway Council had achieved its government 50% reduction target of 316. At the start of April 2008 Medway Council had 307 households in TA, with a new target to reduce TA households by a further 50% to 314. By the end of March 2009 Medway Council had 151 households in TA.

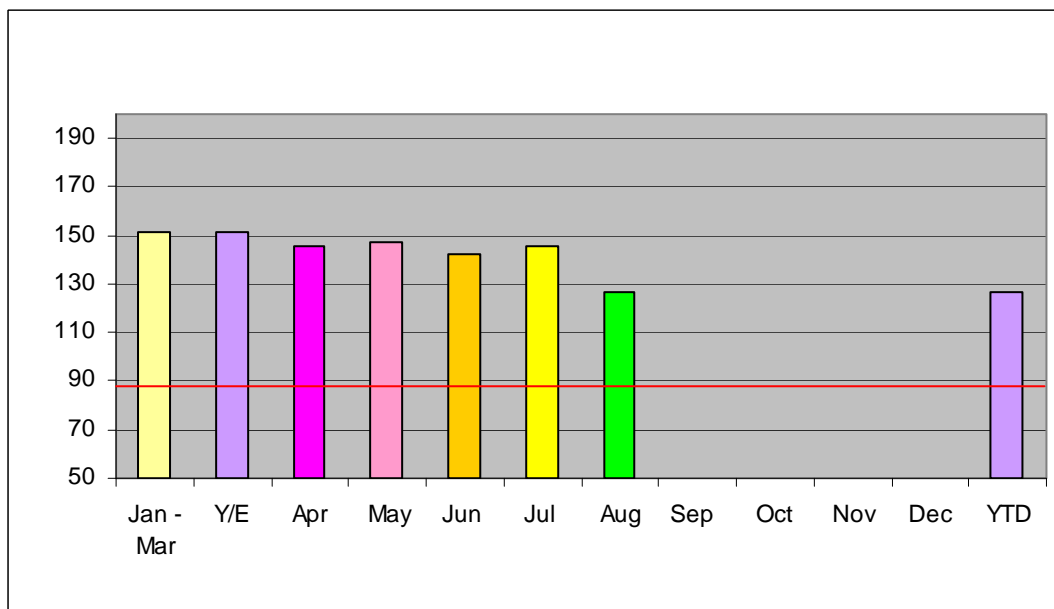
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6.12. Number of Households living in Temporary Accommodation 2009 – date

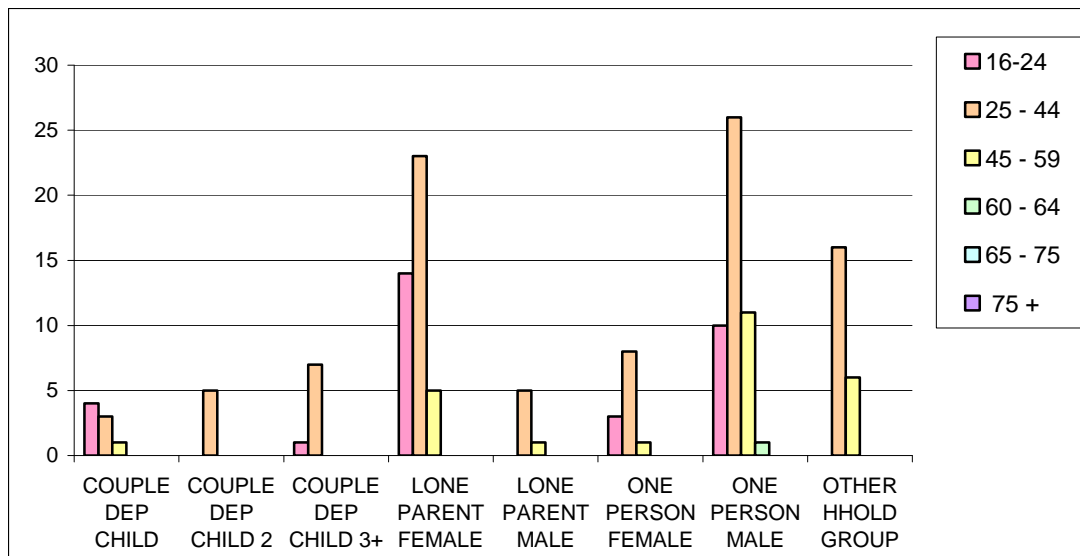
6.12.1. At the start of April 2009 Medway Council set a target to continue to reduce the number of households in TA to 100 by March 2010. As of August 2009 there were only 127 households placed in TA.

These households are placed as following; Avenue – 69; Moat – 1; Council stock – 21; Orbit – 7; Bed and Breakfast – 12; Bed and Breakfast houses – 1; Trafalgar House - 16 = 127

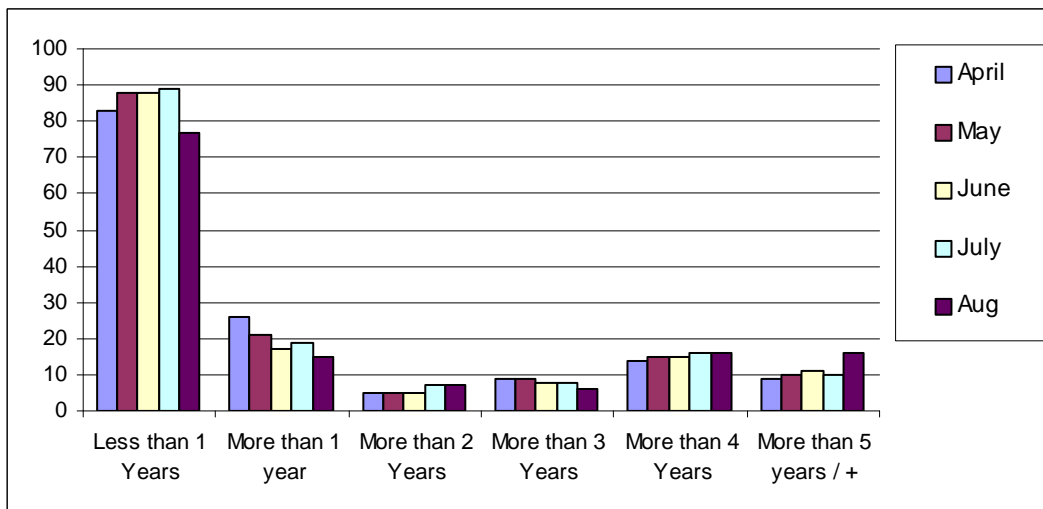


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6.13. Number of Household Types (age range specific) in TA at the end of March 2009



6.14. Length of Stay in TA from April 2009 to Date



7. SUMMARY OF EVIDENCE COLLECTED

7.1 Support for people in temporary accommodation in Medway

On 11 September 2009 the task group met with the Assistant Director, Housing and Corporate Services and the Head of Housing Solutions for a briefing on the local picture with regards to support for people in temporary accommodation (TA) in Medway. The following facts were obtained. These were viewed in the light of an impending visit to Southampton where it was intended to compare support to people in temporary accommodation with that currently provided by Medway Council:

