

# Shelter

## **Housing Needs Mapping Exercise for People with Complex Needs – Chesterfield, Bolsover, North East Derbyshire and Bassetlaw**

**A report by Shelter's Good Practice Unit  
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April 2008.**

**Bad housing wrecks lives**

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The views expressed in this report are those of the authors, as employees of Shelter, the housing and homelessness charity, and do not necessarily reflect the views of the commissioning bodies: Bassetlaw, Bolsover, North East Derbyshire District Council and Chesterfield Borough Council.

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## Abbreviations

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ALMO</b>	Arms Length Management Organisation
<b>ASBO</b>	Anti Social Behaviour Order
<b>BASS</b>	Bail and Accommodation Support Service
<b>CAB</b>	Citizens Advice Bureau
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CDRP</b>	Crime and Disorder Reduction Partnership
<b>CHAG</b>	Coastal Homeless Action Group
<b>CHAIN</b>	Combined Homelessness And Information Network
<b>CMHT</b>	Community Mental Health Team
<b>DAAT</b>	Drug and Alcohol Action Team
<b>DIP</b>	Drug Intervention Programme
<b>(D)CLG</b>	(Department of) Communities and Local Government
<b>GP</b>	General Practitioner
<b>HARP</b>	Housing And Returning Prisoners (protocol)
<b>HMA</b>	Housing Market Area
<b>HMP</b>	Her Majesty's Prison
<b>LA</b>	Local Authority
<b>LAA</b>	Local Area Agreement
<b>LHA</b>	Local Housing Allowance
<b>LSP</b>	Local Strategic Partnership
<b>MARAC</b>	Multi Agency Risk Assessment Committee
<b>NCHA</b>	Nottingham Community Housing Association
<b>NDTMS</b>	National Drug Treatment Monitoring System
<b>NDWA</b>	North Derbyshire Women's Aid
<b>NFA</b>	No Fixed Abode
<b>NOMS</b>	National Offender Management Service
<b>NSF</b>	National Service Framework
<b>NTA</b>	National Treatment Agency
<b>OASys</b>	Offender Assessment System
<b>OCD</b>	Obsessive Compulsive Disorder
<b>PCT</b>	Primary Care Trust
<b>PPO</b>	Prolific and other Priority Offender
<b>PRS</b>	Private Rented Sector
<b>ROM</b>	Regional Offender Manager
<b>RSL</b>	Registered Social Landlord
<b>SEU</b>	Social Exclusion Unit
<b>SP</b>	Supporting People

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## 1. Introduction

People with multiple complex needs are often at the most acute end of housing need and homelessness. Research into rough sleeping demonstrates a strong correlation with complex needs and although there has been a reduction in visible rough sleeping recorded via headcounts, such figures have shown little change in the last four years and there are indications that it may be on the rise.

This is perhaps not that surprising given that the most common issues identified within multiple complex needs, i.e. substance use, offending behaviour and mental health problems, are commonly seen as associated with difficulties in maintaining accommodation, particularly without support. While not specific to these groups, issues of rent arrears, anti-social behaviour, offending and drug use are common reasons for eviction or abandonment of housing. These same issues can also create barriers to accessing future housing and people with complex needs can often find their housing options severely restricted, if available at all.

The full extent of housing needs among these groups is almost impossible to categorically assess. Multiple and complex needs, by their very nature, fall across a wide range of strategy areas and agencies. Each of these may have their own specific priorities, targets, assessment and monitoring procedures. However, while housing may be identified as an important factor in enabling stability, access and retention with a variety of care and support services, it is rarely assessed and addressed in a common manner by each of these. Similarly, housing and homelessness agencies may not fully assess the extent of other support needs or feel confident in their abilities to do so.

This means that the full extent of housing and related support needs for these groups is seldom available from a single source, and there may be numerous but incomplete sources of data. Outside of specific attempts to pull this data together, many needs may be 'hidden' and, therefore, their impact on the assessment, planning and delivery of services to meet those needs is limited.

This can also be compounded by the fact that some people with complex needs may be reluctant to identify their problems or engage with services when, based on previous negative experiences, they feel it is likely to produce limited benefits. This may particularly be the case when services are not pro-active in engaging with people, or access points to services are rigid or restrictive.

There has been noticeable encouragement at national, regional and local levels to develop and improve cross-strategy/ agency joint working for people with multiple and complex needs. However, resource and priority issues across different strategy

areas or agencies often means that the impact of this may be limited. Service users may find themselves slipping between the priorities of different services and the relative resources that may be required to meet complex needs may serve to deter or restrict particular developments.

### **The Current Study**

The Street Homeless Project, part of Shelter's Good Practice Unit, was commissioned by the local authorities of Chesterfield, Bolsover, North East Derbyshire and Bassetlaw (the Northern Housing Market Area (HMA) within the Northern Sub-Region of the East Midlands) to conduct a housing needs mapping exercise for people with multiple and complex needs across the area.

The study provides a detailed overview of the housing and related support needs of these groups, utilising available data sources, contact with key stakeholders across a range of services and information relating to the direct experiences of service users. This information forms the basis of a number of key recommendations to address gaps identified and improve existing provision and arrangements.

Research was conducted during the period December 2007 to March 2008. While every effort has been made to provide as comprehensive a study as possible, information obtained was not always available in complete forms, or within the time period for the study.

### **Report Structure**

The next section of the report details the methodology used in this research. This is followed by an examination of both national and study area contexts and then an outline of existing service provision. The findings from our consultation with stakeholders, desktop review and data gathering are presented in Section 5., followed by analysis of a survey of homeless people with complex needs in the study area. This information is then used to highlight gaps in provision and leads to a number of key recommendations at the end of the report.

## 2. Methodology

For the purpose of this study the definition of complex needs was taken from the Derbyshire Supporting People Strategy:

***‘This group includes a combination of one or more of the following: ex-offenders; people who misuse substances; mental ill-health and single homelessness; also includes women currently unable to access refuge provision due to additional needs.’***

Given that information and implications for people with complex needs can cut across a range of strategy, policy and operational areas, a number of data sources have been used in carrying out this study:

### 1. Desktop Research and Data Gathering

All relevant major local and regional documents, and selective national literature were reviewed. These include:

- Strategic Housing Market Assessment (Northern Sub-Region)
- Housing and homelessness strategies for each of the local authority areas
- Regional housing and homelessness strategies
- National and local P1E (homelessness) statistics
- National guidance on homelessness prevention and homelessness strategy self-assessment
- Derbyshire and Nottinghamshire Supporting People Strategies (including reviews, research, service directories, Client Record Form data and investment plans where available)
- Drug and Alcohol Action Team Treatment/Business Plans
- Local authority (and Derbyshire County) Community Safety strategies
- East Midlands Regional Reducing Reoffending Delivery Plan
- Home Office National PPO Evaluation, guidance and impact assessment
- local authority Health Profiles
- Regional Health Strategy, Action Plans and Mental Health Profile
- Derbyshire Mental Health Profile, draft Vision and Strategic Plan for Adult Mental Health Services (2007-17), and Trust Review
- Nottinghamshire County Drug and Alcohol Action Team, Final Needs Assessment 2007
- Nottinghamshire Supporting People Investment Plan 2006 – 2011
- Gateford Chambers, Enhancement of services for homeless people in Bassetlaw, submission by Bassetlaw District Council
- Agency data including day service and support provider statistics

## **2. Contact with Local Services**

Time and availability has not enabled face-to-face contact with all services likely to have information relevant to this study. Where this has not been possible, telephone contact and electronic requests for information have been utilised.

Direct contact and semi-structured interviews were possible with the following agencies:

- Action Housing, Chesterfield
- Home Group (Stonham), Chesterfield
- North Derbyshire Community Drug Team
- National Probation Service, Chesterfield
- Rethink, Chesterfield
- Mental Health Advocates at the CAB, Chesterfield
- Clay Cross Community Mental Health Team
- Welfare rights and housing worker for Derbyshire Mental Health Team (and service user involvement lead for Derbyshire Supporting People)
- NCH The Children's Charity, South Normanton
- Housing Needs Officer, South Normanton
- Rykneld Homes Tenancy Support Champion
- Rykneld Homes Housing Options Team
- Tenancy Support Team, Chesterfield BC
- North Derbyshire Women's Aid
- Pathways Day Centre, Chesterfield
- The Mad Team, Soup Kitchen, Zion Church, Chesterfield
- Hope Services, day services, emergency housing and advice services, Worksop
- Framework HA, floating support and accommodation
- Nacro, Community Enterprises, Ollerton
- Dual Diagnosis Service, Worksop
- Nottinghamshire DIP accommodation worker

Telephone contact and electronic requests for information were achieved with the following agencies/personnel:

- Derbyshire Drug and Alcohol Action Team (DAAT)
- HMP Leicester, (male local prison) resettlement personnel
- HMP and YOI New Hall (female local prison), resettlement personnel
- Derbyshire PPO Case Manager
- North Derbyshire Community Alcohol Team
- Derbyshire Supporting People
- Derbyshire Police, Chesterfield Town Centre
- Nottinghamshire DAAT

- New Roots, Retford

### **3. Interviews with Homeless People**

Interviews were held with 26 people using front line homelessness services in Chesterfield and Worksop. These were conducted over five days at the Pathways day centre in Chesterfield (13<sup>th</sup> and 14<sup>th</sup> February and 6<sup>th</sup> March 2008) and the Hope emergency access accommodation in Worksop (21<sup>st</sup> and 22<sup>nd</sup> February 2008). Service users were given £10 expenses.

Chapter 6 outlines the information obtained from these interviews (the full transcripts are available as a separate document). 'Homelessness journeys' are presented for ten of the service users interviewed. Kesia Reeve and colleagues at Sheffield Hallam University first developed this methodology in their study, produced for Crisis, entitled *Homeless Women, Homelessness Careers, Homelessness Landscapes* (August 2007). It allows the complex interaction of events and experiences of homeless people to be broken down and represented in a diagrammatic form, thus enabling a greater understanding of the causes of homelessness amongst people with complex needs.

