

## Homelessness Services Review held 24<sup>th</sup> June 2013

### Young People

	<b>It is proposed that the core accommodation is between 10 and 15 units and the cluster accommodation is made up of smaller units between (1- 4) attached to the core accommodation</b>
<b>Q1a.</b>	<b>What are the positives and benefits of the proposed model for young people?</b>
Daksha	<ul style="list-style-type: none"> <li>• Support the core and cluster model. LCC definition is out dated</li> <li>• YMCA already operates a core and cluster model which is under one roof. Does the proposed model allow providers to operate core and cluster models under one roof?</li> <li>• Young people with higher needs find it harder to survive in large core accommodation</li> <li>• Hits Home is a core of 15 units on one site. When the client seems more independent they are moved onto second accommodation. Being needs led makes more sense and then onto floating support.</li> <li>• For young people need 24 hours support at weekends as this is dependent on risk</li> <li>• Hits home is not 24 hour support.</li> <li>• More staff present in the core with aim to create more independence</li> <li>• Have flexibility with clusters</li> <li>• 16 /17 year olds come under Children's Act and social services have a statutory obligation</li> <li>• Core should be 24 hour support</li> <li>• Some young people need one to one support in smaller units with regular contact</li> <li>• Roles models (other service users) can have an effect on others</li> <li>• Jason Court has 8 to 9 beds and YMCA is a large organisation – what size of projects does LCC require as provider would want to know upfront</li> <li>• Core and cluster is needed for young people. Need some out of hours contact especially over the weekend.</li> <li>• YMCA has 2 shared houses and staff visit 1 or 2 times a week – however YMCA manage who gets in and who is ready to move on</li> <li>• Peer landlord schemes</li> <li>• Would not place straight to cluster without a period in core as service user paints a rosy picture but is not necessarily the case.</li> <li>• Catered services – take up is low at YMCA and increase rent (Young people want choice on what they spend their money on. Can lead to rent arrears. Help provided with budgeting and cooking skills</li> <li>• Catered service is needed for people straight off the streets</li> <li>• Age 16 to 17 year old may need catered services. Jason Court does three meals a day. Clients at Jason Court have chaotic lives. Cost of providing a catered service means clients can't be given a choice as not utilising the service is costly.</li> <li>• Residents can be involved in cooking, shopping and this works better in smaller units</li> </ul>

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<p><b>Q1b.</b></p>	<p><b>What are the potential barriers?</b></p>
	<ul style="list-style-type: none"> <li>• Young people’s support needs can vary from high to low to high depending what the issue is that day.</li> <li>• Why 2 weeks to 6 months as most young people will need support for at least 6 months</li> <li>• What depth of assessment will the SAR undertake? Need to assess all the support needs of a young person as it is not just about housing e.g. drug and alcohol support needs</li> <li>• There is a risk that you will push people out too quickly</li> <li>• The criteria for moving out 16 /17 year olds is different</li> <li>• Support needs to be provided based on need</li> <li>• There needs to be flexibility for the provider to decline the referral</li> <li>• Need to meet cultural and language needs of clients</li> <li>• Putting too much responsibility on someone to soon</li> <li>• Quality of the assessment has to be right</li> <li>• Average length of stay is too short</li> <li>• People can have mental health needs and other issues</li> <li>• Access criteria for how you get into this type of accommodation</li> <li>• Gender specific accommodation</li> <li>• Matching clients with accommodation</li> <li>• Larger hostels have economies of scale</li> <li>• Higher costs for higher support needs</li> <li>• If you have a larger site, it can be difficult to balance the dynamics of the site</li> <li>• People leaving care don’t get support required. Need to get it right with young people as the long term impact could be more costly financially and emotionally. Quality of staff is key</li> <li>• When you need temporary accommodation is the assessment of the support needs done at SAR or at the accommodation.</li> <li>• Existing relationship with other young people in the unit could be a potential barrier</li> </ul>