THE MEDWAY POSITION

Officer briefing

- ❖ If someone presented as homeless to the Council there were two possible courses of action, either bed and breakfast which was expensive (housing benefit will not cover the full amount) and was avoided wherever possible, or to use temporary accommodation. Housing Services would attempt to place people in suitable placements with other providers who meet their needs, if at all possible.
- ❖ The Council leases its temporary accommodation from The Avenues Trust. The properties are rented from private landlords by Avenues, and then rented to the Council as a block. The government gave local authorities a target to reduce the numbers of people in temporary accommodation by half from 2005-2010. In 2005 Medway Council had 629 people or households in temporary accommodation, and this was currently reduced to 127. Last year there were 325 people in temporary accommodation in Medway, this year there were only 127. In 2004 the figure was 629 people.
- ❖ Private Sector Housing have inspected the temporary accommodation and served Avenues with notices where necessary, to make sure that the homes offered complied with legislative requirements and were of an acceptable standard.
- ❖ Members were informed that statistically those people in temporary accommodation have worse life chances, were less likely to be registered with a General Practitioner and less likely to succeed.
- ❖ Housing Services provide floating support to those in temporary accommodation if needed, through its contract with West Kent Lifeways. This ranged from between 2 hrs a day to one visit a week depending on the level of people's needs. This provided assistance to those in temporary accommodation with filling in forms, looking for employment, debt advice and advice about education. This support generally takes a few days to set up.
- ❖ The type of support given was housing related in the main and did not help people with mental health conditions, nor did it help them become better parents or support their health needs, although the support worker would be expected to signpost the client to the relevant agencies.

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- ❖ Housing Services may refer a client to Kent and Medway NHS and Social Care Partnership Trust for mental health issues but it was important to make sure that support remained in place once they moved from temporary accommodation into permanent housing.
- ❖ The target set by Housing Services for the end of this year was to have no more than 100 people in temporary accommodation, and this was particularly challenging given the current economic climate.
- ❖ A Temporary Accommodation Strategy was being written by Housing Services, and this could include details of how other directorates and agencies work with the housing section.
- ❖ Temporary accommodation used by Housing Services was mainly one bed units in a block of flats in Chatham which was controlled by Housing Services. There were some 2/3 bed accommodation but there was a shortage of 4/5 bed units which may prove difficult as there were now more larger families becoming homeless.
- ❖ There was an issue for vulnerable adults who were alone because of the amount of paperwork they need to deal with and the fact that they may not fit the category of critical and substantial to give them access to adult social care packages. These clients are generally supported by Housing Services floating support contract.
- ❖ There was a protocol for sharing information about young people particularly relating to domestic abuse etc.
- ❖ The highest ethnic community in Medway was from the Chinese community but none had so far presented to the Council as homeless. In Southampton there were a lot of Slovak people who were homeless. Medway had received funding for a Slovak housing officer to work with clients within Medway who find themselves homeless. The Council also had a Slovak housing officer who worked with those with accommodation in the private sector who suffered from fuel poverty or poor living conditions.
- ❖ Southampton's position with regards to rough sleepers was very similar to Medway. The proximity to a port for Southampton was similar to the proximity to the Channel Tunnel for Medway.
- ❖ Medway's target to move people on from temporary accommodation was 26 weeks. In the past, clients often people stayed for years in temporary accommodation, and the Council has worked to get those tenants accepted by private landlords as their tenants in suitable circumstances.
- ❖ Where clients had children at school every attempt was made to ensure that they were placed in temporary accommodation near to their school.
- ❖ Every effort was being made by Citizen's Advice Bureau (CAB), Shelter and the Council to ensure that where possible people remained in their homes rather than ending up becoming homeless and discussions take place with mortgage lenders in attempts to resolve issues of non-payment.

Review of support for people in temporary accommodation

- ❖ As far as access to advice from CAB was concerned Members were advised by the CAB that there was now a new phone system to cut down waiting times so that the public can speak to someone at a central place rather than having to wait for the local office to be able to assist.
- ❖ Housing Services tries to limit stays in Bed & Breakfast, and these can be up to four days in an emergency situation. If the client were a young person then the Council would try to attempt placement at one of the Foyers within Medway.
- ❖ Housing Services can provide assistance with items such as bedding, and where bedding is provided in temporary accommodation it was cheaper to dispose of it, and buy new bedding for another client, rather than having to get it cleaned.
- ❖ There was no women's refuge in Medway. The Council was part of the Sanctuary scheme, which provides support to those who suffer domestic violence and sets up a range of security measures to make the home safe. The Council can also help to get the perpetrator out of the property, and this had so far been successful. The Police assist with this scheme, and it was used for a wide range of tenants, with Registered Social Landlords also supporting the use of this for their properties.
- ❖ Reference was made to the pre-eviction panel and Family Intervention Project, which were all preventative actions the Council was involved in.
- ❖ Although various agencies put in support to people in temporary accommodation it was not always clear what was actually being delivered.

Discussion with service users and local visits

On 2 October 2009 the task group visited two elements of the Pathway for Homelessness via one of the Council's Supported Provider projects - Medway Cyrenians - Pier Road (a 24/7 supported project with 12 beds) the first stage for clients who have become homeless and the Mountview - Rochester (9 bed unit) which is the third stage of the pathway for clients where they engage in training, employment, work and can start bidding for properties. The Head of Housing Solutions, and an Options Officer and the Overview and Scrutiny Co-ordinator also attended.

They then visited a client in temporary accommodation in Canterbury Street, Gillingham who was currently supported by the Mental Health Team MASTT and had been involved with Manor Road as part of rehabilitation.

Pier Road

- ❖ The task group were given a copy of the pathways model of support used by the Cyrenians and explained the process which was followed to ensure service users achieve independence.
- ❖ The Gateway database system, which helps providers to establish the areas of greatest need, was explained to Members. The Gateway system ensures that the Council's Homechoice allocation scheme matches appropriate clients to properties or supported accommodation that is appropriate for their needs.

Review of support for people in temporary accommodation

- This, together with an occupational therapist that is located within Housing Services, helps to ensure that clients receive adequate accommodation.
- ❖ In 2008/2009 there were 500 expressions of interest to the Cyrenians but they had only been able to take 50 people. Clients would normally stay at Pier Road for 0-3 months and would then be referred to another unit with less intensive support until they achieved a position where they could maintain their progress with the assistance of floating support.
 - ❖ The age group catered for by the Cyrenians was from 16-65 years and everyone entering their projects would be interviewed prior to acceptance. Most were unemployed. They catered for people with addictions, relationship breakdowns and many other needs. While at Pier Road they had to adhere to a few strict rules – no drugs, no alcohol, no violence and a curfew at 11pm. At Pier Road there were two members of staff on duty every day and there was always 24/7 cover.
 - ❖ The lack of a private interview room at Pier Road was highlighted and it was stated that the introduction of such a room would be a great enhancement.
 - ❖ On hearing about the Homeless Healthcare Team in Southampton the manager stated that she thought the introduction of a part time health promotion worker and a part time person to engage with clients around meaningful employment would enable the existing staff to dedicate their time to their normal duties. As an example, the staff at Pier Road had recently introduced a stop smoking campaign but had achieved this without any assistance from other services.
 - ❖ Once service users have been through the pathways of support with the Cyrenians they have often gained valuable skills, which they can translate into useful employment. The task group were shown the garden area, which had been developed to encourage the service users to grow their own vegetables. Some were kept and the residents were shown how to cook them, this contributed towards them eating more healthily. Any surplus vegetables were sold on to the Sunlight Centre who used them in the restaurant at Gun Wharf. The Pier Road staff were very keen to find an allotment, which they could use to expand the gardening scheme.
 - ❖ In addition to employment skills the service users also gain very powerful mentoring skills, which could be harnessed at a later stage and used to help younger people entering into the system.
 - ❖ A bi-monthly focus group had been set up for Pier Road and the residents were very keen to share their experiences.
 - ❖ A national tool for supported housing called the Outcomes Star was used at Pier Road this helped the residents to identify and measure their own progress as they go through the pathways. In the event of someone getting to the end of the process and regressing (either by going back onto drugs or alcohol or not paying rent) they were temporarily moved backwards to increase their support until such time as they could stabilise their position and move forward once again.
 - ❖ Councillor Sutton had taken a great interest in the work at Pier Road and dedicated £500 of her ward improvement funds to help provide a greenhouse and vegetable beds. The staff at Pier Road had also taken part in fund raising to increase the amount of money.
 - ❖ The Manager stated that it was a shame there was not an emergency room to house people while they were being assessed and stated that she hoped there would be an opportunity to expand the service at Pier Road in the future. An earlier bid for money to re-organise the building under the Places for Change funding had not been successful.