### **3. Strategic Context**

#### **National Context**

The housing and related needs of people with complex needs, by their very definition, fall across a range of strategy areas and responsibilities. It is therefore important to have some understanding of the implications of crosscutting agendas. It also means that data and information relating to needs is seldom comprehensively available from one source.

For the purposes of the current study, the following areas are noted:

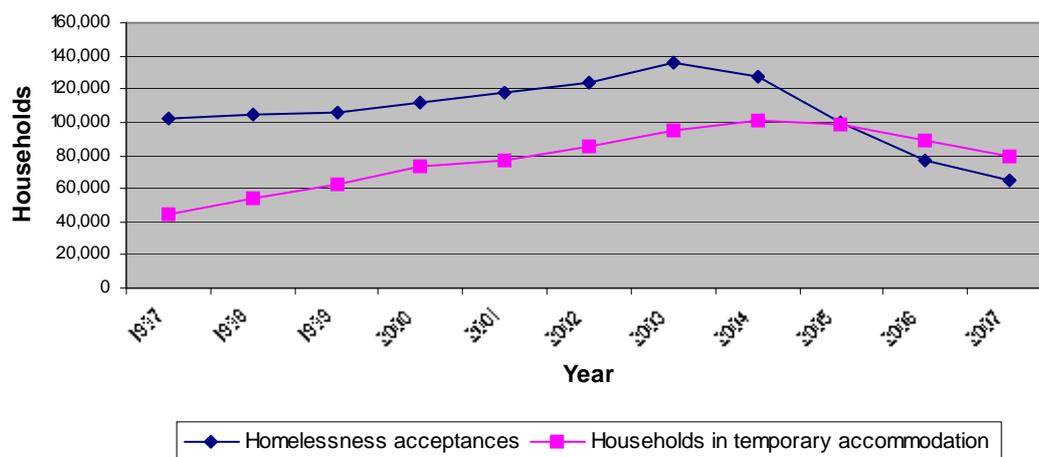
##### **1. Housing and homelessness**

The Homelessness Act 2002 requires all local authorities to carry out a review of homelessness in the area and to produce a strategy to prevent and tackle it. Local authorities are also encouraged to take an integrated approach to homelessness, developing partnerships with other strategic bodies in areas such as health, drug and alcohol treatment, and criminal justice.

The Homelessness (Priority Need for Accommodation)(England) Order 2002 extended the categories of applicants that may qualify as being in 'priority need' for housing. Whilst, in theory, people experiencing mental ill-health, ex-offenders and substance users may all be able to qualify as being in 'priority need', none of these issues in themselves would guarantee this.

Information relating to homelessness applications to local authorities is forwarded to the Communities and Local Government (CLG) in P1E returns. Nationally, the number of households found to be homeless has decreased by 40 per cent since 1997, while those also found to be in priority need has reduced by 36 per cent. The current trend indicates this reduction to be continuing.

**Table1. National Homelessness Trends**



This year also sees the tenth anniversary of the government’s target to address rough sleeping. The required two-thirds reduction was achieved in 2001, and the current aim is to maintain this reduction and reduce the numbers to as close to zero as possible. Progress on this is measured by single night street counts in areas with a known or suspected rough sleeping problem.

The national strategy for homelessness is laid out by the CLG in *Sustainable Communities: Settled Homes: Changing Lives (2005)*. This commits to halving the number of households living in insecure, temporary accommodation by 2010. It places emphasis on preventing homelessness, providing support to vulnerable households, tackling wider causes and symptoms of homelessness, helping to move more people away from rough sleeping and providing more settled homes.

In June 2006 the CLG published a good practice guide to homelessness prevention for local authorities<sup>1</sup> and, within the same year, a homelessness prevention strategy self-assessment health check<sup>2</sup>. Both documents include sections on offenders and ex-offenders in recognition of the problems faced by these groups.

## 2. Supporting People (SP)

This programme was introduced in 2003 to provide a single, integrated funding stream for housing related support to assist individuals to live more independently. It is delivered locally by Administering Authorities (unitary authorities and counties in two-tier areas), with services commissioned by a joint commissioning body comprising of the local authority, social care, health and probation.

<sup>1</sup> *Homelessness prevention: a guide to good practice*, DCLG, London, 2006.

<sup>2</sup> *Preventing homelessness: a strategy health check*, DCLG, London, 2006.

A number of vulnerable groups receive housing-related support through this programme, including: people who have been homeless or a rough sleeper; people with drug or alcohol problems; offenders and those at risk of offending; people with mental health problems. Support services can operate on-site at the accommodation e.g. hostels, or by visiting service users' accommodation e.g. floating support.

The Supporting People programme has been subject to reductions in funding since its inception. The current strategy<sup>3</sup> also incorporates further changes to the way in which the programme is administered, bringing it more in line with Local Strategic Partnerships (LSPs) and priorities determined in Local Area Agreements (LAAs). This includes an assessment of the impact of providing funding through the general, un-ringfenced, area based grant.

### **3. Substance misuse**

Research has demonstrated that substance misusers experience high levels of housing need<sup>4</sup>. Problematic drug and alcohol use is also reported by high numbers of single homeless people<sup>5</sup>. While homeless substance misusers may experience difficulties in obtaining suitable and settled accommodation, they can also have difficulties in maintaining their homes. Homeless substance misusers can also present increasing risks to both themselves<sup>6</sup> and to the wider community<sup>7</sup>.

In acknowledging such problems, the CLG and Home Office have issued a number of guidance documents to assist localities in assessing the levels of need in the area<sup>8</sup> and providing services to meet the need<sup>9</sup>. Government priorities in relation to drug and alcohol misuse are laid out in the new ten-year drug strategy<sup>10</sup> and the national alcohol strategy<sup>11</sup>. Within the former, housing is seen as an effective 'wraparound' service to facilitate access and retention in drug treatment and to support positive treatment outcomes.

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<sup>3</sup> *Independence and Opportunity – Our Strategy for Supporting People*, CLG, London 2007.

<sup>4</sup> *Drug Misuse 2004: Reducing the local impact*, Audit Commission, 2004.

<sup>5</sup> Fountain, J and Howes, S. *Home and Dry? Homelessness and substance abuse*, Crisis, London, 2002.

<sup>6</sup> *Shooting Up. Infections among injecting drug users in the United Kingdom 2006. An update: October 2007*, Health Protection Agency, London, 2007.

<sup>7</sup> *The report of the Independent Working Group on Drug Consumption Rooms*, Joseph Rowntree Foundation, York, 2006.

<sup>8</sup> *Assessing the level of expected drug related need for supported housing: A guide for DAT/CDRP partnerships and Supporting People teams*, Home Office, London, 2004.

<sup>9</sup> *Housing support options for people who misuse substances*, ODPM and Home Office Drug Strategy Directorate, 2005.

<sup>10</sup> *Drugs: protecting families and communities. The 2008 Drug Strategy*, Home Office, 2008.

<sup>11</sup> *Safe, Sensible, Social: The next steps for the government's national alcohol strategy*, Department of Health, 2007.

Many homeless projects do not permit drug use and this is sometimes due to a misunderstanding of the law. This can present an issue as many homeless people with complex needs have problematic drug use. Consequently, projects working with people on a harm minimisation basis have proved effective in reducing homelessness and promoting good practice in reducing drug use. The existence of such projects also enables services prohibiting drug use to be genuinely drug free and better able to meet the needs of homeless people who do not use drugs or who wish to abstain.

#### **4. Mental health**

The National Service Framework for Mental Health (NSF)<sup>12</sup> lays down the key standards to be achieved by mental health services, including those for homeless people. It further promotes the development of strategies by services for delivering the plans set out in the NSF. This was reviewed in 2004 and the National Patient Survey of the same year reported that only 48% of mental health service users who wanted help with accommodation actually received it.

Mental health problems are more prevalent among the homeless population and can be a trigger for homelessness while also being compounded by the experience of homelessness or insecure accommodation. However, homeless people may also experience increased problems in accessing mental health services.

A good practice guide published jointly by the Department of Health and CLG in 2007<sup>13</sup> suggested a number of improvements in making mental health services more accessible to people in housing need including:

- Increased collaboration between mental health services, housing, substance misuse and Supporting People commissioners
- Better awareness and training for frontline housing staff in identifying mental health problems and directing people to appropriate support services
- Improving access to primary health care
- Improving access and exit for secondary care

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<sup>12</sup> *A National Service Framework for Mental Health*. Department of Health, 1999

<sup>13</sup> *Getting Through: Access to mental health services for people who are homeless or living in temporary or insecure accommodation*, Department of Health/CLG, 2006.

- Better services for people with a dual diagnosis and personality disorder (such issues were seen as more prevalent in the homeless population and can lead to multiple barriers to service)

## 5. Criminal justice

The housing needs of offenders and ex-offenders have received much more focus following the publication of the Social Exclusion Unit (SEU) report in 2002<sup>14</sup>. This highlighted a number of difficulties for people with offending backgrounds in both obtaining and maintaining accommodation.

In 2004, following many of the recommendations in the SEU report, the Home office published the Reducing Re-offending National Action Plan<sup>15</sup>. This firmly established accommodation as a key foundation for effective resettlement and the reduction of re-offending among offenders/ ex-offenders. It also placed great emphasis on effective multi-agency working across the public, private and voluntary sectors to achieve the core aims.

The Action Plan has since been updated by a National Delivery Plan<sup>16</sup> and is overseen by the National Offender Management Service (NOMS) and its regional counterparts (ROMS). Each region now produces a regional plan and updates.

Performance targets have been introduced within the prisons and National Probation Service to ensure that offenders have their housing needs assessed as soon as possible on entry into custody, and that they have suitable accommodation at the end of either prison or probation-supervised community sentences. However, recently reported statistics obtained under Freedom Of Information requests, suggest that nearly one quarter of prisoners have been released to homelessness in the last four years<sup>17</sup>.

In 2008, NOMS produced a resource pack for housing and housing support<sup>18</sup>, encouraging the development of stronger strategic partnerships in order to meet the housing needs of offenders within the regions. The framework also provides a model for an integrated approach to housing interventions throughout the offenders contact with the criminal justice system.

### **Targeted interventions:**

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<sup>14</sup> *Reducing re-offending by ex-prisoners*, Social Exclusion Unit, ODPM, London 2002.