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<p><b>Q1c.</b></p>	<p><b>What are the potential solutions to address the barriers?</b></p>
	<ul style="list-style-type: none"> <li>• Need clear criteria – inputs and outputs</li> <li>• Assessment is done early on to identify needs. Need to assess how client will fit into the core</li> <li>• SAR element should be into a core only and not the cluster because the provider needs to assess what's appropriate</li> <li>• Some clients may need to be kept apart if they have been identified as a victim/perpetrator</li> <li>• Need to stop calling accommodation 'hostels' – need to change the language used across the city</li> <li>• If the young person is ready to move out where will they go as there is no move on accommodation</li> <li>• Private sector accommodation can be sub-standard which is not conducive to sustaining a tenancy</li> <li>• Need staff who are bilingual and are culturally aware of needs</li> <li>• Training for staff to carry out assessments</li> <li>• Need an anti-discriminatory approach</li> <li>• Need awareness of mental health and substance misuse issues</li> <li>• Rents need to be at a bedsit rate</li> <li>• Accommodation needs to be categorised because of benefit caps</li> <li>• Liaise with provider on matching client to accommodation</li> <li>• Relationship with housing associations – regarding their hard to let stock can provide move on accommodation.</li> <li>• If you provide tenancy support then better to provide an introductory tenancy for a period and then change to assured tenancy if successful</li> <li>• Fit individuals together based on mix and offer young people choices</li> </ul>

	<b>The proposed total length of stay is between 2 weeks and 6 months, with an average length of stay being 4 months.</b>
<b>Q2a.</b>	<b>What are the positives and benefits about the proposed length of stay?</b>
	<ul style="list-style-type: none"> <li>• There should be an assessment at the 4 months stage with provider detailing what progress the young person has made and where they are and whether they are able to move out in 6 months. If they are not the provider needs to give reasons and agree with the SAR the next step.</li> <li>• Focus on outcomes not on budget</li> <li>• 16/17 year old care leavers are funded by Social Services</li> <li>• Some people don't want to leave and some people don't want to stay</li> <li>• Can create dependency if length of stay is too long.</li> <li>• Need to monitor progress but data needs to be useful</li> </ul>

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<b>Q2b.</b>	<b>What are the potential barriers?</b>
Daksha	<ul style="list-style-type: none"> <li>• Core group of young people have moved home and there is a reason why – 16 year old is still a child</li> <li>• Young people can be high risk and timing of when timescales for move on is discussed with young people is critical.</li> <li>• What if young people are not ready for independence?</li> <li>• Where do 16 to 17 year olds move to?</li> <li>• What if there are drug issues and they relapse</li> <li>• Finance/ budgeting skills, prioritising bills, managing your own home, universal credits can all be barriers to the length of stay</li> <li>• Increase in looked after children (many have been abused, have mental health, issues, drug and alcohol problems) – 2 months is too short to deal with issues. Timescale is unachievable</li> <li>• Dependent on needs, very high/complex needs, nothing less than 6 months to consider moving on. Young people have attachment issues – have to look at personal support- more than housing related support.</li> <li>• Supporting complex clients can be resource intensive when using the therapeutic model which is much wider than just managing housing related support needs. A therapeutic model is required when working with young people.</li> <li>• Generally problematic with debt problems. For some complex people an outcome may not be sustaining a long term tenancy because of chaotic behaviour.</li> <li>• Need time to have rapport with individuals from trained staff that know needs of individuals</li> <li>• Can't get tenancy for 16/17 year olds. Have to keep them till they are 18 years (might take up other options e.g. living with friends and family)</li> <li>• Young people change (dependent on who they meet). Not necessarily able to look after themselves and you need to stop them becoming entrenched adults</li> <li>• Need to have conversation with provider about length of time and have flexibility to look at outcomes for individuals</li> <li>• LCC needs to have involvement through accommodation provider, especially complex cases</li> <li>• Undiagnosed barriers i.e. learning difficulties, language, care leavers</li> <li>• Dependent on move on /move on options</li> <li>• Short time to build relationships</li> <li>• YMCA officially provide 1 hour of support per week (but more in reality)</li> </ul>

	<b>The proposed total length of stay is between 2 weeks and 6 months, with an average length of stay being 4 months.</b>
<b>Q2c.</b>	<b>What are the potential solutions to address the barriers?</b>
Daksha	<ul style="list-style-type: none"> <li>• Need to ask providers for a progress report at 4 months on young person and whether they are ready to move on. If not ask for another report at 6 month</li> <li>• Work with people by keeping them in longer if they need to stay longer</li> <li>• Staff need to be trained up and need to be aware of options to move on</li> <li>• Hostel workers need to be switched on to the needs of young people</li> <li>• Better partnership working</li> <li>• Managing your own home courses and developing budgeting skills training</li> <li>• Extend the length of stay where required – especially for younger age group</li> <li>• LCC and Housing Associations look at shared housing options for young people</li> </ul>