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- ❖ The only people that would not be accepted at Pier Road would be high risk offenders, someone with very high level support needs or with a long term health problem. They would not tend to take young people generally on the grounds they needed to be with their own peer group and often needed a different type of support.
- ❖ For street homeless or 'sofa surfers' (people moving from one set of friends to another with no fixed address) there were particular issues such as a lack of public toilet facilities after 4pm on a Sunday.
- ❖ It was suggested that in order to get messages across to people who are rough sleeping that notices should be placed in areas which they may well frequent, bus stations, train stations, public toilets etc, A&E department etc to advise them where help and assistance would be available to them.
- ❖ No specific funding was received to deal with the clients with drug and alcohol abuse problems. The staff do work closely with Equinox and Turning Point in these cases.
- ❖ The task group were given a copy of the Client satisfaction survey, a confidential questionnaire completed by residents at Pier Road.



Members of the task group, the Head of Housing Solutions and Chief Executive of Medway Cyrenians next to the gardening project at Pier Road

Mountview, Rochester

- ❖ Clients stay at Mountview from between 3-6 months on average and for a maximum of two years. There was a member of staff on duty in the office there but only during normal office hours.
- ❖ Similarly to Pier Road the clients of Mountview had a small garden area and grow their own vegetables and flowers.

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- ❖ Volunteers came into the property occasionally to help with cooking skills etc.

Interview with service user in temporary accommodation

- ❖ Members were informed as part of the interview that Housing Services were not in a position to transport service users to their temporary accommodation, which in this instance was more complicated due to the client being in a wheelchair.
- ❖ Members made reference to an agreement made with Medway NHS Foundation Trust following a bed blocking review in 2004 that staff at the hospital would work with officers at the council to give them adequate notice of people being discharged from hospital.
- ❖ It was accepted that in spite of bidding for properties it was unlikely that one would become available because this particular client was low down on the waiting list. It could be that the Council would need to help the client with a deposit towards private rented accommodation.

"I sustained a back injury in 2004 and medical opinion was that I would not be able to walk. I was a tenant of a social landlord in Medway and after my accident when I was feeling very vulnerable I was subjected to a lot of abuse. Some of the other residents were trying to access the drugs I was given for pain relief. The end result was that I ended up being evicted from my property. After being in hospital I was discharged at short notice and sent to a bed and breakfast establishment in Medway that was supposed to be wheelchair friendly but it wasn't. On this basis it made me try to get around without the wheelchair and encourage me to try to use my legs. While in hospital I only saw a housing officer, no-one from social services. I was told that I should contact the housing officer as she would be my care manager! In view of the fact that no-one believed my claims about the abuse at the property I did not attend the court case because I was scared. The social landlord then removed all the carpets and furniture from the property"

Extract from the interview with user of temporary accommodation in Medway

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Quote from young Medway service users from a survey conducted by Medway Challengers and Medway's Children in Care Council

After settling in and appearing to be coping well, I was abandoned and left to get on with it"

"I had to move very quickly from my foster placement to a shared house and this was really frightening. There were older boys living there and the caretaker was meant to supervise overnight but he used to lock himself in his room and hide. After 2 nights my door was kicked in and I was beaten up. This experience affected my preparations for independence and I am very anxious now about where I will be living"

7.2 VISIT TO SOUTHAMPTON CITY COUNCIL TO COMPARE SUPPORT WITH THAT OFFERED AT MEDWAY

On 14 September 2009 the task group visited the housing section at Southampton City Council. During the day the task group covered the following:

Discussion with Homelessness Manager

- ❖ Southampton had 264 people in temporary accommodation but had met its target to halve the number. Their electorate was comparable with Medway. (The number of people in temporary accommodation in Medway was 127). Two families in bed and breakfast 1 man and 3 children and 1 man and a 17 yr old. Stay in bed and breakfast averaged at 10 days. As far as temporary accommodation was concerned the plan in their lettings policy was for people to stay no longer than about 8 months. During their time in temporary accommodation they are given an extra weighting of points to enable them to access a permanent letting. Southampton had a policy of an 'open list' for housing applications. They gave basic level points for 8 months then a cash injection of points over a short period (3 months maximum) to move them forward into rented accommodation.
- ❖ Mother and baby units were provided in Southampton for temporary accommodation by one contractor, two separate areas of accommodation not self contained, just a room with shared facilities, which was useful for the very young mothers who required a large amount of support. Some of these were moved into temporary accommodation due to domestic violence. They received a daily visit. The largest facility had two bedrooms but the rest had only one bedroom.
- ❖ The waiting list for a property in Southampton was approximately 8 years plus.
- ❖ Under the supporting people contracts there was 24/7 cover to give tenancy management and support.
- ❖ Southampton had just under 18,000 Council houses (compared to Medway's 3,058).

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- ❖ The homeseeker lettings team worked closely with private landlords and helped them. People were taken into a private letting on a minimum 2 year basis.
- ❖ Southampton did not operate a common register. Most housing associations have a virtually closed list. There were difficulties putting a common register into place on the basis that the housing associations were not co-terminus with the local authority area.
- ❖ Once a month a member of the housing team spent a day with the Gateway team, who took calls in a similar way to Customer First in Medway, to train the staff.
- ❖ Southampton did not normally take people with mental health needs into temporary accommodation as they were dealt with elsewhere but if someone in a family were observed to have mental health needs then the Street Homeless Team would ensure they are taking their medication etc.
- ❖ It was confirmed that money from the housing revenue account paid for part of the outreach work. The priority needs money paid for some of the other support.
- ❖ 46 people had presented as homeless over the last quarter, the footfall was around 30,000.
- ❖ Officers from housing sat on the mental health and learning disability panel and there was also an anti social behaviour panel and tenancy review panel and regular family support meetings. There was also a credit crunch group but no loans were currently being given.
- ❖ Officers in the homeseeker team and the support officers gave advice and support to people in temporary accommodation with benefit applications and applications for private rented accommodation, and help with day care, court advice, signing on etc.

