Local Government and Communities Committee

Homelessness

Submission from Aberdeenshire Council

**Housing Options and Homelessness Prevention**

- **How do you feel housing options and homelessness prevention is working in practice? Are there examples of good practice?**

The service provides advice and guidance on a wide range of housing matters and is instrumental in the prevention of homelessness at the earliest possible stage. It focuses on what an individual’s housing need is, and what options can be delivered to meet that need, however unrealistic or high expectations means that we may not always be able to meet their needs. Good outcomes have been achieved by some applicants as a result of prevention activities at a local level, and there is a commitment to work with other services and agencies, however there may be inconsistencies, depending on what each area has to offer in regards to availability; affordability; whether private landlords accept HB, and what variety of options are available.

Hopefully our move to a more generic service later in the year in order to provide what we think will be a more person centred service will improve our service and outcomes but of course we are not in a position to evidence this yet.

In an effort to prevent homelessness and ensure tenancy sustainment, we currently part contribute funds to 3 of the RSL projects to provide a tenancy support service to their tenants. Aberdeenshire have a team of Early Intervention Officers to intervene with tenants at the earliest possible stage to ensure tenancy sustainment.

- **How effective is the relationship between all the relevant agencies, including the health sector, and charities working on homelessness prevention?**

There is evidence of good partnership working between internal and external services, and the Homelessness Strategic Outcome Group meets quarterly working together to identify future priorities which informs our Homelessness Action Plan and the Local Housing Strategy. It can be difficult to engage in some other services, but we have a good relationship and communication with HMP, who provide a through care service for people leaving prison, we are currently in the process of piloting a Housing First project which is being done in partnership with Health, Prison, Police, S/W, RSL’s and this will allow us to open up communication even more, working together to provide wrap around support at every level but again this is not in place so we have no evidence of success. We also have referral protocol in place with Aberdeen City which ensures a smooth transition and referral from one Local Authority to the other. We are also included in the Financial Inclusion Group, Employability working group, Learning difficulties SOG, NHS service delivery.
working group and the ADP workforce delivery group, all of which includes 3rd sector representation.

- **What needs to happen to improve the delivery of housing options and homelessness prevention services and the outcomes achieved for service users?**

We need to have access to much more housing options including more affordable housing which meets the demands in each local area as well as more better links and closer working relationships with the private sector, but this will vary in every LA depending on availability.

Prevention activities need to take place at an earlier stage and agencies that deal with young people or families that might be at risk of homelessness need to identify the risks and work together i.e. SW working with Children and Families and Schools.

- **What role should private sector housing providers play in preventing and responding to homelessness?**

The Private Sector is not bound by homeless legislation as such, and it’s very much down to each individual as to whether they want to prevent and respond to homelessness. Housing Strategy (Private Sector) felt that the vast majority of private landlords would view it as a role for the council and not for them as individuals, and for it to be viewed differently it would take a shift in culture and mindset. Generally there is a need for incentives but even that doesn’t work e.g. little uptake for the PSL scheme. What is required is a sector that is well managed and maintained and becomes a sector of choice. That can only be done through targeted information and advice coupled with tougher enforcement for those landlords who ignore the law and all of that requires resources.

The number of section 11 notices received for 16/17 are creditors 50; social landlords 28; private landlords 10. For 15/16 creditors = 54; social landlords = 44; and private landlords = 7 possibly shows there is still not much buy in from private landlords.

Private Sector housing providers are key in increasing the supply of affordable housing – however there needs to be support to address the issues around affordability, security and quality. Where we give a positive homeless determination then there will inevitably be less willingness to look at this as an option – involves changing culture.

It would offer us more in the way of alternative housing options if more landlords were prepared to accept tenants on benefits and were willing to consider using the rent deposit guarantee scheme. However due to the changes in Welfare Reform, the private Sector is too expensive for most people as the LHA does not meet the full cost of the rent on a lot of occasions. However with there is evidence that due to the
economic downturn in our area there has been more private landlords willing to offer us tenancies and making use of the RDGS.

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Temporary Accommodation

- **What evidence is there of pressure on temporary accommodation in your area? Has this increased in recent years?**

The Homelessness Service is demand led and in order to meet with the needs of service users the service has been actively working towards achieving the aims and objectives set out in our Action plan. Increasing temporary accommodation across all areas has been a priority for the service and working towards reducing the use of bed and breakfast can only be achieved when the demand for temporary accommodation has been reduced or the temporary accommodation stock has been increased to a level where supply meets demand.

Whilst the number of homeless presentations have decreased to 1039 in 16/17 from 1610 in 2011/12, the number of temporary units has increased from (including leased RSL units) from 177 plus 26 unit spaces in 2011/12 to 348 plus 26 unit spaces in 16/17. At the same time we have reduced the number of B&B places down to 36 at 31/3/17 compared to 65 in 15/16, and 72 in 14/15. This has resulted in a huge reduction in spend for B&B accommodation from £2,208,513 in 2010/11 to £692,783 in 16/17.

The total number of households placed in temp decreased from 2011/12 to 2014 where 860 households were placed in temp which was 71% of presentations being placed in temp. Compare this to 2016/17 where there were 1134 households placed in temp which is an increase of 32%.

