

Homelessness Services Review held 24th June 2013

Questions from the workshop held on Singles and Childless Couples

| | Question and Answer |
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| Q1. | Will the providers of temporary accommodation be expected to take emergency referrals. |
| | The SAR will be responsible for identifying the appropriate accommodation following their initial assessment of need and risk. All referrals will be discussed with providers in line with the referral process. The Outreach Team will have direct access to beds at the Dawn Centre, if needed. |
| Q2. | What progress has LCC made on the Empty Home Policy? |
| | LCC has an Empty Homes Strategy, the focus of the strategy is on longer term empty homes i.e. those that have been empty for more than 18 months. The empty homes team are working with owners to overcome whatever the barriers there may be to bring back properties into use and in some cases as a last resort Compulsory Purchase Orders are used. Empty properties can also be brought back into use in a number of other ways e.g. through HomeCome or the LeicesterLet Scheme. |
| Q3. | What is the average waiting time for 1 bedroom flats? |
| | During 2012 – 13 the average waiting time for an allocation of a 1 bedroom flat was: Band 1 – 120 days Band 2 – 143 days Band 3 – 218 days |
| Q4. | Will the Revolving Door service continue and where does it fit within the wider picture? |
| | Yes. The revolving door service will continue to operate and will focus on those people with the most complex needs who continue to revolve around the system. The revolving door team will offer intensive individualised support packages. |
| Q5. | How many private landlords are registered on the Leicester Lets Scheme? |
| | Since 2005 we have worked with 350 – 400 landlords who may offer up a property, or several properties, at any one time. If landlords secure tenants themselves then these properties are taken off the list. The list can change from week to week, given how the landlord property market fluctuates. At week commencing the 1 st July we had 5 3-bed properties listed on the scheme. There tends to be more family type accommodation rather than 1/2 bed properties. |
| Q6. | What will happen to the Multi-Disciplinary Team? |
| | The MDT will continue to operate and its effectiveness will continue to be reviewed. |
| Q7. | Will the SAR have total control over the referrals made to temporary accommodation? |
| | It is envisaged that the Housing Options Service, which includes the SAR team, will assess all clients to ensure they meet the eligibility criteria in the first instance. They will then complete an initial assessment to determine their support needs. It is expected that all referrals will be discussed with |

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| | the Provider. Support and risk assessments will be discussed with providers and a decision made regarding the referral. A joint decision will be made to accept the referral having taken into consideration all the information and the mix of clients already residing in the accommodation. |
| Q8. | Will there be a risk assessment document in the SAR paperwork which will follow the client through the different services? |
| | Yes. The SAR will complete an initial risk assessment. This information will be shared with the Provider. It is acknowledged that Providers will want to complete a further support needs and risk assessment to satisfy their own governance and liability arrangements. |
| Q9. | Will SAR complete the risk assessment? |
| | Yes. SAR will complete the initial risk assessment and share the information with Providers. It is the Provider's responsibility to ensure that they are satisfied with the information presented and are able to manage the risk based on the initial client's support needs identified by SAR and further assessments completed by the provider. |
| Q10. | Which other local authorities have implemented the core and cluster around the country with the same length of stay and units? |
| | As stated at the workshop the core and cluster model is not a new concept and Nottingham are introducing a similar model. The length of stay and number of units proposed has been determined locally based on the requirements of Leicester City Council and the financial resources available. The model provides flexibility for providers, commissioners and clients in terms of continuity of care. The length of stay has been reduced as the financial resources available can no longer support clients remaining in accommodation for up to two years. The length of stay has been reduced given the demand for temporary accommodation and housing related support required based on the number of clients meeting the eligibility criteria. |
| Q11. | What is different about this model compared to what we do already? |
| | It is acknowledged that some providers already operate a core and cluster model to some degree. The proposed model would provide flexibility to deliver a range of support hours from low to high using different accommodation settings to promote independent living in a shorter length of time. |
| Q12. | If there is problem with 'repeat homelessness' how will this change? |
| | There is a dedicated team already in place who work with those clients who are repeatedly homeless. The issues associated with being repeatedly homeless are usually complex and the team will continue to work with this group more intensely as appropriate. |
| Q13. | What is the evidence for this model working better than other models? |
| | There is no comparable evidence of core and cluster models working better than other models across the country or locally. Generally the feedback from the workshop was positive in terms of providers being able to work with clients in a core and cluster model with the flexibility to offer tapered support as needed. |
| Q14. | Can the core provider and cluster provider be different or do they need to be the same? |
| | As part of the procurement process providers may submit joint tender bids |

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| | to work in partnership with other providers. Therefore it is possible for the core provider to be different to the cluster provider. However LCC would expect there to be a lead provider that the commissioner will have direct contact with as part of the partnership agreement. |
| Q15 | Could all cores feed into other clusters? |
| | We would not propose that all core providers could feed into other clusters. Providers will be expected to manage move on into their linked cluster accommodation ensuring that clients are supported as appropriate. |
| Q16. | How will the SAR, Dawn Centre and the core and cluster model work together? |
| | The SAR will recommend which clients will be referred to the Dawn Centre and core and cluster accommodation, based on their needs assessment. The Dawn Centre will also be used as emergency accommodation and the Outreach Team will have direct access to 6 beds as required. |