Discussion with Street Homeless Prevention Team (SHPT)

Members spoke with Julie Marron, Manager of the Street Homeless Prevention team and Sarah Jefferies one of her staff. The following facts emerged:

- ❖ The Street Homeless Prevention Team was run by Southampton Voluntary Services and exists to assist and support people who were street homeless or at imminent risk of street homelessness by accessing services appropriate to meeting their needs and supporting them through a range of accommodation therefore preventing their return to a street lifestyle.
- ❖ The team provided practical ways to assist people helping them from anything from obtaining a birth certificate to providing a rent deposit.
- ❖ For people who were street homeless the service offers practical support, someone to talk to, helping to find positive solutions to their immediate needs and putting them in touch with services such as doctor, dentist or finding them accommodation.

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- ❖ Homeless people were referred by the Street Homeless Prevention Team either to the assessment centre or to private landlords as appropriate. This tended to be on the basis of half of them going to private landlords and half to the assessment centre. The normal length of stay in the assessment centre was around 6 weeks during which time consideration was given to the most appropriate placements for them and support and assistance given to them. Some of the temporary accommodation gave support with life skills others gave more intensive support tailored to make sure that the clients' needs were catered for. Floating support was also given for up to two years.
- ❖ The team assist with – assessing accommodation, accessing day services, sorting out benefit problems, re-location to another area, access to the Homeless Healthcare team, prevention of eviction and accessing volunteering opportunities.

Visit to emergency accommodation



Councillors Ken Bamber, Avey, Harriott and Ruparel with Ann Keys and Val Bray, Housing Officers, outside the emergency accommodation unit near Southampton town centre

- ❖ Southampton provided emergency accommodation, which dramatically reduced the need for bed and breakfast. There was a singles unit with individual rooms and shared facilities, these can be used by young people particularly those who were pregnant. There were four flats with self-contained bathrooms and kitchens all furnished with bed, cooker, pillows, crockery etc. Assessments with children's services can take some days to arrange. Referrals of young people were made to the homeless healthcare team to ensure that their health needs were taken care of.
- ❖ An adjoining property was a temporary accommodation unit so it was not unusual for people to move from the emergency accommodation into the temporary accommodation unit next door.

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Photo of temporary accommodation in Southampton

Homeless Healthcare Team

Members spoke to Kim Weekes, Health Visitor from the Homeless Healthcare Team who provided the following information:

- ❖ The Homeless Healthcare Team was set up as a multi agency project in 1992 and initially support was provided from the Family Health Services Agency, Southampton and South West Hampshire Health Authority, Hampshire County Council, Southampton City Council, Southampton Community Health Services (NHS) Trust and the Society of St Dismas which was a local charity for homeless people now known as Two Saints. The team originally consisted of a practice nurse, health visitor, community psychiatric nurse, administrative support and sessional input from local GPs. Today there were three Community Psychiatric Nurses, 3 Health Visitors, 3 Practice Nurses and 3 GPs. The team use a day centre which was a location already used by homeless people. After a year of operation a study into the team's work was undertaken by the University of Portsmouth, entitled "Moving On" and this praised the innovative work of the team. The majority of staff were placed on a permanent contract in 1993.
- ❖ Almost all of the staff were now direct employees of Southampton Primary Care Trust. In 1993 the National Schizophrenia Fellowship were successful in obtaining monies to employ a Mental Health Support Worker who was based at the team. This post had continued and was now supported by Southampton PCT. Lottery funding was also successfully bid for. A second health visitor joined in 1999 initially targeting the health needs of transient gypsies and travellers and later asylum seekers. Hot food was provided at the centre. Advice was also given on contraception, cash, Connexions, pre-school and basic health needs for people up to 18. Referral slips were left at the centre, which were picked up by the social workers in order to track where people were and the support they were providing.

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"I am a GP with the Homeless Healthcare Team in Southampton which I have been doing for 13 years. It is a nurse-led service and available 24 hours a day 360 days a year. We work with three full time psychiatric nurses and a support worker who offers support for mental health problems and offers access to alternative therapies. I feel passionately that many of the difficulties that are encountered by people with substance misuse and homelessness are as a consequence of not being understood by professionals. We do the normal GP service but also offer care for patients with diabetes, epilepsy and heart disease. We also give lifestyle advice, cholesterol tests and blood pressure checks. Because our service has for many years been a specialist service for people who are homeless we are very used to seeing people from hostels or maybe sleeping on the streets. We can point people in the right direction for benefit and accommodation advice but often write supporting letters to help with their housing needs. We ask the patient's permission to get information from other GP's and hospitals and pass this on when they move to another doctor. We never disclose this unless they give their consent. These people often suffer from very low self esteem so part of my work is to build that self esteem and confidence to help them make better decisions about their health and wellbeing"

Extract from GP interview in Southampton from The Bench newsletter

Patrick House visit



Patrick House is a 55 bed Assessment Centre in Southampton, providing full board emergency accommodation with intensive housing related support for homeless men and women aged 18 to 60 years. Access to accommodation at Patrick House was through referral from the Street Homeless Prevention Team.

The optimum stay was 6/8 weeks. Any stays beyond this must be agreed with the Supporting People Team.

The aims of the centre were as follows:

- ❖ To assess the needs of individuals and provide an agreed planned programme of support.
- ❖ To enable individuals to move on to the most appropriate accommodation. Patrick House had access rights to all homeless move on provision in the city.
- ❖ To facilitate access to other services, in particular health, education, meaningful activity, employment and social care.

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- ❖ To involve residents in the review and development of service.
- ❖ The Homeless Health Care Team Doctor and Nurse visit weekly. There was access to Mobile Dentists, Chiropodist, Drug/Alcohol Nurse Specialist, Mobile Needle Exchange and Community Mental Health Nurse.
- ❖ Residents can access the Base, which includes computers, art, creative writing, reading and writing. An on-site workshop provides woodwork, picture framing, welding, gardening and various other crafts.

“Turning my life around” interview

“I worked for the NHS and Social Services for almost 19 years working with children and adults with learning disabilities, acquired head injuries and mental health issues. After I had an accident at work, where I was physically injured and the patient, due to their illness, was also badly injured, I suffered with post traumatic stress and was signed off sick. I found it difficult to sleep and started to drink. As my drinking increased my marriage broke down.

I had a detox and stopped drinking for about 6 months and returned to work. I received no aftercare, which I feel contributed to me failing and starting to drink again. I had a second accident at work and was signed off sick again. I felt depressed and started drinking again and got into financial difficulties and my home was repossessed. My alcohol consumption went up and as a result I ended up with nowhere to live. I eventually got into a hostel where I lived for about 11 months.

During the first few months I was drinking heavily, I was later referred to my Community Psychiatric Nurse (CPN) for counselling and cognitive therapy, which I feel, really helped. I also joined a self help group and my drinking was drastically reduced. I attended the Base at Patrick House and learnt computer skills. I also started bid for accommodation every two weeks and was successful and moved into my flat last December.

I receive support from Intouch ‘it is the best support I have ever had’ the staff have been fantastic. Home help also visit weekly and I have used DANE in the past to seek advice regarding benefits etc. The volunteer Task Force from Southampton Voluntary Services recently decorated my flat, as it would have been impossible for me to do it myself, although I helped where I could.