<sup>15</sup> *Reducing re-offending: National Action Plan*, Home Office, London, 2004.

<sup>16</sup> *National Reducing Re-offending Delivery Plan*, Home Office, London, 2005.

<sup>17</sup> Shapps, G. *Prison break: breaking the prison to homelessness cycle*. Available to download from: [www.shapps.com/reports](http://www.shapps.com/reports)

<sup>18</sup> *Reducing Re-offending Housing and Housing Support Resource Pack*, NOMS, 2008.

### **Drug Intervention Programme (DIP)**

This was introduced in 2003 and is a key element within government strategy for tackling drug use and reducing crime. Its aims are to get drug-using offenders into treatment and other support, with housing seen as an important ‘wraparound’ service. DIP is delivered locally via Drug and Alcohol Action Teams (DAATs) and supported by regional Government Office leads and the National Treatment Agency (NTA). It provides ‘end-to-end’ assessment and support interventions throughout a drug user’s contact with the criminal justice system, and supports effective aftercare.

### **Prolific and other Priority Offender (PPO) Strategy**

This was introduced in 2004 to target interventions towards the small percentage of active offenders thought to be responsible for one in ten of all offences. The strategy has three core strands: Catch and Convict; Rehabilitate and Resettle; Prevent and Deter. PPO's are identified locally in terms of the nature and volume of crimes they commit, the harm they cause and the detrimental impact they have on their communities. The strategy emphasizes the need for joined up working and information sharing across key agencies including police, probation, local authorities and other key partners. The strategy is overseen locally by Crime and Disorder Reduction Partnerships (CDRPs), working closely with Local Criminal Justice Boards.

Evidence suggests that many PPO's commit offences to fund drug dependency, with approximately 60% of persistent offenders believed to be using hard drugs. There is, therefore, increased integration between the DIP and PPO schemes.

### **Multi-agency protocols**

Protocols have been developed to provide a framework for effective multi-agency working to meet the housing needs of offenders. These primarily focus on criminal justice agencies and housing providers, and set out desired interventions by both throughout the offender’s passage through the criminal justice system. Perhaps the most well known of these is the Housing And Returning Prisoners (HARP) protocol, developed in the North East. Variations of HARP have now been developed and operate in a number of regions and sub-regions.

## **The Northern Housing Market Area (HMA)**

The Northern Sub-Region of the East Midlands is broken down into two Housing Market Areas (HMAs). This study focuses upon the Northern HMA, which consists of four local authorities: Chesterfield Borough Council, North East Derbyshire District Council, Bolsover District Council and Bassetlaw District Council.

The location of the Northern HMA presents some challenges in mapping housing and related needs for people with complex needs. Information relating to the needs of this group, and the provision of housing and support, cuts across a broad range of agencies and strategic implications that are structured in different geographical ways.

While Chesterfield, North East Derbyshire and Bolsover fall within the county of Derbyshire, Bassetlaw is in Nottinghamshire. This effectively means that the Derbyshire authorities differ to Bassetlaw in Nottinghamshire regarding their:

- Regional housing and homelessness strategies
- Supporting People strategies and commissioning arrangements
- Drug and Alcohol Action Teams (DAATs) and treatment services
- NHS Primary Care Trusts, Mental Health Trusts and Community Mental Health Teams
- National Probation Service areas, PPO programmes

It is also worth noting that, particularly for countywide strategies and services, the relative authorities form only a part of the geographical area. This means that any indicative data available for the county may only provide a general overview and the specific relevance to a given local authority area may be limited.

There are also specific distinctions between the different authorities, even within a county. This can also impact upon the level and type of information available and services operating in the locality.

### **1. Demography of the Northern HMA**

The study area has a total population of 375,000 people (2001 Census) comprising 164,000 households. To put this in perspective, this is equivalent to the population of a large city such as Bristol. Of the four districts Bassetlaw is the largest with a population of 107,000, followed by Chesterfield (Borough) 98,000, North East Derbyshire with 96,000 and Bolsover with 75,000 people. Within this, the principal towns are Chesterfield with a population of 70,000, and Worksop with a population of 40,000. There are no other towns comprising more than 25,000 people.

A Strategic Housing Market Assessment of the Northern HMA was carried out in 2007. This suggested that, since the late 1990's, the Northern HMA has been a consistent importer of households into the area, and estimates of future housing need in the four localities suggest an overwhelming requirement of social rented housing.

The four districts share some factors in addition to being a common housing sub market; principally they share a similar industrial past. Indeed the decline in coal mining has been the biggest single socio-economic factor affecting all four districts, the effects of which are still being felt today.

In some respects though, the four districts all display differences.

### **Bolsover**

Bolsover has been most greatly affected by the decline in the coal industry and consequently shows the greatest levels of income deprivation. Significantly, Bolsover has no dominant population centre. It is comprised of a series of towns, none with a greater population of more than 11,000. These towns are set out in a linear arrangement running from north to south, and are adjacent to other larger population centres in different districts, principally Worksop and Chesterfield in the north, and Mansfield and Alfreton in the south.

### **Chesterfield**

Chesterfield is the most urban of the four districts. The town itself is the second largest in Derbyshire and comprises of approximately 70,000 people. The Borough does, however, have some rural areas and satellite communities.

### **North East Derbyshire**

North East Derbyshire is a district of contrasts. Like Bolsover it lacks a principal centre but unlike Bolsover it comprises three contrasting areas. The north is principally a dormitory area of Sheffield and as such displays outer suburban characteristics. The principal town in this part of the district is Dronfield with a population of 23,000. The west and south is rural moorland situated on the edge of the Pennine hills. The east is a former coalfield area similar to Bolsover comprising of ex coalfield small towns and industrial villages, the principal of which is Clay Cross/North Wingfield (population 21,000). This part of the district has some high levels of income deprivation and stands in contrast to the west and north, which are relatively wealthy.

### **Bassetlaw**

Bassetlaw is also a contrasting district. It covers a large geographical area comprising the whole northern third of Nottinghamshire. In addition to Worksop, much of the area is ex coalfield, similar to that in the Derbyshire authorities, particularly in the west and north of the district. The east, however, is more traditionally rural and agricultural based; the principal community in the area is the market town of East Retford (population 21,000)

### **Implications of demographic factors for services in the study area**

Services for homeless people tend to be concentrated in urban centres. This has been particularly true for those with complex needs, with the great majority of relevant services situated in cities where need has been perceived as the highest and most concentrated. Significantly too, it has been the most visible, particularly given the government's over emphasis on visible rough sleeping, which has dominated policy in the area of housing and complex needs for the past ten years. Sometimes this has been at the expense of other more hidden, though no less pressing needs.

Complex needs require diversity in approach and provision. Generally, it is only cities that have had both the perceived need and access to resources that have enabled significant service development. In short, in cities different hostels and projects are able to develop to meet different needs, particularly in response to the issues of drugs, alcohol, mental health and combinations of these.

The prevalence of this traditional city based 'hostel' approach presents challenges for the authorities in the study area. Firstly, need is not concentrated enough to attract funding. Secondly, the hostels based approach focuses provision on one site and in the study area this would leave large parts of the area un-served. This will be most acute in Bolsover and the east of North East Derbyshire, as well as to the east of the Bassetlaw district.

This will also be an issue, though less so, in other parts of the study area. Here, lessening the impact of geography will be the fact that Chesterfield and Worksop have larger populations, and people in the northern part of North East Derbyshire would look to Sheffield to meet their needs.

## **2. Tenure**

Owner occupation is by far the dominant tenure in the study area. Rented housing levels are below the national average in North East Derbyshire and Bassetlaw but above average for Bolsover and Chesterfield. Bolsover has the highest proportion of private rented housing. This has implications for people with

complex needs who are generally reliant on rented housing. These figures will, however, mask considerable variation between parts of each district.

**Table 2. Rented housing in the Study Area**

Area	All Households	Social Rented	Private Rented
Bolsover	30,248	6,291	2,324
Chesterfield	43,462	11,465	2,724
N E Derbyshire	40,693	9,429	1,591
Bassetlaw	44,690	8,780	3,326
Total	159,093	35,965	6,642

(Information from 2001 Census)

### 3. **Community Health Profiles**

Information from the Community Health Profiles (Department of Health 2007) provides some further indications of need within the four districts.

**Table 3. Income, Mental Health, Drug and Alcohol use in Study Area**

	Bolsover	Chesterfield	NE Derbyshire	Bassetlaw
Number of wards with all or some of area in 20% most income deprived. (England)	10 out of 20 Higher	11 out of 19 Higher	5 out of 25 Lower	1 out of 25 Lower
Number of wards with all or some of area in 20% least income deprived. (England)	0 out of 20	4 out of 19	10 out of 25	0 out of 25
Mental Health*	1570 Higher	2270 Higher	1370 Lower	2310 Higher
Hospital stays due to alcohol (per 100,000 population)	185 Similar	326 Higher	222 Similar	310 Higher
Estimated Problem Drug Users**	338 Lower	575 Similar	310 Lower	756 Similar
<b>Total population (2001 census)</b>	<b>71,766</b>	<b>98,845</b>	<b>96,940</b>	<b>107,713</b>

N.B.: Higher, lower or similar in a column indicates whether the figure is higher, lower or similar to the average for England

\* Claimants / beneficiaries of Incapacity Benefit / Severe Disablement Allowance with mental or behavioural disorders (2005)

\*\* (Crack & Opiates), Crude Rate, 15-64 Ages, 2004-05, persons

Low income levels tend to be associated with higher than average levels of problem drug and alcohol use and mental health problems. Also, lack of income affects people's need for services, as they are less able to resolve problems through their own means. On this basis Bolsover and Chesterfield demonstrate the highest levels of need. This is only part of the picture however, as:

- The highest need based on income deprivation is in Bolsover and Chesterfield.
- NE Derbyshire has some wealthy areas but also has pockets of acute deprivation, mainly in Clay Cross, Holmewood and Heath, and Grassmoor.
- Bassetlaw, whilst showing only part of Worksop in the most acute 20%, has no area in the least income deprived 20%, and income deprivation is generally present across the whole district. Within this, Worksop, Retford and the North West of the district between Blyth and Harworth are all in the 20% to 40% most income deprived. This could explain why Bassetlaw, whilst lacking acute areas of income deprivation, has need higher or similar to the English average for drug, alcohol and mental health services.
- Claiming Incapacity Benefit or Severe Disablement Allowance for mental health reasons is higher than the national average for all districts except North East Derbyshire.
- According to the Health profiles problem drug use is similar to or lower than the national average across the whole area, however, further breakdown at ward levels would be likely to reveal significant variations.  
Problem alcohol use is similar to the national average or, in the case of Bassetlaw and Chesterfield, higher than the national average.