	<b>All the referrals into temporary accommodation will be made by the Single Access Referral Service based on the eligibility criteria</b>
<b>Q3a.</b>	<b>What are the positives and benefits of this arrangement?</b>
Daksha	<ul style="list-style-type: none"> <li>• Young people will have higher needs and more support hours will be needed</li> <li>• Great benefits for younger people as it is a single access point with one assessment</li> <li>• HOC seen as gatekeepers</li> <li>• Have advocates with young people attending assessments</li> <li>• SAR officers doing back ground checks into previous debts</li> <li>• If tracking of people of how people progress through then this is positive but need to keep tracking open to monitor a longer period of time to measure long term outcomes and to learn lessons for the future.</li> <li>• Better co-ordination of services</li> </ul>

	<b>All the referrals into temporary accommodation will be made by the Single Access Referral Service based on the eligibility criteria</b>
<b>Q3b.</b>	<b>What are the barriers to this not working effectively?</b>
	<ul style="list-style-type: none"> <li>• How will SAR work?</li> <li>• What will SAR do?</li> <li>• Is the SAR a gatekeeper or gateway?</li> <li>• SAR assessments need to be holistic as support needs are not just about housing</li> <li>• Proper assessment process for young people needed</li> <li>• View is that staff aren't trained to assess holistic support needs</li> <li>• SAR is being centralised and money is an issue so people can't afford to get into city centre if living in the outer estates</li> <li>• Initial assessment may not identify true level of support need as often clients share higher level of need once relationship is developed.</li> <li>• People don't always have the skills to budget/pay rent</li> <li>• Rent arrears</li> <li>• Waiting times at HOC</li> <li>• If providers can't manage their own referrals arrangements this can lead to problems between clients ( e.g. case of 60 year old with 20 year old being placed together over a weekend with no support staff and placement broke down.</li> <li>• SAR needs to listen to providers</li> <li>• There is a difference between being eligible and assessing support needs (mix of service users already in accommodation needs to be taken into consideration)</li> <li>• HOC is a 'gatekeeping' service and not an 'enabling' service</li> <li>• LCC is not ready for SAR – as they have a gatekeeping role</li> <li>• If SAR refers straight to providers, will providers be able to say 'no'?</li> <li>• Need common risk assessment – will be different for different providers- have to assess against own service risks. Can't have one risk assessment</li> <li>• Providers need some autonomy about referrals.</li> <li>• Don't trust SAR as providers don't currently have confidence in SAR to assess the individual and have robust knowledge of provider services. Includes mix of existing clients.</li> <li>• If young people are not looked after, or offenders they don't meet the eligibility criteria however they may have suffered abuse and they will have nowhere to go</li> <li>• HOC not trained as they have different perspectives and therefore easy to overlook support needs and place incorrectly (especially if not based on existing mix in accommodation).</li> </ul>



	<b>All the referrals into temporary accommodation will be made by the Single Access Referral Service based on the eligibility criteria</b>
<b>Q3c.</b>	<b>What are the potential solutions to address the barriers?</b>
	<ul style="list-style-type: none"> <li>• Train staff properly to carry out assessment</li> <li>• Robust risk assessments</li> <li>• Flexibility so providers can decline</li> <li>• Mechanism for how assessment is going to work with childrens services</li> <li>• Could HOC officers visit client or reimburse the bus fare?</li> <li>• Communication/ dialogue about customer needs to continue with SAR. Need flexibility to move people to more appropriate accommodation.</li> <li>• Offering more personalised services</li> <li>• Ignore rent arrears</li> <li>• Right for provider to refuse referrals</li> <li>• Assessment needs to be done before client moves into accommodation</li> <li>• Develop common assessment and set definition of vulnerabilities – there different definitions of vulnerability across the sector.</li> <li>• Nottingham second staff into their Gateway to support the assessment process.</li> <li>• SAR needs to be an enabling service with more effective signposting and working better before the client gets to a point of crisis and becomes a statutory duty to LCC. Clients who would benefit from preventative support are not referred to STAR</li> </ul>