I am now starting to look forward and gradually rebuild my life. I am now in contact with my family again and I take each day as it comes – I know it will not be easy! After my operation and when my health has improved I am looking forward to perhaps being involved in some kind of meaningful activity, such as volunteering or going back to study at college”

Extract from service user in Southampton

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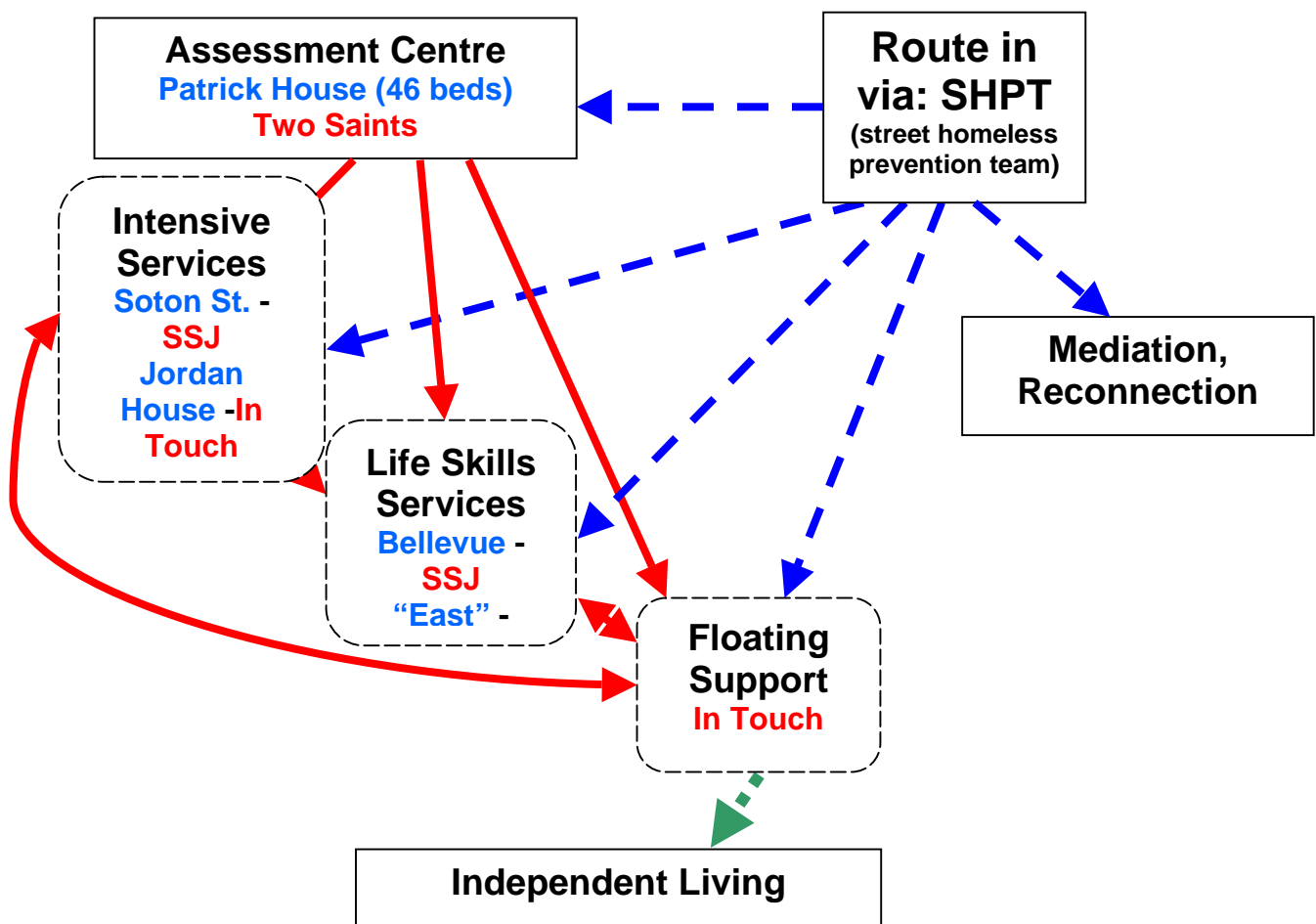
Supporting People powerpoint presentation

Members were then given a powerpoint presentation by Ian McDonald, Supporting People Commissioning Officer and Steve Hards, Supporting People Review Officer who outlined the Council's Supporting People work and set out the strategic reviews, which have been undertaken at Southampton. The following explain the current stages of the various contracts, all of which were accommodation based:

- Homelessness (6 contracts) + Booth Centre – contract monitoring
- Domestic violence (2 contracts) – contract monitoring
- Teenage Parents, Young People (5) – contract implementation
- Older Persons – procurement strategy – adverts in Spring 2010
- Mental Health, Drugs and Alcohol – 6 services advertised August 2009
- Disabilities – service modelling
- Offenders, Socially Excluded Groups – business case November 2009

Southampton City Council were awarded a value improvement project by the Office of the Deputy Prime Minister (Now CLG) in 2005 and expected to achieve a 15% cost reduction. Considerable work had been done since to refocus and remodel the homelessness service. The service model was now as follows:

New Model for Homelessness Services (plus Booth Centre in 2009)



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- ❖ The completed review had brought about a better and more focused service and 25% reduction in cost, the intensive and life skills services had defined expectations re support delivery and on floating support there was 15% more hours for 10% less cost.
- ❖ The new service model had brought about better targeted services matching need, fewer evictions and more planned move ons, a referral protocol, assessments and support planning and social care assessments being joined to supporting people. Providers now working together to find solutions to challenges via a steering group.
- ❖ Members were given a copy of the basic needs information form, which contained additional consents not present on the Medway form.

Visit to The Booth Centre (temporary accommodation with life skills support)

The day concluded with a visit to the Booth Centre when the Manager, Jo Cherriman and Marguerite Rayner, Projects Officer took Members round the centre. The following facts were found:

- ❖ The recent renovation work had enabled the Booth Centre to become a centre for the homeless and a social enterprise centre to help provide employment for the homeless people on a similar principle to the Sunlight Centre in Medway.
- ❖ The centre provided life skills training for couples and single people and was run by the Salvation Army who now employ the staff at the centre.
- ❖ There were 46 beds at the centre and it catered for people with disabilities. 43 were for single people and 3 for couples.
- ❖ There were communal cooking facilities on each floor but the rooms were en-suite and furnished (including bedding and towels).
- ❖ Key fobs issued to people admitted to the centre were de-activated after 28 days to ensure that the homeless people engaged with the staff in connection with their rent and also for any life skills training and discussions about their future.

7.3. WITNESS EVENTS – 28 SEPTEMBER 2009 and 2 OCTOBER 2009

The following sets out the summary of evidence from 28 September 2009 witness event illustrating which element of the terms of reference were being addressed and highlighting the key points from each interview:

Adult Social Care element:

Jackie Challis, Service Manager, Physical Disabilities (Adult Social Care)

- ❖ Adult Social Care would view cases from a 'family aspect' and would assess what the needs of the whole family would be taking into account existing support in place and linking up with those people/agencies.
- ❖ Discussions were ongoing about the commissioning of mental health in Medway but the Council had a statutory duty of care as far as people's mental health was concerned.
- ❖ Details of the Fair Access to Care criteria were given to the task group and they were informed that only one case out of 106 referred to adult social care in July was directly related to housing and that person was found not to be eligible for social care as they did not meet the substantial and critical level determined within the Fair Access to Care criteria.
- ❖ An Occupational Therapist was based in the housing section and would be notified if a referral needed to be made.
- ❖ Adult Social Care also took up the needs of carers and would assess whether any support was needed for them.
- ❖ In the event that an interpreter was required this would be arranged for the client.
- ❖ It was not always clear who was the co-ordinator where multi-agency working was needed. It was stated that it was important that there should be someone who would take the lead.