#### 4. Homelessness

Local Authority Homelessness duties: Housing Act 1996 and Homelessness Act 2002

**Table 4. Statutory Homeless Applications in the Study Area**

	<b>Bolsover</b>	<b>Chesterfield</b>	<b>NE Derbyshire</b>	<b>Bassetlaw</b>
All decisions 02/03	105	611	145	820
All decisions 06/07	106	No data	No data	168
Acceptances 02/03	95	158	111	128
Acceptances 06/07	101	189	78	57
Non priority 02/03	5	231	6	171
Non priority 06/07	0	No data	9	7
Intentional 02/03	2	12	10	46
Intentional 06/07	5	No data	12	39

The table above contains P1E data submitted by the four districts regarding their homeless duties and compares the years 02/03 (the year when the Homeless Strategies were put in place) with 06/07 (the most recent year for which data is available for all authorities). The first two rows show the total number of decisions made by the authorities. The third and fourth rows show homeless households accepted for full accommodation duties. The fifth and sixth rows show households accepted as homeless but considered not in priority need and so offered advice and assistance only. The final two rows show households accepted as homeless but considered intentionally homeless and so owed only a temporary accommodation duty. It is noted that Bolsover and Chesterfield have not submitted data to the CLG.

Generally, there has been a downward trend in the help given to homeless households through the provisions of the Housing Act 1996. This has gone hand in hand with a switch by authorities to the 'housing options' approach, with an emphasis on the prevention of homelessness. Clearly, 'prevention is better than cure' and the CLG cite the decline in the use of statutory provisions as the major way of demonstrating success in reducing homelessness. However, this has not been without controversy. There has been criticism that this has not always been achieved through genuine prevention and good practice but in some instances, by diversion and 'gatekeeping'<sup>19</sup>.

Whatever the truth is in this, it is the case that the authorities in the study area are in line with the national trend and there is now less use of the statutory provisions. Compared to five years ago, applications and acceptances are down considerably across the study area. Further, with the decline in applications it might be expected that there would also be a decline in the proportion of households found intentionally homeless. However, findings of intentionality have changed little. Indeed, Bassetlaw now has the highest rate of intentionality of any of the non-unitary Derbyshire and Nottinghamshire authorities.

One of the groups most at risk from this trend is single homeless people. Practice by Local Authorities in recording applications from single homeless people has always varied greatly, with some authorities being much more proactive in taking homeless applications for this group. With a target to reduce applications, single people are an easier group to move out of the assessment process than

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<sup>19</sup> Pawson, H. (2007) Local authority homelessness prevention in England: Empowering consumers or denying rights? *Housing Studies* Vol 22(6) pp867-884\*

homeless families. This is because single people generally only have the right to advice and assistance and this matches more closely the service that would be offered under a housing options approach. Subsequently, many authorities show the greatest decline in applications from single people.

This variable practice and decline in applications from single homeless people is certainly present in the study area. In 02/03 NE Derbyshire and Bolsover only recorded a handful of applications from non-priority groups, whereas Chesterfield and Bassetlaw recorded 231 and 171 approaches respectively. By 06/07 this had declined and all authorities showed similar low levels of non-priority applications. The decline in non-priority applicants was particularly dramatic in Bassetlaw, down from 171 to 7 in five years. Some of this may be due to a drop in need, or to more effective prevention. However, that alone cannot explain such a dramatic decline and it must, at least in part, be due to a change in the way single homelessness is managed and recorded within the authority.

### **Implications for people with complex needs**

A number of points relevant to potentially homeless people with complex needs arise from this move away from the statutory homeless process:

- As we point out elsewhere, people with complex needs do not often successfully access local authority homeless services. For instance, evidence from the CHAIN database, which logs rough sleepers in London, shows only a tiny fraction housed under Homelessness provisions despite obvious homelessness and, in most cases, vulnerability. The reasons why people with complex needs struggle with the statutory process are complex, but the current trend towards the use of the housing options approach, as an alternative to making an application will exacerbate this. Raising the threshold for applications will affect people with complex needs who may already be reluctant or sceptical about applying or who, through being more 'chaotic' in their behaviour, struggle to 'stick with' the application process.
- Authorities should treat people as priority homeless if they are vulnerable. There are a number of reasons for vulnerability and these can include mental health problems, drug and alcohol use and, since 2002, chronic offending. In the study area, very few people have made successful applications based on these reasons, apart from on the grounds of mental health. Even mental health, however, has been subject to a more restricted approach and successful applications represent just a small handful of cases each year in each authority.
- Most people with complex needs will be without children and so will be classed as non-priority, even though questions can be raised about vulnerability in most cases.

- Even if they get that far, factors considered part of their chaotic lifestyle often mean an intentionality decision would be the likely outcome of any application.

North East Derbyshire provided the best data relating to the impact of this change in statutory homeless provision in the study area.

**Table 5. Homeless Applications from People with Complex Needs in N.E. Derbyshire**

Year	Total applications from people with complex needs	Applications from people with mental health issues	Applications from people with drug and/or alcohol issues	Applicant rehoused or rehousing agreed
03/04	46	27	32	16
04/05	40	20	20	18
05/06	18	10	8	5
06/07	19	16	2	8

\*Note some applicants are in both the mental health and drugs/alcohol category.

The above table shows applications more than halving between 2003 and 2007. The decline in applications from people with mental health issues was less pronounced, while people with a recorded drug and alcohol issue has dropped from 32 to 2 during the four years in question. This is not to single North East Derbyshire out for criticism as their data shows that, in some cases, they made strenuous efforts to house people with complex needs by providing a further tenancy in response to a repeat application, when some authorities may have produced an intentionality decision.

Of course, it may be that more people with complex needs are being helped through 'housing options', however, the lack of record keeping means that positive outcomes cannot be demonstrated.

#### **Homelessness strategies and reviews**

Whilst the decline in homeless applications has clearly affected people with complex needs it is, perhaps, a little ironic that their needs were flagged up in the Homelessness Act reviews and strategies produced by authorities in 2003 (Bassetlaw produced a new Homeless strategy in 2006).

Examples include:

### **Bolsover**

- Identified people with both co-occurring mental health and drug/alcohol issues as the highest level of priority for action
- Prioritised mental health for partnership working

### **Chesterfield**

- Provide direct access for single homeless people
- Increase supported housing
- Improve links with drug treatment and mental health services
- Several initiatives to improve provision and services for ex offenders

### **North East Derbyshire**

- Expresses concern about the amount of time spent on complex cases
- Expansion of floating support
- Improve and promote partnership working
- Explore the provision of short term emergency accommodation
- Promote the need for floating support for people with mental health problems

### **Bassetlaw (2006)**

- Specifies the link between homelessness and drug use, and plans to increase provision in partnership with DIP
- States, as a priority, the need for people with mental health needs to have equal access to services

It is noted that not all of these priorities have been fully implemented. The most notable of these failures is the emergency provision in Chesterfield, despite efforts by the Local Authority and Supporting People to establish a service.

## **5. Housing related support – Supporting People**

### **Derbyshire**

The main strategic priorities for the Supporting People programme in Chesterfield, Bolsover and North East Derbyshire are laid out in the Derbyshire Supporting People 5-Year Strategy and Business Plan (2005-10). This highlighted a number of service gaps in existing provision including:

- An under-provision of medium/long term supported accommodation in Derbyshire: services for young people, ex-offenders, people who misuse substances and people experiencing mental ill-health

- A lack of short-term 24-hour accommodation, especially for people with complex needs and chaotic lifestyles; and young single homeless people and young offenders
- A lack of affordable housing, affecting the provision of move-on accommodation, resulting in the lack of availability of places in short-term provision

Within the service priorities, the strategy also introduced a new category of people with multiple complex needs ('chaotic lifestyles and complex needs'). Significant service gaps were identified for this group, highlighting the difficulties that existing services face in attempting to meet their needs, mainly through their targeting of single needs client groups.

A Supporting People Crime and Disorder Review, published by the Safer Derbyshire Research and Information Team in May 2006, identified a strong relationship between homelessness, drug use and offending. It also cites three primary needs identified from a Supporting People consultation workshop held in November 2005 for people with chaotic lifestyles:

- An inventory of available services
- Direct access to emergency accommodation
- 'Move-on' accommodation

### **Nottinghamshire**

Bassetlaw is included within the Supporting People Strategy for Nottinghamshire (2005-10) and the associated Investment Plan (2006-11). The strategy highlights a number of key priorities relating to particular service user groups, including:

- **Offenders and those at risk of offending**  
Under provision of services across the county; removing blanket exclusion policies and ensuring that access to all housing services moves towards being risk-based; need for services able to support drug using offenders
- **People with mental health needs**  
Produce a multi-agency plan for support and accommodation priorities across secondary mental health services; develop mechanisms and protocols to create links between statutory health and social care providers and supported housing providers; establish a Provider Partnership Forum
- **Homeless people with support needs**  
Overall lack of services in the south of the county; a lack of quick access

accommodation based services; increased focus on prevention/ tenancy sustainment

- **People with drug or alcohol issues**

A general under provision of services, particularly in the south of the county; ensure services are targeted/ co-ordinated and clear about who they can and can't work with; address the need for quick access accommodation-based services

Client Record Form data for the total number of service users entering SP funded services in Derbyshire and Nottinghamshire (April – December 2007) are presented in the table below. Figures are presented in the identified support needs groups of service users, with issues identified as either a primary (P.) or secondary support need (S.).