	<b>For young people, there can be other additional factors that make them more vulnerable e.g. ex-offending issues, behaviour management, drug and alcohol and mental health problems</b>
<b>Q4a.</b>	<b>Are different types of core and cluster accommodation models required to support the different factors and support needs of young people</b>
	<ul style="list-style-type: none"> <li>• What is the definition of 'complex'?</li> <li>• Need to look at costs of having smaller units</li> <li>• YMCA offers young people gym, theatre, job advice and education provision.</li> <li>• Shared housing can work</li> <li>• SAR should not say who should go into a cluster</li> <li>• Are specialist services required?</li> <li>• Should you have drug users together or integrated?</li> <li>• Should we have a specific lenient policy for young people?</li> <li>• Difficult to separate out. Integrated services work best.</li> <li>• Work with other agencies so that drug and alcohol services can be more accessible.</li> <li>• Service users needs should drive commissioning and not just the housing element</li> <li>• If a small hostels already has a service user with drug problems need to assess whether placement of further drug users would be appropriate.</li> <li>• Duty of care to individuals (can be positive support or can hold each other back, peer pressure significant) wave of self-harm or drug use can appear catching</li> <li>• Y-POD – has extreme high support needs clients and therefore it would not be suitable to place them in large accommodation units. They need therapeutic environment before moving on.</li> <li>• Young person who is pregnant and those with children need separate accommodation</li> <li>• Young people all of the same age together can become like a childrens home (not always conducive)</li> <li>• Need to be careful of risks of placing with under 18 year olds with older clients. There is a potential reputational risk if a situation of exploitation/ abuse occurred. YMCA try and never have bigger than 5 year gap within ages</li> <li>• Some accommodation should be single sex (can form co-dependent relationships / form attachments quickly and this can cause tensions) ideal to have some single sex provision which already exists.</li> <li>• Some women can find it difficult being around male staff, other male service users</li> <li>• Border House accommodates single sex however doesn't always work as the accommodation is not monitored.</li> </ul>

<b>Q4b.</b>	<b>There is a limited financial budget and therefore the services provided need to be prioritised. What order of priority would you place on the services you have identified for the different categories of needs highlighted?</b>
	<ul style="list-style-type: none"> <li>• All providers should be able to deal with range of complexities and sign post to appropriate services through partnership working</li> <li>• Location is key</li> <li>• Flexibility in all ages</li> <li>• Trust providers to assess and manage the risks – it has worked so far</li> <li>• Providers need to assess whether they can meet the needs of young people e.g. cultural needs</li> <li>• It needs to be needs based, tailored around individual</li> <li>• Maybe a need for gender specific accommodation – maybe addressed by cluster</li> <li>• Jason Court would rather have separate 16 to 17 year old accommodation than single sex</li> </ul>

	<b>For young people, there can be other additional factors that make them more vulnerable e.g. ex-offending issues, behaviour management, drug and alcohol and mental health problems</b>
<b>Q4c.</b>	<b>What are the positives and benefits of identifying different types of service provision?</b>
	<ul style="list-style-type: none"> <li>• What is the move on criteria for young people who are pregnant at 28 weeks?</li> <li>• Equality of opportunity as there diverse communities in Leicester and therefore needs could be better met.</li> <li>• Young people friendly and work in partnership with young people to contribute to their support plans</li> <li>• Flexibility with timescales not set at 6 months</li> </ul>

	<b>For young people, there can be other additional factors that make them more vulnerable e.g. ex-offending issues, behaviour management, drug and alcohol and mental health problems</b>
<b>Q4d.</b>	<b>What are the potential barriers?</b>
	<ul style="list-style-type: none"> <li>• Learn positive behaviours off each other in integrated services</li> <li>• Young offenders go into offender accommodation however would it be more beneficial for them to go into young persons accommodation?</li> </ul>

	<b>For young people, there can be other additional factors that make them more vulnerable e.g. ex-offending issues, behaviour management, drug and alcohol and mental health problems</b>
<b>Q4e.</b>	<b>What are the potential solutions for the barriers identified?</b>
	<ul style="list-style-type: none"> <li>• A mentoring scheme and positive role models</li> <li>• Young people working group representative of the City</li> <li>• Feedback from young people on provision</li> <li>• Evaluation of young person's stay in accommodation.</li> <li>• Safeguards for young people built into tendering process</li> </ul>