Children's Social Care element:

Olivia Butler, Interim AD Children's Social Care

And Juliet Seviar, AD Inclusion (Children's Social Care)

- ❖ Reference was made to a Common Assessment Framework (CAF) which could be completed by anyone working with a child or young person in Medway if they considered they needed additional help to meet the "Every Child Matters" outcomes which were – be healthy, be safe, enjoy and achieve, make a positive contribution and enjoy economic well-being. The CAF should carefully document the needs of the child and identify where there were any gaps in provision and seek ways to meet those needs. Work following a CAF would hopefully prevent needs escalating.
- ❖ When children's care needs appeared to be at serious risk, or were too complex for a CAF to address, professionals could have a consultation with a Duty manager in Children's Care, or make a referral to Children's Care within child protection or child in need statutory guidelines.
- ❖ The view was expressed that there was no need for a lead co-ordinating person to be appointed for a whole family and that each individual adult/child's needs should be assessed on an individual basis, with reference to their families where relevant, rather than viewing a family's needs collectively. This was in line with changes in the legislation. There should be no automatic co-ordination between children's social care and adult social care, but there should be coordination where appropriate - depending on the

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presenting needs of the client. It was accepted that in an ideal world all departments should work in a more integrated way.

- ❖ Members were informed about the drug using screening tool (DUST) and the YISP programme, which was an early intervention programme for children at risk of becoming involved in the criminal justice system. It was for children aged between 8 and 13 years and operates alongside the Youth Offending Team

Education element:

Simon Trotter, AD Learning and Achievement

- ❖ It was the responsibility of Children and Adults Directorate to ensure that children receive education and in cases where people are placed in temporary accommodation more than 3 miles from their children's usual school transport should be provided. Every attempt would be made to allow children to continue to be educated in their current school.
- ❖ The Care to Learn programme had been set up to help young parents return to learning and helped with childcare arrangements.
- ❖ The Directorate would work closely with schools where care and welfare of children were concerned and would organise for advice in meeting the needs of children for whom English was not the first language.
- ❖ He could not be sure that the Contact Centre was aware of all the services that Children and Adults Directorate offered.
- ❖ It would be very helpful if Housing Services were able to communicate with schools to let them know when someone had moved into temporary accommodation with their school child/children and away from their normal address.
- ❖ The task group felt it would be useful for the Homeless Forum to be made aware of the videos produced by Children and Adults Directorate in a variety of Eastern European languages spelling out the services offered by the Council.
- ❖ It was thought that additional funding was given to those schools that have a high turnover of children through the year because of the fact that they take people from temporary accommodation or a high proportion from Eastern Europe.
- ❖ In cases where a young person was evicted from their home by their parents and still in school they are unable to apply for housing benefit while remaining at school which puts pressure on them to leave their schooling.

Health needs element:

Hansa Ashok (Development Manager) NHS Medway (The Primary Care Trust)

- ❖ NHS Medway, the PCT, was responsible to ensure that everyone living in Medway had access to general medical services. Looking at the case scenario, it would be expected that the Housing Officer placing the family in temporary accommodation would have access to a list of GP surgeries covering the address of the accommodation.
- ❖ In terms of people in temporary accommodation and people identified as homeless, a reference was made to a practice agreement, which NHS Medway had in place with five GP surgeries in Medway called a Local Enhanced Service for Homeless People (LES). A retainer was only made to practices that provided services to the Homeless people and further payments were made on submission of evidence of delivery of service. In 2009/10 only two of the five surgeries had dealt with homeless people, one had treated one

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person, the other 156. There had not been any formal monitoring of the effectiveness in terms of use of the service by people in temporary accommodation. However, the PCT was currently reviewing the LES specification and agreement. In addition, a formal contract and performance monitoring was now under way to look at all aspects of service delivery in general practice. It was accepted that the LES had not been publicised to the general public but the LES was offered to all practices and it was up to individual practices to offer and publicise the service.

- ❖ One of the practices providing the LES had a weekly outreach clinic for people in temporary accommodation.
- ❖ Housing Services were unaware of the LES and the Assistant Director, Housing and Corporate Services and the representative from NHS Medway agreed it would be helpful to involve Housing Services in its production for the future, and to share data and compare statistics involving homeless people. This is not a formal requirement and it was again stressed that there was a need for partnership working between health, social care and local authorities to work together.
- ❖ It was stated that there should be a protocol for the Council's adult social care team and health visitors in order that they could take up health issues with them.
- ❖ People who required GP services were advised to contact Kent Primary Care Agency for a list of GPs covering their address suggesting they approach practices to register with them.
- ❖ It was unclear whether the mental health service would notify if a person did not have a GP on their discharge from hospital following admission for mental health issues.

Dr Alison Barnett, Director of Public Health

- ❖ The task group were given a comprehensive briefing note on the public health problems caused by homelessness. This explained that homeless people frequently had complex social and medical needs, which were often not met adequately, especially in vulnerable groups such as the very young. Aside from shelter, the homeless individual was denied other basic needs such as a sense of identity, privacy and security, which were all important for maintaining physical and mental well-being.
- ❖ Reference was made to the fact that homeless people experience poorer levels of health compared to the general population. Infections, depression and accidents were examples of problems, which occurred at higher rates in the homeless population.
- ❖ Homelessness was associated with negative impacts on health and education with vulnerable groups such as children and young people at particular risk. Evidence indicates that health problems increased the risk of a person becoming homeless.
- ❖ The needs of young pregnant women were being co-ordinated by the Supporting Young Parents Integrated Team, which care for a young pregnant person both before and after the birth. The recently launched Family Nurse Partnership programme was proven to be effective in improving health outcomes for teenage mothers and their children. It provided support through pregnancy and until the child was 2 years old.
- ❖ Condensation, mould and damp were particular factors that affected people in temporary accommodation particularly those with asthma or respiratory problems. As an example, a potential cause is people airing clothes indoors, which can lead to condensation and mould.

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Mental health needs:

James Sinclair and Mark Brampton, Kent and Medway NHS and Social Care Partnership Trust

- ❖ Kent and Medway NHS and Social Care Partnership Trust were involved in health and social care. The Medway Council staff involved in mental health had recently been transferred under The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) regulations.
- ❖ The crisis team at the hospital (MAST) work 24/7. They recognised the service needed a night service worker so NHS Medway have tried to strengthen that support.
- ❖ In Medway there was a member of staff who visits patients on wards and assesses issues such as people's housing needs. It should be a case of flagging up early if the person to be discharged had housing needs and there should be consultation with Housing Services to give them early notification of discharge.
- ❖ There should be a named case-co-ordinator in cases of people with mental health issues being admitted to hospital. The aim was now to not keep people in hospital as long as they used to but to discharge them into the community with support.
- ❖ MAST try to do a follow up within 24 hours of discharge from hospital and then a further check within 7 days.
- ❖ It did appear that there was a lack of connection between the various agencies involved at times and it was not always clear who was leading.
- ❖ The affects of the recession in terms of homelessness and also the affects on people's mental health was most likely in about 18 months time as it takes time to reach that point.
- ❖ KMPT felt that where there was someone with mental health needs they would act as the co-ordinator for all their needs and would direct the patient to other agencies such as housing.
- ❖ It was recognised by KMPT that their staff did sometimes organise accommodation direct, and the Trust agreed that further details would be given to the Housing Services on the numbers of people referred directly into accommodation rather than through Housing Services.
- ❖ A meeting was agreed between the Trust and the Assistant Director, Housing and Corporate Services to discuss the placements of those with mental health needs into appropriate accommodation.