**Table 6. Supporting People Client Record Form Data**

Administering Authority	Drug problems	Single homeless with support needs	Rough Sleepers	Offenders or at risk of offending	Mental health problems	Alcohol problems
Derbyshire	<b>103</b> P.33 S.70	<b>306</b> P.227 S.79	<b>17</b> P.5 S.12	<b>76</b> P.39 S.37	<b>205</b> P.136 S.69	<b>93</b> P.29 S.64
Nottinghamshire	<b>212</b> P.91 S.121	<b>428</b> P.275 S.153	<b>48</b> P.8 S.40	<b>115</b> P.56 S.59	<b>518</b> P.382 S.136	<b>175</b> P.69 S.106

While this data may provide some indication of service users' support needs it does have limitations in that it will be affected by the general provision available within a locality, e.g. more supported accommodation available for single homeless people with support needs in an area is likely to produce a higher number of people entering such services. Client Record Form data is also completed in the month in which a person enters a service. It will not, therefore, reflect support needs that only come to attention later in the person's stay.

The Supporting People grant allocations for the next three years are presented in the table below.

**Table 7. Supporting People Grant Allocations 2008 to 2011**

Administering Authority	Indicative grant allocation 2008/09	Indicative grant allocation 2009/10	Indicative grant allocation 2010/11
Derbyshire	17,260,646	17,260,646	17,260,646
Nottinghamshire	24,969,520	23,721,044	22,534,992

While Nottinghamshire is subject to year-on-year reductions, the Derbyshire allocation remains the same. The latter will still amount to a real term reduction when inflation is taken into account.

## **6. Information from DAAT's, Mental Health, Criminal Justice and other**

### **Sources**

Other sources of data were sought to add to the profile of the sub-region, particularly in relation to crosscutting themes. While such information may not always be comprehensive in relation to the current study (given the different priorities of strategy areas and agencies, and gaps that may exist), it can be useful in providing indicators of housing and related support needs.

### **Substance Use**

#### **I. Derbyshire**

Information from the DAAT Business Plan 2007/08 indicates that there are an estimated 2677 problematic heroin/crack cocaine users and 175,000 hazardous or harmful alcohol users in the county. In 2005-06 there were 2033 drug treatment clients. The Plan also identifies a need for more support around housing and a clarification of the housing-related needs of substance users.

Information from North Derbyshire Community Drug Team indicates that of clients entering treatment since 01/01/07<sup>20</sup>, 59 were recorded as having a housing need while 44 were seen as having an urgent housing need.

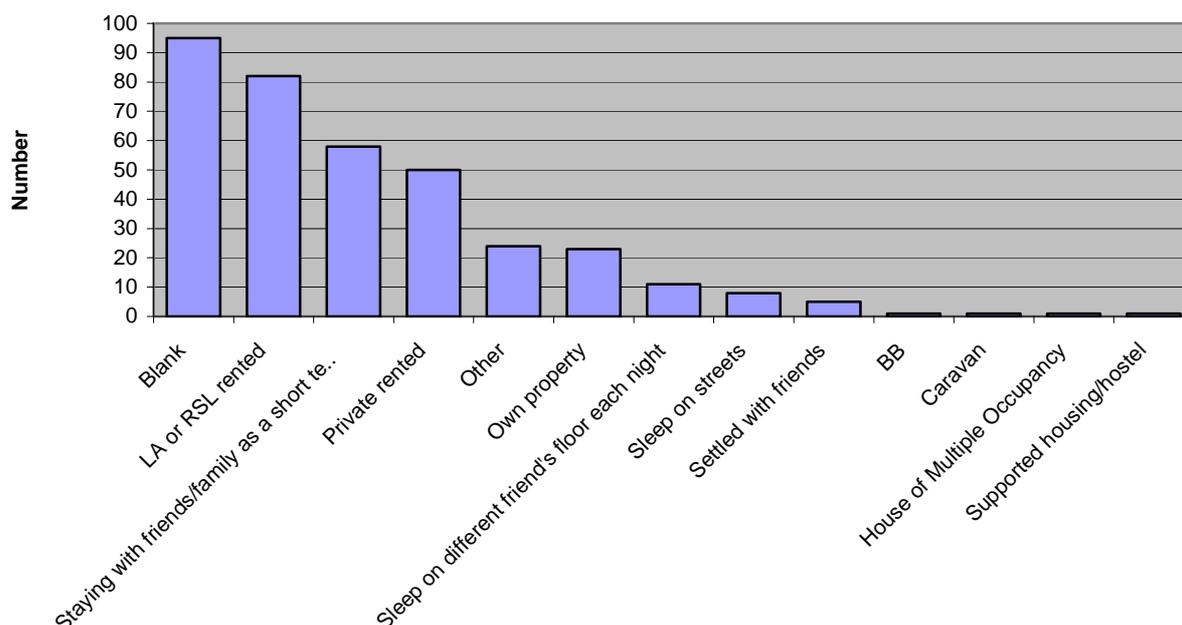
Further information from the Drug Intervention Programme for the first three quarters of 2007/08, shows that while 9.5% of DIP clients across the county were recorded as having a housing need, there were large variations between local authority areas: Chesterfield (7.5%), Bolsover (18.5%), North East Derbyshire (10.5%).

Supplementary data relating to the recorded housing status of 360 DIP clients for 2007 is presented in the following graph:

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<sup>20</sup> Accommodation needs of clients entering treatment was only collected from April 2007, however some clients entering treatment since January 2007 had been added. The data represents a period up until mid-March 2008 and so can be seen as reasonably comparable to one year.

**Table 8. Housing status of DIP clients in 2007**



While social rented tenancies are the predominant recorded housing status, the relatively high number of clients reporting staying with friends/ family as a short-term guest (58) is significant. Although this may be seen as a more stable situation than sleeping on the streets or staying on a different friend's floor each night, it provides no real security of tenure. People here are therefore vulnerable to becoming homeless at short notice. The very low number of clients residing in supported housing/ hostels (1) is also of note and may perhaps indicate insufficient availability or access to such options.

## II. Nottinghamshire

Information from the Needs Assessment for Substance Misuse in Nottinghamshire 2007 and the Nottinghamshire County DAAT Adult Drug Treatment Plan 2007/08, indicate that there are an estimated 3674 problematic drug users using opiates and/ or crack cocaine in Nottinghamshire.

Further points of interest to the current study are:

- The region is close to achieving the aim of 80% of clients retained in treatment for 12 weeks or more
- The DAAT are continuing to develop effective aftercare to address housing, education, employment and welfare rights issues for clients, and have appointed a housing/homelessness social worker specifically for drug and alcohol using clients.

- A countywide dual diagnosis service has been developed and more mental health staff and clinicians are being trained to understand the needs of drug users
- Alcohol and poly-drug use is expanding faster than any other area
- The treatment plan further states a number of strategic aims including:  
The expansion of housing provision following Tier 4 treatment interventions and the continued development of pathways from treatment to aftercare; housing, education and employment

The needs assessment expresses further priorities relating to the housing of substance users. Access to social housing is seen as a continuing issue to be highlighted in partnership meetings.

From the National Drug Treatment Monitoring System (NDTMS) data available within the county, Bassetlaw has the highest level of drug users entering treatment stating that they have an urgent housing problem (6.25%). Bassetlaw also has one of the highest levels (alongside Mansfield and Gedling) for drug users expressing more general housing problems (6.25%).

An expert group reported that they saw large problems with housing across the county including:

- Local authorities were seen to be discriminating
- Need for direct access hostel accommodation
- Particular need for accommodation for single men without children
- Night shelter should be all year-round
- Difficulty for clients getting private housing when guarantor required, as not enough money in the bond scheme.

### **Criminal justice**

The key priorities for reducing re-offending and the resettlement of offenders within the region are specified in the East Midlands Regional Reducing Re-offending Delivery Plan. Housing and support is a key pathway within this. The Plan identifies that 50% of offenders in East Midlands' prisons, and 36% of offenders in the community have accommodation issues relating to their offending.

The main aims within the Plan are to more fully assess the needs, provision and gaps in housing and related support for offenders across the region, and to address existing barriers to housing that they may face. Protocols have been developed (based upon HARP) and a joint letter distributed across the region by Government Office East Midlands and the Regional Offender Manager to local authorities, probation and the prison service, with an invitation to sign.

Although a detailed assessment and analysis of the housing needs of offenders from the four local authorities was not possible for the purposes of this study, some information was available from local prisons within the region. The table below outlines the number of male offenders\* received into HMP Leicester from the four local authority areas between April 2006 and the end of February 2008. The relative numbers assessed as being of No Fixed Abode (NFA) and therefore requiring housing for discharge (from initial housing assessments conducted in custody) are also shown.

**Table 9. Male Offenders received into HMP Leicester from Study Area recorded as No Fixed Abode**

Authority	Bassetlaw*	Bolsover	Chesterfield	NE Derbyshire
April 2006 – March 2007	Total – 09 NFA - 0	Total – 20 NFA - 0	Total – 120 NFA - 15	Total – 11 NFA - 0
April 2007 – February 2008	Total – 09 NFA - 0	Total – 22 NFA - 01	Total – 92 NFA - 13	Total – 20 NFA - 01

Given that many prisoners will be transferred to other institutions during their sentence, it was not possible for the local prisons to provide meaningful data on the housing status of offenders on release.

Supplementary information estimated that around 80% of offenders received into the prison had some kind of housing issue to be dealt with, however, most of these related to maintaining existing accommodation via Housing Benefit claims. Offenders from the relevant authorities tended to be on shorter sentences, giving increased access to such interventions. However, short-sentenced prisoners (less than 12 months) will not be subject to statutory support and supervision on release.

Some information was also obtained in relation to PPO schemes operating in the Derbyshire area. The table below shows the caseloads for PPOs engaging with the PPO services across the four Derbyshire police divisions ('C' Division covers Chesterfield, NE Derbyshire and most of Bolsover) for the month of November 2007.