	<b>Floating support services will be offered to young people leaving temporary accommodation if needed as part of their support plan to move on into settled accommodation.</b>
<b>Q5a.</b>	<b>What are the positives of the floating support services currently being provided and what works well?</b>
	<ul style="list-style-type: none"> <li>• Use floating support services up to 6 months</li> <li>• Continuity of support for young people</li> <li>• Floating support worker needs to be linked to housing provider</li> <li>• Housing management role and support worker role needs to be separate</li> <li>• Need to start to engage early with young person</li> <li>• Floating support service needs to take into account lifestyle of young person e.g. no early appointments</li> <li>• Steer away from specialist floating support and keep it generic</li> <li>• STAR covers Leicester</li> <li>• Floating support helps vulnerable people</li> <li>• Floating support needs additional resources</li> <li>• Initial start- up support for young people in tenancies. Prevention helps prevent homelessness</li> <li>• Integrate clients into community</li> <li>• Dual working before client is moved on into settled accommodation would be positive</li> <li>• Could the cluster provide floating support however could be issues with staff cover between core and cluster accommodation</li> <li>• Floating support is cost effective</li> </ul>

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<p><b>Q5b.</b></p>	<p><b>What are the potential barriers and what doesn't work so well?</b></p>
	<ul style="list-style-type: none"> <li>• Waiting lists</li> <li>• Relationship stability is key</li> <li>• Move on can be a crisis point with young people therefore need continuity of support</li> <li>• YMCA does 3 hours a week direct key working with client</li> <li>• Introduction of Universal credit may lead to higher demand for service</li> <li>• Currently have a waiting list and young people need immediate support</li> <li>• More priority for young people</li> <li>• LCC tenants are more likely to get support quicker because larger proportion of STAR is funded by Housing Revenue Account</li> <li>• When does the remit of floating support start and stop</li> <li>• Who will get support (private sector clients) due to capacity of STAR across tenure.</li> <li>• If client has no previous assessment floating support service would double up if visiting clients at the home for the first time.</li> <li>• Referrals coming via SAR would be a barrier</li> <li>• Referral paperwork may need updating</li> <li>• Some people will tell SAR that they will engage with floating support service and then back out of the agreement.</li> <li>• There are not many referrals to STAR from private sector clients</li> <li>• If the accommodation provider and floating support worker are the same then workers may not be able to manage the caseload.</li> <li>• Each service user needs key worker to make sure of accountability</li> <li>• Need to have set monitoring and outcomes</li> <li>• Often playing catch up because when a client is offered temporary accommodation, clients not always given notice and so they can plan between transitions to organise furniture etc.</li> <li>• The two week overlap between benefits has been removed</li> <li>• Pros and cons to specialised floating support</li> </ul>

	<b>Floating support services will be offered to young people leaving temporary accommodation if needed as part of their support plan to move on into settled accommodation.</b>
<b>Q5c.</b>	<b>What are the potential solutions to the barriers/ concerns and issues raised?</b>
Gurjit	<ul style="list-style-type: none"> <li>• Pre -Tenancy training to be made available again</li> <li>• Mentoring scheme</li> <li>• Be-friending service</li> <li>• Pre- work with client</li> <li>• Re –look at your criteria to prioritise people coming out of temporary accommodation</li> <li>• Services need to work in parallel with each other</li> <li>• Close monitoring of client moving through system</li> <li>• Overlap between accommodation support and floating support (handover will be more organised)</li> <li>• Risk assessment before referral to STAR</li> <li>• Better procedures with allocations</li> <li>• Young people are prioritised and trust is built between voluntary sector and LCC</li> <li>• Accommodation providers work with floating support services to provide transitional support when moving into independent accommodation.</li> <li>• Greater cohesion not silos. (more monitoring and report back to SAR) Prefer accommodation provider to liaise with floating support rather than SAR.</li> <li>• Sustainable move on must be seen as important not just moving people on</li> <li>• Partnership with 'troubled families' / might be able to liaise via mediation services</li> <li>• Need a variety of service offers</li> </ul>

	<b>The concept of floating support services is not always understood outside of housing related support providers. This is an opportunity to re-name the service.</b>
<b>Q6.</b>	<b>What are your suggestions?</b>
	<ul style="list-style-type: none"> <li>• Transition and Stability Team</li> <li>• Transitional, Education Stability Team</li> <li>• Stability team</li> <li>• Explaining the change in name would need to be explained again to clients</li> <li>• May not have any benefit in renaming the service</li> <li>• Empowering name/ making it attractive for young people</li> <li>• Positive Support (suggestion)</li> <li>• Tenancy sustainment</li> <li>• Ask young people?</li> <li>• Like STAR</li> <li>• Need to be seen as being independent of LCC</li> <li>• Housing related support should be 'ditched' as it undermines what we do - misnomer</li> </ul>