Voluntary sector advice element/recession advice:

Keith Towler, Citizen's Advice Bureau (CAB)

- ❖ On average there were around 83 court hearings every Thursday for repossessions and CAB cover the court desk at Medway County Court on those days. Approximately one third of cases go through for a full repossession, one third were saved by intervention by CAB and one third were delayed for more negotiations. Details of the week's court sittings were given to the task group (a request was made that these were analysed to find out which related to people in Medway).
- ❖ Most people left it till the last minute to ask for help and some landlords, were now being more stringent in enforcing court action after 8 weeks non-payment rather than previously waiting 12 weeks so although the recession had impacted on people needing temporary accommodation, so had the actions of some landlords.

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- ❖ Delays in processing housing benefit were impacting on a number of people as they often caused landlords to take action before any payment could be made.
- ❖ The home bond was a good idea but some landlords were reluctant to take tenants offering home bonds when they could have the option of taking someone else who could produce cash. It tended to be the landlords with a social conscience who would accept the home bond. Where tenants had a County Court Judgement (CCJ) against them or were bankrupt then landlords would not accept the home bond.
- ❖ The mortgage rescue scheme was a good idea but took too long to process, which was increasingly leading to District Judges declining to adjourn cases without concrete evidence of timescales involved.
- ❖ A request was made that officers from the Council in communication with clients should keep in contact with them regularly so that they knew their case was being dealt with, as they worried when no information was forthcoming.
- ❖ Details of the current services provided by Citizens Advice Medway were circulated. Details of the drop-in service at 5A New Road Avenue, Chatham were shared with the task group.

Alison Norris and Dean Cooke, Shelter

- ❖ Shelter was involved in community legal services looking at legal issues but also took a holistic view and looked at all manner of support issues such as housing, debt and community care.
- ❖ Shelter would help with tenancy sustainment and help with more practical issues.
- ❖ It would be appreciated when Shelter referred cases to Housing Services, if there could be some communication back to them on where the client has been referred and if floating support had been put in place. It was also agreed that more data needed to be shared where referrals to the Drug and Alcohol Team and mental health team were made.
- ❖ A request was made for copies of the leaflets setting out what the Council offered to homeless people on issues such as storage of furniture, provision of emergency furniture packs and payment for transport for children of school age etc. (It was agreed that these would be supplied).
- ❖ A suggestion was made during the evidence session that the form issued to homeless people on arrival at the housing section should ask whether they need transport arranged for children of school age and whether they needed furniture storage etc.
- ❖ The Overview and Scrutiny Co-ordinator undertook to let Shelter have details of the schemes at Southampton relating to the Homeless Healthcare team. Both representatives from Shelter thought it sounded a commendable idea.
- ❖ In the case study given it was assumed that a multi-agency meeting would be needed to assess the multiple needs involved.
- ❖ During debate Members of the task group suggested that a named contact with a substitute should be put forward from all agencies involved in cases of people in temporary accommodation.

Supporting People element:

Genette Laws, Social Care Commissioning and Voluntary Sector Manager

- ❖ It was stated that the Assessment service was currently co-located with the Homelessness team. (Note of accuracy – after the evidence session this was clarified as follows: An assessment service was co-located with the

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homelessness team at Municipal Buildings. Since the move to the Contact Point this has not continued and the team were now invited into the building for appointments and they would organise relevant support for people including floating support. Nonetheless, the operational staff had continued to maintain a close working relationship).

- ❖ They would refer to children and adults directorate where necessary and point service users towards Medway and Swale Advocacy Partnership and where there are mental health issues to a Mental Health Matters helpline.
- ❖ Families were given help to maximise their income and the supporting people team would advise on benefits matters. There would be no specific support for children from the supporting people team until they reach 16 years old
- ❖ A lead professional should be identified to co-ordinate the care and support needs of a family in temporary accommodation
- ❖ Apart from a few sheltered housing schemes and community alarms most of the supporting people contracts are with the independent sector.
- ❖ There were not fixed location wardens but there was telecare in supported accommodation
- ❖ There were a range of bed places bought by the supporting people section for single homeless people but these would not be suitable for placing families in
- ❖ Medway had taken a decision to spend its supporting people funding on accommodation, where the support accommodation is central to providing support such as single homelessness, ex-offenders and women fleeing domestic violence. Floating support enabled people to have choice and control about where they live so that the support moves with them that could be more flexible in terms of move on.
- ❖ There was an out of hours service for vulnerable adults and this was supplied with Kent County Council who provided approved social workers.
- ❖ In the case of needing an urgent assessment there was an electronic social record system called RAISE which enabled officers and the out-of-hours service to access data concerning adults and children.

The full findings from the above events can be found in section 8 Conclusions and recommendations.

8. CONCLUSIONS AND RECOMMENDATIONS

The task group came to the following conclusions, under each element of the terms of reference:

General observations about support to people in temporary accommodation

- Co-ordination and ownership between the directorates within the Council and with the Council's partners regarding the support needs of people in temporary accommodation could be improved. This leads to delays for the service user, and difficulties/demands for housing services. A common protocol, setting out the responsibilities of both the Council's own services and those provided by partners, would clarify the position with regard to responsibilities and shared accountability. From information given by the Council's officers it was clear that no-one felt they were the lead in supporting all the needs of people in temporary accommodation. This meant that there was a potential for some areas of a service user's support to be overlooked. There was also a need for clear signposting between the agencies working with people in temporary accommodation.
- The use of emergency accommodation in Southampton had dramatically reduced the need for bed and breakfast placements, which were costly and often did not meet the needs of service users.
- The task group recognised that the identification of a suitable building to host an assessment centre, to be run by the voluntary sector, would be a useful asset and enable more time to assess the client's individual needs and allow for more tailored approach to their being placed in temporary accommodation or with a private landlord.
- The additional consents on the Service User Information Form used at Southampton would be a useful addition to information collected by housing services, to ensure that more comprehensive information is gathered and to ensure that the service user gives permission for sharing of information between agencies. The task group were pleased to note that Medway's housing forms had already been amended to include these additional consents. A suggestion had been made by Shelter that a checklist was drawn up to request information from clients before they were placed in temporary accommodation, for example asking if they had furniture that needed to be placed in storage and if they had children needing transport to school.

Recommendations:

1. That the Assistant Director, Housing and Corporate Services is asked to commission a feasibility study into the potential for developing an assessment centre for people requiring temporary accommodation in Medway, in conjunction with partners in the voluntary sector. The study should also look at reviewing current properties in Medway to assess whether any would be suitable to host such a centre.

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Recommendations:

2. That a review of the recommendations in the report is made to Business Support Overview and Scrutiny Committee in April 2010 providing the outcome of the feasibility study in 1 above.
3. That the Business Support Overview and Scrutiny Committee invite the relevant Portfolio Holders, the Police, Medway NHS Foundation Trust, and the Revenue and Benefits Contracts Manager to attend in April 2010.
4. That the results of this review should be provided to the Homelessness Forum and taken into consideration in the development of the Homelessness Strategy for 2011.