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\* Difficulties identifying local prisons for female offenders from the area, together with recent changes in data capture systems within the prisons made it impossible to provide comparable data for women

\* Prisoners from Bassetlaw maybe more likely to be received into HMP Nottingham

**Table 10. Derbyshire Prolific and other Priority Offender Caseloads**

<b>Police Division</b>	<b>Current PPO Caseload</b>
A Division	21
B Division	7
C Division	38
DS Division	5

Supplementary information also indicated high levels of drug use (estimated to be between 85-90%) and housing needs among the wider PPO population\*.

### **Mental Health**

Further information was obtained relating to mental health needs and local strategic aims within the Derbyshire area.

The Derbyshire County PCT Strategy 2007-09 outlines a number of priorities identified in the Health of Derbyshire Report. This latter document outlined major health inequalities across the county and put forward a number of action points including:

- Ensuring mental health is a priority within the Local Area Agreement (LAA) and undertaking work to address the determinants of mental health, such as homelessness
- Prioritising the development of psychological therapies in the north of the county

The Derbyshire Mental Health Services Annual Report 2007 identified that it took on average between 11 and 13 weeks from initial GP referral to obtain a mental health assessment.

The Draft Derbyshire Vision and Strategic Direction for Adult Mental Health Services 2007-2017 Consultation Document (consultation closed 17th March

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\* Not all identified PPOs are engaged or retained in the 'premium' support services (including fast-tracking into drug and alcohol treatment, basic skills input, vocational training etc) involved in the scheme. C Division has around 105-110 currently identified PPOs. However a number will still be in custody and some PPOs are not subject to any statutory supervision e.g. those released from sentences of less than 12 months, and therefore engagement with the targeted support is purely voluntary. All PPOs will however be subject to increased scrutiny and monitoring by local schemes.

2008) also includes a number of comments and suggestions relevant to the current study:

- Easier access to mental health practitioners. For too many people, getting a mental health diagnosis is still fraught with difficulty and there are too many obstacles
- There must be a greater investment in people with 'mild to moderate' mental health needs.
- Homeless people need to be included in the Vision and Strategy as a specific group who can experience real difficulties in accessing services.
- Extend the availability of psychological therapies. At present there is an extremely long wait for a wide range of therapies, including those for personality disorder.
- Need to invest in initiatives through Supporting People.
- Need to include mental health services in hostels and increase the capacity of Community Mental Health Teams (CMHTs) for homeless people.
- There is not enough recognition of the need for flexible service pathways and provision of support on discharge from services.
- Far more emphasis needs to be given to housing and personality disorder

A Hospital Discharge Protocol has been drafted for the area, alongside a further protocol covering information, advice sharing and joint working between North East Derbyshire, Bolsover and Chesterfield local authorities, Community Mental Health Teams and recognised professional voluntary providers.

## 4. Current Service Provision

In order to identify unmet need it is first necessary to assess current provision of housing and other relevant services.

### **Chesterfield, Bolsover and North East Derbyshire**

#### **1. Homelessness, Options and Advice Services**

Chesterfield, Bolsover and Bassetlaw all have in-house housing options and homelessness services that provide advice and receive homeless applications. In Bassetlaw this service is due to transfer to A1 Housing. North East Derbyshire has transferred its services to Rykneld Homes.

Chesterfield, North East Derbyshire and Bassetlaw have specialist teams dealing with housing options. Generic staff, operating from each of the area offices, provide Bolsover with this service.

There exists some independent advice provision through the Citizens Advice Bureaux. Action Housing in Chesterfield, and Hope Services and Framework in Worksop also provide advice, although Framework's service does not hold the Community Legal Service quality mark. Chesterfield Law Centre is the only source of specialist housing advice based within the entire study area.

#### **2. Social rented housing**

Most social rented housing is provided by the council in Chesterfield and Bolsover, and by an Arms Length Management Organisation (Rykneld Homes) in North East Derbyshire. A number of generalist housing associations also operate within the study area. Chesterfield has the largest proportion of social rented housing, with levels above the national average. Social housing providers may operate restrictive practices that are more likely to affect people with complex needs.

**Table 11. Derbyshire Council Housing Stock**

<b>Provider</b>	<b>Stock Size (approx)</b>
Bolsover	5,500
Chesterfield	10,400
North East Derbyshire	9,400

### **3. Chesterfield Council and Rykneld Homes Tenancy Support**

Chesterfield Council and Rykneld Homes both have in house tenancy support services. These are important in helping to ensure that vulnerable people can maintain their tenancies. They offer low to medium floating support, referring people with higher needs to Action Housing where possible.

However, both services could work more effectively if there were better connections with general housing management services, particularly around anti social behaviour and, most importantly, rent arrears. This could be achieved by improving the process through which vulnerable tenants, who experience difficulties with their tenancy, have their needs identified at the earliest stage by support staff. Additionally, training on mental health and complex needs should be provided for generic housing staff to raise their awareness and increase the likelihood of effective and appropriate intervention.

Where a tenancy cannot be saved, which will happen in a small number of cases, early referral to housing options staff should occur. We received some indication that this does not always happen.

Improving awareness and access to support services in this way, however, may increase demand. North East Derbyshire has only one support worker whilst Chesterfield has two. North East Derbyshire may need to increase its resources, particularly for the South East area, where there is the greatest need. It is also noted that Bolsover does not have an equivalent support service at all, providing just a generic officer in each area office. The introduction of an in-house support service could pay dividends in reducing tenancy loss, generating options and reducing rent arrears.

### **4. Private Sector Renting**

Private rented accommodation levels are below the national average in the study area and are at their lowest in North East Derbyshire. Local authorities are seeking to increase access to the private rented sector as part of their housing options services and have slashed or are establishing rent deposit schemes.

### **5. Emergency Accommodation in Chesterfield**

Emergency accommodation was identified as a priority in the Chesterfield Homeless Strategy in 2003. A scheme was planned which had support from the Local Authority and funding earmarked from Supporting People. Attempts to establish such provision have been unsuccessful however principally due to lack of capital funding, following an unsuccessful application to the Housing Corporation.

## **6. Supported housing (SP Funded)**

Derbyshire Supporting People Team administers housing-related support services for these authorities. Short-term services (i.e. those providing support towards independent living for up to two years) are commissioned at a countywide basis, meaning that potential service users from anywhere within the county may be referred to the services.

Services commissioned within the three authorities that have specific relevance to people with complex needs are shown in table below. The key services for complex needs are generally regarded as being Action Housing's floating support services and Stonham Housing Association (Harris House, Troughbrook House and move-on project) and supplementary information on these services is listed below. Given the complexity of issues faced by its service users, additional information is also provided on Rethink's floating support service.

In 2005, funding was identified and agreed by the commissioning body to provide an additional 110 units of support to young people and people with complex needs across the county. This funding is non-recurrent and is due to end in March 2008. Reviews of existing services for young people and people with complex needs, gaps in services and commissioning/ re-commissioning arrangements are underway, and the potential outcomes are due to be reported in the near future.

**Table 12. Supported Housing in Derbyshire**

Name of Provider	Service Number	Service Name	Client Group	Units	Area	Service Type
Action Housing and Support Ltd	839	Chesterfield Substance Misuse	People with Drug or Alcohol Problems	36 (inc 10 temp additional units)	Chesterfield and N E Derbyshire	Floating
Action Housing and Support Ltd	840	Chesterfield Ex-Offenders Scheme	Ex Offenders or People at Risk of Offending	24 (inc 10 additional units)	Chesterfield, N E Derbyshire and Bolsover	Floating
Advance Housing and Support	1151	Byron Court	People with Mental Ill Health	9	Bolsover	Accommodation
Carr-Gomm Society	112	3-5 Gladstone Road	People with Mental Ill Health	5	Chesterfield	Accommodation
Carr-Gomm Society	114	1a Gladstone Road	People with Mental Ill Health	1	Chesterfield	Accommodation
Carr-Gomm Society	113	1 Gladstone Road	People with Mental Ill Health	6	Chesterfield	Accommodation
North Derbyshire Women's Aid	420	Chesterfield Refuge	Women at Risk of Domestic Violence	6	Chesterfield	Accommodation
North Derbyshire Women's Aid	763	Floating Support	Women at Risk of Domestic Violence	10	Chesterfield, N E Derbyshire and Bolsover	Floating
North Derbyshire Women's Aid	647	North East Derbyshire Refuge	Women at Risk of Domestic Violence	7	N E Derbyshire	Accommodation
Rethink	1150	Mental Health Sustainable Living Service	People with Mental Ill Health	69	Chesterfield, N E Derbyshire, Bolsover and Derbyshire Dales	Floating
Stonham H A	711	Chesterfield Mental Health	People with Mental Ill Health	5	Chesterfield	Accommodation
Stonham H A	775	Chesterfield Mental Health	People with Mental Ill Health	2	Chesterfield	Accommodation
Stonham H A	534	Chesterfield – Troughbrook	Single Homeless with Support Needs	7	Chesterfield	Accommodation
Stonham H A	532	Chesterfield - Harris House	Single Homeless with Support Needs	7	Chesterfield	Accommodation
Stonham H A	529	Chesterfield Move-on Accommodation	Single Homeless with Support Needs	3	Chesterfield	Accommodation

### **Action Housing and Support Limited**

Action operate two floating support services within the local authority areas. While these are separated into a service for people with drug and alcohol problems and one for offenders or people at risk of offending, there is an acknowledgement of the frequent overlap between these support issues and some flexibility around numbers within each. Likewise, in terms of locality, strict quotas are not enforced in each of the different areas and the service operates on the basis of where the demand is.

Sixty service users can be supported by Action, across all tenure, making this a key service within the area. This figure includes 20 extra units (10 in each service) made available by interim, non-recurrent additional funding in 2006. This funding is due to end in March 2008. As at January 2008, the tenure of service users was: 46 in local authority (including ALMO) tenancies; 2 in other RSL tenancies; 11 in private rented tenancies; and 3 owner-occupiers.

The service generally focuses on people that tend to fall between other services due to the extent or complexity of their needs e.g. substance users who also have underlying mental health problems. Since commencement in 2002 (taking into account the expansion in 2006) the service has received 580 referrals and worked with 240 individuals (including 61 currently being supported). Few referrals are ever turned down (around 5 since the service commenced), with the majority of these due to the inappropriateness of the support service to client needs.