- **How can homeless people's experiences of temporary accommodation be improved? For example, how can the use of unsuitable accommodation be reduced or the length of time spent in temporary accommodation reduced?**

The average days spent in temp increased from 119 days in 11/12 to 128 in 15/16 but has decreased this year to 122 days. This may be reflective of the addition of new builds being allocated.

The average days spent in B&B accommodation in 16/17 however is only 47 days as every effort is made to move people into other more suitable temporary accommodation as quickly as possible.

The average days for completing a case has risen from 174 days in 15/16 to 212 in 16/17 which puts additional pressure on temporary accommodation, if there is a
blockage trying to move clients on. There is a shortage of one bedroom properties and we need to increase the provision to meet the demand in this area.

Aberdeenshire Council had no households with pregnant women or dependent children in Breach of Order for 16/17.

At the end of March 2017 there was 367 households in temp, 36 or (9.8%) of which were in B&B, this is compared to 416 households in 15/16, 16% of which were in B&B. This is something we continue to work to decrease, but due to factors such as our geographic, we try as much as possible to keep clients in the areas of their choice near family support which often means having to use B&B until a more suitable option becomes available.

For 2016/17 our customer satisfaction surveys showed 91% were fairly/very satisfied with the overall quality of temporary accommodation provided.

We are introducing sharing in temp accommodation as a means of trying to address the issue of affordability and to continue to avoid the use of unsuitable accommodation.

- **Do you have concerns about the funding of temporary accommodation? If yes, how should temporary accommodation be funded?**

There are concerns about the affordability of Temporary Accommodation i.e. charging what it costs to run versus what is affordable for a tenant to pay. There are also concerns about how much benefits (Universal Credit) will cover and if only the LHA rate, who covers the cost of any arrears over and above this (the Council or the tenant?). We need to look at a fairer, more affordable solution to providing this type of accommodation. It is becoming clear that the housing element of universal credit is not appropriate for temporary accommodation and if this is not changed the drain on the council’s general fund will be very high. Temporary accommodation should remain under housing benefit legislation to stop this from happening. If tenants accrue arrears from temp accommodation this may prevent them being housed in other types of accommodation, limiting their housing options, however the arrears may be unavoidable due to the tenants income.

**Permanent Accommodation**

- **How do social landlord’s allocation policies prioritise applications from homeless households and how does choice based lettings work in practice?**

With regard to houses in Council ownership, or through nomination agreements with Registered Social Landlords (RSL) who provide housing in Aberdeenshire, the selection of tenants or nominees ensures that reasonable preference will be given to those who can demonstrate a housing need including: -

- Applicants with medical and/or social need for a move
- Unsatisfactorily housed applicants and unmet housing needs
- Applicants overcrowded or under occupying accommodation
- Statutory homeless cases and those threatened with homelessness.
- Applicants with large families
- Applicants occupying accommodation which does not meet the tolerable standard.

An applicant will be placed into a banding based on their housing need. Applicants will be assessed against a standard matrix (Appendix 2) to decide what band they will be placed in. An applicant can be awarded a number of need factors appropriate to their housing need. The greater the ‘need’ a housing applicant has, the more likelihood they have of being allocated housing.

Applications who have been assessed as unintentionally homeless and have a local connection to Aberdeenshire as defined in Part II of the Housing (Scotland) Act 1987, as amended by the Housing (Scotland) Act 2001 and the Homelessness etc. (Scotland) Act 2003 are considered to have a priority for housing and will be placed in Band ‘A’.

The % of mainstream lettings allocated to homeless applicants in 2016/17 was 53%, 31.4% was allocated to the waiting list and 15.6% to transfers.

Grampian Housing Association, part of the CBL Homehunt NES allocated 45% of their vacancies in the Aberdeenshire area to Homeless.

**Multiple and Complex Needs**

- What more could be done to ensure that the needs of homeless people with multiple and complex needs are adequately supported? Are there examples of good practice?

We received grade 5 for our Support Service Inspection report.

Cases are far more complex now that previously and on top of providing our own housing support we also have to source external support to ensure we meet the individual’s needs.

Better access to appropriate services and systems required, better protocols for sharing information to allow joint up working for specific clients. A Housing First approach that includes all relevant services contributing to the support needs and the budget, where support is not time limited and withdrawn. It needs to be recognised that one size doesn’t fit all and there may be occasions when supported accommodation is required, however this is an expensive option and the problem in Aberdeenshire would be with area placement. Consideration also needs to be made to the fact that there is a risk to Housing First. Communities may have concerns about people with multiple complex needs just being offered accommodation, and any disruptive anti-social behaviour, also there could be the perception that they are seen as queue jumping and being rewarded for bad behaviour. Consideration also
needs to be given to the resourcing of such a project and it needs to be supported by all agencies, and will only affect a small number of clients at the extreme end – more of the presentations that we receive are from clients with chaotic lifestyles/complex needs- there is still a role for appropriate range of supported accommodation.