Social Care – Adults and Children

- To improve communication between social care and health visitors a common protocol might be helpful to enable them to discuss the health issues of people in temporary accommodation.
- It was noted that Shelter would find it helpful if the Council's Housing Services could share more information with them concerning the services to homeless people provided by the Council along with continued co-ordination of follow up details of people referred by Shelter to Housing Services.
- Representatives from Shelter suggested that the form completed by people requesting temporary accommodation should also ask if they have children of school age that will be needing transport, and whether they needed furniture storage. They also were impressed by the idea of the Homeless Healthcare Team in Southampton.

5. That a multi agency protocol is developed for temporary accommodation cases setting out clearly the responsibilities for all relevant partners and agencies to clarify the position with regards to shared accountability. This protocol should identify a lead partner, based on the level of vulnerability of the clients requiring temporary accommodation, to ensure that no element of the service user's support is missed. The protocol should also clarify how information should be shared between the relevant parties/agencies
6. That a checklist is drawn up by Housing Services to ensure that those clients who need to be placed in temporary accommodation are informed of the Council's storage policy for furniture, and if they have children of school age, that enquiries are made as to whether they require transport to school from the temporary accommodation allocated to them.

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General health needs

- A centre catering for the health needs of clients in who are homeless and/or in temporary accommodation would ensure that broader support was available. It would appear that the current provision was limited in this regard. The task group felt that NHS Medway should be asked to consider this as an option.
- The attendance of NHS Medway and the Supporting People team at the Homelessness Forum would be a positive move to share information and to identify gaps in provision of support to people in temporary accommodation.
- It was agreed that there needed to be better lines of communication and engagement between all the agencies involved in the support needs of people in temporary accommodation.

Recommendations:

7. That the Assistant Director, Housing & Corporate Services be asked to discuss with NHS Medway the feasibility of establishing of a multi agency homeless healthcare team utilising the resources of all relevant agencies including voluntary sector support (with a financial contribution from each partner and external funding such as lottery funding being sought). This would include the services of a Practice Nurse, General Practitioner, Health visitor and Community Psychiatric Nurse to provide advice and support to homeless people, travellers and asylum seekers, at a drop in centre, and to ensure that they are registered with a GP. This team should also liaise with all single people in temporary accommodation across Medway (families to be dealt with by health visiting team).
8. That the Assistant Director, Housing and Corporate Services, should meet with NHS Medway to discuss the detail of the Local Enhanced Service for homeless GP practice agreement to ensure that the services are appropriate to the needs to housing services clients, that a sharing of information takes place and that the service is better publicised.
9. That the Assistant Director, Housing and Corporate Services and the Director of Children and Adults, should discuss with Medway NHS Foundation Trust issues arising out of their discharge from hospital policy.

Mental health needs

- A large proportion of residents in one particular unit of temporary accommodation had very specific mental health needs. In contrast, Southampton City Council did not appear to take into their temporary accommodation people with mental health needs, they were dealt with by the

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NHS and accommodated separately. More involvement by the Mental Health Trust would reduce the considerable burden on the Council's Housing Services and would undoubtedly have an impact on those people placed at the unit who do not suffer from a mental illness.

- The task group found that the Mental Health Trust felt there was a lack of connection between the various agencies and lack of clarity on who was leading in supporting people in temporary accommodation.

Recommendation:

10. That the Assistant Director, Housing and Corporate Services is requested to develop a protocol with Kent and Medway NHS Social Care Partnership Trust to ensure Housing Services are given early notification when homeless patients with a mental illness are discharged from hospital, to ensure adequate accommodation is provided for their needs.

Education/employment needs

- There appeared to be gaps in the provision of support for people in temporary accommodation in Medway, which could potentially be filled by closer working with the voluntary sector. The development of a Street Homeless Prevention Team by the voluntary sector would be very valuable in supporting people at risk of becoming street homelessness and provide a reference point for service users. It would also assist with helping them to return to education and employment.
- Other authorities have developed Street Homeless Prevention Teams. Members were informed of one in Birmingham made up of outreach workers who work jointly with staff from various support agencies for example drug and alcohol services, homeless health services and the mental health team.
- It was noted that it would be helpful if schools were notified when parents with school aged children were moved into temporary accommodation although it was accepted that security of data was paramount.
- Members were impressed with the opportunities they saw were being offered by the Cyrenians to clients with regards to learning gardening and cooking skills and the training courses which had been undertaken by residents of Pier Road, Gillingham.
- It was felt that the video produced by Children and Adults Directorate in a number of Eastern European languages giving details of the Council's services could usefully be shown at the Homelessness Forum.

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Recommendations:

11. That the Director of Children and Adults notifies schools when parents with school aged children are moved into temporary accommodation.
12. The video produced by Children and Adults Directorate, in a variety of Eastern European languages, explaining Council services should be shared with the Homelessness Forum and shared with Heads of Service within the Council.

Recession

- The task group concluded that the recession had caused an impact on the need for temporary accommodation but that there were other factors, which had more of an impact at present. The mortgage rescue scheme did not appear to have been as successful as first hoped mainly due to delays in paperwork being processed. The mortgage rescue scheme formally launched nationally in January 2009 had only resulted in six households being helped across the country by the end of May 2009. The home bond scheme equally did not appear to be attractive to landlords in cases where people also have County Court Judgements (CCJs) against them or have been declared bankrupt.
- Another factor appeared to be that delays in processing housing benefits had caused people to be put in a position where their landlord applied for court proceedings due to late payments. Some social landlords appeared to be applying for repossession after eight weeks non-payment rather than agreeing a delay to allow the housing benefit claim to be processed.

Recommendations:

13. That the Assistant Director, Housing and Corporate Services and the Chief Finance Officer are requested to invite social landlords to discuss their repossession policies with a view to encouraging them to work with their tenants and the housing benefit section to avoid repossession.
14. That the Assistant Director, Housing and Corporate Services should discuss with the Chief Finance Officer the issues raised by a number of agencies about the processing of benefit claims.

9. GLOSSARY

Audit Commission report on strategic housing

Audit Commission report – Homelessness – responding to the new agenda – 29 January 2003

Audit Commission - Westminster City Council Supporting People Inspection

Reports to Business Support Overview and Scrutiny Committee –

17 July 2008

9 December 2008

3 February 2009

Cabinet report – Housing and Homelessness Strategies – 27 January 2009

Medway draft temporary accommodation strategy

Bristol City Council – Family homelessness prevention aims – 14 May 2009

Southampton City Council 2005-2010 Supporting People Strategy

Reading Borough Council 2005-2010 Supporting People Strategy

Department of Communities and Local Government - Homelessness code of guidance - July 2006

Department of Communities and Local Government – Statutory homelessness 1st Quarter 2009, England

Birmingham Street Intervention Team – detailed on website

Briefing by Dr Alison Barnett on the affects of homelessness on health

Briefing paper from Citizen's Advice Medway

Draft Local Enhanced Service (LES) – Homeless persons - practice agreement between practice providers and NHS Medway

Legal definition of homelessness

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Summary of notes from client focus group with 15 homeless clients (age range 17-45)

Case studies given to witnesses on 28 September 2009 and 2 October 2009

Copies of "The Bench" newsletters for Homeless People by Homeless People – Southampton

Medway Cyrenians Client satisfaction survey 2008