Historically, referrals tended to come from Local Authority homelessness teams; however, these now more often come from other agencies. The main referrers are: the Probation Service (200); Community Drug and Alcohol Teams (160); Community Mental Health Teams (50); and prisons (30). Local Authority Housing departments have referred approximately: Chesterfield 30, Bolsover 20 and North East Derbyshire 15.

Referrals are prioritised in terms of higher levels of risk and need, while maintaining a balance within support workers' caseloads. The service has a constant waiting list of around 25 individuals and some people could be waiting for up to one year to access the support. Of these around 60% are in tenancies with the remainder being homeless or in hospital/ prisons awaiting discharge. Around 30 service users come off the scheme each year to be replaced by new ones. The vast majority of these exits are positive with 85%, 92% and 94% maintaining independent living in the last three financial years respectively.

Action can support individuals for up to two years (with a degree of flexibility

beyond this in certain circumstances). Given the complex needs service users present, longer-term services are often arranged for individuals on exit, with the ability for service users to be re-referred to Action if emergencies or crises develop.

### **Stonham Housing Association (Home Group)**

Stonham provides five housing-related support services within the local authority areas:

- **Harris House**

This is a seven bed hostel located in Chesterfield for male or female offenders and those at risk of offending, and provides one of the few accommodation-based services for people with complex needs. In the absence of any direct access services within the area the project becomes a key service to refer to for service users without current accommodation. The hostel is constantly full and maintains an average waiting list of around 5-10 people.

Harris House has 24 hour staffing and works with a broad range and level of support needs. While offenders are the primary service user group approximately 70% of service users will also have needs around drug and alcohol use, 70% with mental health needs (mainly undiagnosed) and 15% with learning disabilities.

Length of stay at the project is variable and can be affected by the lack of available move-on in the area. Referrals are mainly received from Probation and increasingly the prison service (as a direct result of networking across the prisons within the region), with further referrals coming in from the local Drug Intervention Programme. The service has a flexible criterion around local connection and can accommodate service users from across the county.

Potential future developments include obtaining capital funding to redevelop the project into a ten-bed hostel.

- **Troughbrook House**

This is also based in Chesterfield and provides for offenders and those at risk of offending. The project consists of 7 bedsits, with staff support available between Monday to Friday (9am to 5pm). Outside of these times, service users can contact Harris House if they require assistance.

The service provides a greater degree of independence than the hostel and can be used as a move-on option from Harris House or for direct referrals in

cases where this service model would best meet people's needs. For referrals without a high degree of information, or where support needs are particularly high or complex, it is preferred for service users to initially go through Harris House.

Referrals and waiting lists are as for Harris House.

- **Move-on Project**

This comprises of four units of move-on accommodation in Chesterfield from the above services. Two of these units are self-contained flats with the further two provided in a shared, three-bedroom house.

- **Mental Health Services (2 services)**

Stonham workers also provide housing-related support to two services for people with severe and enduring mental health problems.

The first is a five-bedroom shared house with NHS staff providing 24-hour support. NHS staff determine referrals, allocations and move-on from the property.

Housing-related support is also provided to two long-term units (community care flats) where clients tend to stay for life.

## **Rethink**

Rethink operates the Derbyshire Sustainable Living Scheme, providing floating tenancy support to people with mental health needs across Chesterfield, Bolsover, and NE Derbyshire. This scheme covers a very broad range of needs and can support up to 69 people across all tenures.

The service conducts person centred assessments comprising of ten sections that form the basis of a recovery contract for service users, with achievable support goals that are reviewed every three months until the goals have been met. Supporting People funding is flexible and service users are supported on either a short term or long term basis, depending upon their needs and recovery progress. Turnover is generally low with few service users requiring only short-term input.

Referrals are received from both voluntary and statutory agencies, including mental health services (particularly the Crisis Teams), local authority housing and tenancy support teams (Chesterfield 40, Bolsover 5, North East Derbyshire 33) and other voluntary sector housing and support services. Few referrals are refused, and those that are tend to be where high care needs are present and

these should be met by other services.

People referred through housing teams aren't generally connected to statutory services and it can become quite difficult to refer or connect people to these services. In these circumstances people are encouraged to go to their GPs and request a referral to the CMHT, but this often takes a very long time and the GP may not feel that such a referral is worthwhile. Secondary mental health services are generally seen as over-stretched and getting an assessment is time consuming and problematic.

The service will work with people with multiple needs e.g. dual diagnosis, as long as a primary mental health need is present. Where other support needs, such as substance use, are primary the service will refer on to Action Housing and vice versa.

Support is also provided to a mental health supported housing scheme in Chesterfield (Albert Road). This scheme provides support on a 9am-5pm basis, including weekends. Sleep-in staff can be provided, however, it is not currently considered to be necessary. The scheme provides good quality accommodation and support. It is intended that service users will eventually move-on, however, private tenancies will vary in terms of the standard of housing available and few service users want to move from the scheme.

#### **7. Other support services for homeless people with complex needs:**

Other services have developed in Chesterfield for homeless people and vulnerable people, and are mainly provided by Church groups. The main provision is the Pathways day centre. The services offered are growing and include meals, laundry, advice, information, activities, support, and help seeking accommodation. There are also two soup kitchens and the Mission Bus, all offering free food, some clothing, bedding and toiletries, as well as informal support, all of which are run by churches. In 2006, the Salvation Army set up an emergency winter shelter. However, despite being popular it did not continue due to the illness of the principal person involved in running it.

### **Bassetlaw**

#### **1. Emergency Accommodation**

Hope Services, provide a 13-bed emergency accommodation unit in Worksop, available to non-priority homeless people. The accommodation opened in 2006 following identification of need from, among others, the Homeless Watch survey and the Supporting People Investment Plan 2006 – 2011. The Hope day services project recently moved to the property next door to enable more integrated services. The

project can be described as a modern night shelter. It is a low threshold service and people can only access accommodation on a night-by-night basis. If there is demand in excess of bed spaces, staff will make a decision about occupation based upon need. Occupancy generally is considered to be about 95%, though there are occasions when demand does exceed supply. About 80 – 90% of occupants are male.

Generally, having this type of low threshold accommodation service in a town the size of Worksop is unusual and it demonstrates a good degree of commitment by agencies in North Nottinghamshire to reducing street homelessness. The service, however, does not permit drug use. This will lead to injection off site and can result in people being excluded.

## **2. Supporting People Partnership**

Nottinghamshire Supporting People commissions short-term services for Bassetlaw. Services commissioned are either specifically for Bassetlaw, for Bassetlaw as a part of a group of authorities, or as part of a county wide initiative. Supporting People has developed good links and joined up working through the Supporting People Partnership. This brings together the County Council, District Councils, Primary Care Trusts and the Probation Service to direct housing related support services in the County.

The Partnership plans, monitors performance, reviews and funds providers of the county's housing-related support services. This currently includes services for around 17,500 people in:

- Hostels
- Women's refuges
- Supported living schemes
- Sheltered accommodation
- Floating support services.

In addition, supporting people has developed some innovative projects that can potentially have great benefits. This includes the development of service user initiatives and the Prison Link project, which tracks offenders and their housing needs at whichever Prison they are at.

Additionally the DAAT in Nottinghamshire has been proactive in developing housing services. There is also an active Homeless Forum, called the Homeless Umbrella Group, which greatly helps to assess gaps in need, plan and implement services.

### 3. Supported Housing

Supported housing provision for Bassetlaw, as set out in the Supporting People services directory, is illustrated in the table below.

**Table 13. Supported Housing in Nottinghamshire**

Need	Provider	Type	Location	No of Units	Area served	Restrictions
Mental health	Turning Point	Accom	Worksop		Bassetlaw	Case by case
	Rethink	Accom	Mansfield		North+central county	C by C
	Framework (Household_	Float	Worksop		Bassetlaw	C by C
	NCHA	Float	Nottm		Ashfield, Bassetlaw, Mansfield	C by C
Alcohol	Stonham	Float	Ches/fld		North County	C by C
Drugs	Stonham	Float	Ches/fld		North County	C by C
	Nacro	Accom	Ollerton		Bassetlaw	C by C
	Phone-a-bed*	Accom	Worksop		Bassetlaw	Couples
Offenders	Nacro*	Accom	Ollerton	12	Bassetlaw	C by C
	Nacro*	Float	Ollerton	10	Bassetlaw	C by C
Single Homeless	Framework	Accom	Worksop		Bassetlaw Mansfield	C by C
	Framework	Float	Worksop		Bassetlaw	C by C
	New Roots	Accom	Retford	4 hse's, 31 move - on	Bassetlaw	Drugs, 25+
	NCHA	Accom	Retford		Bassetlaw	25+, Couples

\*Also appear in the single homeless category.

However, the above table is somewhat misleading. Firstly, it does not include all services and secondly, it places services in single needs categories e.g. single homeless offender, people with drug problems etc. In reality people working with homeless people with complex needs, out of necessity, work across all categories, even though this may not fit exactly with their Supporting People contract. Within this, there are three agencies we identified as working most extensively with people with complex needs in Bassetlaw. These are Hope Services, Framework Housing Association and Nacro Community Enterprises. New Roots in Retford could also

come into this category, but we have excluded them from extensive study as they only work with young people.

### **Framework**

Framework is a specialist provider of services to homeless people in Nottinghamshire. They have the most extensive range of services for people with complex needs in Bassetlaw, most of which are based in and around Worksop.

#### **1. Potter Street**

Potter Street is described as a direct access hostel, where people stay for a maximum of twelve weeks. In reality, turn over is slow and there are few vacancies. Consequently, the project has a waiting list that is deliberately kept to about ten people, five men and five women. Accommodation is in furnished rooms, some with shared facilities. The project will take people with complex needs and about 80 per cent of residents have drug and/ or alcohol problems. Potter Street works to a harm minimisation model and controlled consumption of substances on site is permitted. Working within the law, this is described as a “drug managed” approach.