- **What scope is there for improved joint working with all agencies and groups supporting those with multiple and complex needs, which would also include the health sector?**

It is important to raise the awareness of the impact of homelessness on the health of individuals. Given the number of chaotic clients that seem to return to housing for assistance without adequate support required from the health sector, and the reduction in funding, homelessness have to be aware of their statutory duties and these must be the primary focus which means that if housing doesn’t pick up other individuals they will fall through the net, there has to be a recognition that it is bigger than just a housing problem. There may be scope for integrated working with housing professionals being in hospitals or health centres, and health professionals being within housing services?

Strategy have written a contribution statement in relation to the Health and Social Care Partnership and we would expect this would be regularly updated to promote any opportunities for joint working.

- **How can access to general health services, including preventative health services, be improved for homeless people?**

Need to break down barriers for homeless people accessing health and wellbeing services. Issues with not having an address can stop them accessing basic needs like doctors, and they often use A&E services which is costly. There needs to be recognition that a lot of people with complex needs may not always engage and a more open door policy may be required so that people can come back into the system if they have been unable to engage at the first or second time. It is easy to send a letter and stopping services because of non-engagement.

One of the steps we are taking is ensuring we put health information for our clients in all of our temporary accommodations.

- **What role could the “housing first” model play in improving outcomes for homeless people with multiple and complex needs?**

A Housing First model may be helpful as it is a proven project with success being attributed to the fact that secure housing is provided with no pre conditions and that any disengagement should not mean loss of tenancy as per previous work practices. It is recognised that a small percentage of clients have complex and multiple needs and repeatedly use more than one service at considerable cost, and this could be reduced by providing permanent accommodation with wrap around support, but think it needs to be recognised that homelessness is not just a housing program, and it should be a joint intuitive with every service contributing. The whole issue of non-engagement needs to be addressed and consideration made to the fact that some people are unable to engage therefore support is withdrawn and they can begin to
fail. Housing First allows for people to engage if they need it and although every effort is made to keep track of a client, they are not forced and support is not forced as part of a tenancy agreement, but can opt back in at times of crisis when they feel the need.

The housing first model needs to be flexible based on the area’s needs. It is mainly aimed at rough sleepers, however in Aberdeenshire we have very few rough sleepers however still see a need for this model for homeless people with complex needs who are failing in their temp accommodation for example.

**Rough Sleeping**

- **How has the pattern of rough sleeping changed in your area? For example, is the number of rough sleepers increasing or have the characteristics of rough sleepers changed? What are the reasons for this?**

Anyone presenting at a local office with nowhere to stay that night will be seen and offered some form of temp if it established that they have no alternatives. We will also assist with transport to get to temporary placement. In 2016/17, 40 people presented claiming to be sleeping rough compared to 47 for 2015/16. These figures are recorded on HL1’s from information provided by the applicant, there is no evidence to prove if this figure is correct so we have no real evidence of numbers of rough sleepers as there may be also be people who are rough sleeping who are perhaps more likely not to approach us for various reasons.

- **What type of accommodation is offered to rough sleepers?**

As with any other client, depends on availability at the time of presentation.

- **What type of approaches can contribute to the reduction of rough sleeping and achievement of sustainable housing solutions for rough sleepers?**

A Housing First approach would assist in the reduction of rough sleepers if a permanent solution is what the client is looking for, but other options should be available depending on the need of the individual. This is not particularly a problem in our area therefore we have not looked at specific interventions.

**Other**

- **What are the reasons behind why people become homeless?**

The main reason for homeless presentation to Aberdeenshire council since 13/14 is being asked to leave current accommodation, this is followed by leaving due to non-violent dispute in household, violent/abusive dispute, other landlord action, and other reasons for leaving. The stats are pretty much reflective of every area every quarter.
• What data is used to measure homelessness numbers in a particular area?

The HL1 is the reporting tool used to record data for SG. Aberdeen is split into 4 areas and although in general homelessness presentations have decreased, two of the areas G&F and KMM have seen an increase in presentations this year.

• Can you give examples of best practice of effective strategic coordination of services to ensure there are no gaps or overlaps in homelessness services?

We have a Homelessness Strategic Outcome Group which consists of internal and external partners who meet quarterly to share information on new services and initiatives. The homelessness action Plan from the group feeds into the Local Housing Strategy. There are also local groups that meet regularly to discuss local issues.

• Are there any problems with people accessing their housing and homelessness rights? If yes, how can access be improved?

We are not aware of people not being able to access services, however there may be a possibility if people are isolated or in a rural location that they cannot access services, and there are a number of migrant workers who may not approach the service if they feel they have no rights, however we do work closely with our partners and there are various centres in operation that assist clients and would sign post. We also help fund an ethnic minorities worker.

• What are the barriers to providing homeless people with sustainable housing solutions and how can these barriers be addressed?

There is a shortage of affordable housing, particularly one bedroom in this Local Authority area that can meet the demand. Waiting lists are long and a lot of people cannot afford to rent in the private sector. In rural communities additional barriers include poor transport links resulting in affecting people ability to access employment or attend appointments, lack of local based services, the ability to provide temporary accommodation in an appropriate location, enabling continuity of health provision, family support and social isolation.

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