#### **2. Dennis Street**

Attached to Potter Street is Dennis Street, which are six flats for drug users looking to reduce their drug use. Again, the ‘drug managed’ approach is operated, permitting consumption on site. Drug testing is also used as a means to control and reduce drug use. On entry residents take four drug tests per month, one of which must be ‘clean’. The idea is that to assist with the move from chaotic to stabilised drug use, and eventually abstinence, the number of clean drug tests required per month is increased. This has worked well in achieving stabilisation but is less successful in moving people on toward abstinence.

It has recently been announced that Potter Street is set to benefit from the latest round of the government’s Places of Change funding programme. This programme is designed to improve the quality of hostels and increase the ability of residents to move on through engagement, work and training opportunities. In the case of Potter Street, funding will be used to refurbish the hostel, including the provision of areas for engagement activities such as a new gym and a music studio. The scheme will also provide accredited training courses linked to the Learning Power Award. This is a certificate in self-development through learning for homeless and vulnerable people.

#### **3. Framework Floating Support**

Framework has two floating support services based in Worksop but operating across the district:

- Household provides housing and related support for clients experiencing mental health difficulties, enabling them to maintain their tenancies and live more independently.
- Bassetlaw Tenancy Support Team works with all types of household and accepts referrals for a broad range of vulnerable people. A typical referred client will have a number of different issues.

#### **4. Gateford Chambers**

Gateford Chambers provides a model of provision that is not commonly operated by supported housing providers and, as such, enables a broader range of needs to be met.

It consists of 15 self-contained flats, located on one site but otherwise in line with standard social housing. There is an office on site for support and management that is available during normal office hours. Crucially, residents have an out of hours source of help available via telephone to assist with practical and emotional issues that may arise.

Combining the provision of standard flats with 24-hour support enables clients with additional support needs, but who might not be suited to a hostel or shared setting, or who are ready to move on from the hostel (but whose needs are too high for floating support) to be housed. It provides accommodation for people who would not normally be considered “housing ready” as they may ordinarily be considered “too risky” to be housed. Working with such a client group does present some difficulties, as most will have ongoing drug/ alcohol and/ or mental health issues. A great deal of staff time is spent ensuring that people do not develop rent arrears. Time and effort is given to deterring drug dealing and “cuckooing” (tenancies being taken over). The scheme is located above shops and, unsurprisingly, there was some initial resistance to the development. However, since the scheme has become established complaints are infrequent and some of the shopkeepers actually welcome the presence of the residents and Framework as a stabilising influence. The scheme does not receive Supporting People funding.

#### **5. Nacro**

Nacro also works with people with complex needs in Bassetlaw - mainly in and around Worksop. They have four houses and ten units of floating support. The projects are now drug managed, with drug testing in operation. All but one of the houses was originally established as ‘abstinent’ provision. However, this proved unworkable and the project switched to the drug managed model in order to meet need.

Demand outstrips supply, although Framework manages the waiting list on behalf of both organisations

#### **4. Accommodation for floating support**

Both Framework and Nacro support people mainly in social tenancies with a minority in private rented accommodation. There are good relationships with A1 Housing and they are jointly in negotiation to obtain a quota of 30 units per year of social housing for their clients. This is timely as the supply of private rented housing is decreasing.

#### **5. Other services for people with complex needs in Bassetlaw:**

##### **Hope day services**

This is now adjacent to the Hope emergency accommodation with a connecting kitchen for use by both services. Clients can drop in and access a number of services relating to substance use, health, education (with a new computer suite), employment and benefits, as well as meals and washing and laundry facilities.

Figures for the final quarter of 2007 show that: 608 meals were served, twenty people accessed training, seventy-two people accessed help with substance use and 88 with general health.

Hope operates an independent housing advice service, and both day and advice services also operate from their office in Harworth.

##### **Framework day services – substance users**

Framework runs substance misuse services from its project on Watson Road in Worksop, which also acts as a base for floating support. Watson Road offers a range of help for former and current substance misusers including a needle exchange, advice, counselling, and engagement and involvement opportunities. Surgeries are also held at Carlton, Retford and Harworth.

##### **Alcohol services**

Alcohol services are available via the hospital in Worksop and the Community Alcohol Team, however, unlike services for substance users, this is not a one-stop approach.

##### **Dual diagnosis**

The Primary Care Trust and the DAAT jointly fund a dual diagnosis nurse to work with homeless people in Bassetlaw. The nurse works mainly with Hope clients and some people who are excluded from Hope, usually temporarily, and likely to be excluded from all services.

**Centre Place**

Centre Place provides advice and help for homeless people up to 25 years of age.

## 5. Findings from Stakeholder Consultations, Desktop Research and Data Gathering

### Chesterfield, Bolsover and North East Derbyshire

#### 1. Rough Sleeping/Street Homelessness

Table 14. People Using Pathways Day Centre

<b><u>Total service users (number)</u></b>	<b>125</b>
Male	76%
Female	24%
<b><u>Age Range</u></b>	
18 – 25	40%
26 – 35	30%
36 – 45	20%
46 and over	10%
<b><u>Origin</u></b>	
England	94%
Ireland	1%
Scotland	3%
Germany	1%
Pakistan	1%
<b><u>Housing Status</u></b>	
Rough Sleeping	50%
'Sofa Surfing'	18%
Bed and breakfast	12%
Tenancy	14%
Hostel/Emergency	2%
<b><u>Primary cause of homelessness</u></b>	
Family dispute	24%
Relationship breakdown	19%
Unsuitable accommodation	8%
Release from prison	18%
Eviction from last home	16%
Discharged from hospital	1%
Other	14%
<b><u>Percentage who have been in the armed forces</u></b>	10%
<b><u>Percentage who have been in care</u></b>	27%
<b><u>On benefits</u></b>	89%

Table 14 above provides information on people using the Pathways Day Centre in Chesterfield during the autumn of 2007. Unfortunately there are some gaps in the data such as the support needs of clients, services they are engaged with, status of homeless application etc. Although we obtained further information from the in depth interviews we conducted (fifteen in all) we were not able to gather further statistical information from Pathways. The main reason for this was that during the study period Pathways moved premises and so were not able to give sufficient priority to gathering further data for us. Even so, the data provided reveals some interesting points relevant to our study.

The service user profile is relatively young and has a reasonably high proportion of women when compared to day centres generally in England. Almost all Pathways clients are white. The centre told us (in December 2007) that they had no contact with Eastern European migrants. This was a little surprising as we observed migrant workers in the town and it is the case that homeless agencies nationally are reporting increasing numbers of European migrants accessing their services.

The two highest causes of homelessness - family dispute and relationship breakdown - are in line with the figures on the causes of homelessness presented to Local Authorities. But the third highest cause - release from prison - is high, and shows there is still much work to do in this area.

A third of clients have children, although most will not be living with them. Separation from children can contribute to the trauma that in turn contributes to homelessness (see Chapter 6 for more detail). We tend to think of day centre users as 'single homeless', but these figures illustrate that things aren't so straightforward.

### **Rough sleeping in Chesterfield**

Half of all day centre users said they had slept rough. This figure may 'raise an eye brow', and it requires some explanation. It is not the case that all of these clients slept rough at the same time. However, they all slept rough at some time, or at times during the autumn period. Our interviews illustrate how rough sleeping is a principally intermittent but persistent problem.

Although Chesterfield has no formal emergency homeless provision (apart from a small four bed project called Safe Haven run by Trinity Church), which is unusual for a town of its size, we took steps to gather further information about rough sleeping in the town:

- 1) We contacted the Police who reported encountering rough sleepers but could not quantify the issue.
- 2) The Local Authority provides bed and breakfast accommodation during severe cold weather (three consecutive nights below freezing). This is always used and numbers vary between three and six.
- 3) There are two soup kitchens and one soup bus run by churches in Chesterfield. We conducted a survey of people using one of the kitchens run by the Zion Church. Only one person reported sleeping rough. Most people using the service were homeless but in temporary accommodation.
- 4) Our interviews with stakeholders and services users at Pathways provided further insight into rough sleeping in Chesterfield.

From this it can be concluded that there are two types of rough sleeping in Chesterfield:

1. There is a small group of mainly older long-term rough sleepers in Chesterfield, although they do, perhaps, also spend time in other towns and cities. They consider that mainstream housing solutions will not meet their needs.
2. Rough sleeping also occurs with regularity among other homeless people using the day centre. This can be described as intermittent, interspersed with time spent in other locations; chiefly 'sofa surfing'. Younger people in particular experience this intermittent problem.

From the combined effects of both types of rough sleeping, we estimate that there are at least five people sleeping rough on a typical night in Chesterfield. It is possible that there could be more than ten (which would be sufficient to trigger a rough sleeper count by the local authority) as rough sleeping among drug users can be very well hidden and such people may not be engaged with services. It is more likely, however, that most people in this group are 'dossing with mates', something that is not without problems as we illustrate elsewhere in the report.

This estimated figure of between five and ten rough sleepers is not considered to be 'significant' by the CLG, and they would not expect the Local Authority to conduct a count. It is, however, significant for the people sleeping rough and given that there is another group of people in situations barely one-step up from rough sleeping, such as sleeping in a cellar or a tent (see Chapter 6), the case for increasing emergency provision is, therefore, overwhelming.

## **2. Substance use**

Information relating to substance users reinforces the view that they can experience increased difficulty in accessing housing and are at a greater risk of losing accommodation (particularly when housed without support) due to arrears,

abandonment, anti-social behaviour, offending etc. Stakeholder information also suggests, in line with national indicators, that misuse of substances was often not just related to a single substance and that many problematic users were poly-drug users that also engaged in problematic alcohol use.

For drug treatment services within the locality, housing was seen as a major problem for service users. This not only presented difficulties in terms of the relative instability that homelessness and insecure housing can have for individuals, but could also impact on the person's engagement and progress with drug treatment. It also presented a barrier to other 'wraparound' interventions for drug users such as education, training and employment and was seen as contributing to deteriorations in service users' health and increasing the risk of offending.

In recognition of this, drug treatment services are recording the housing status and needs of drug users entering treatment. Such data can be used to identify the scale of housing need among drug users and assist in strategic planning for housing and related support services. There was, however, an acknowledgement that there are likely to be a number of drug users across the region that are not in contact with structured treatment services but may have substantial housing and support needs. Such 'hidden' groups can be very hard to assess and engage, and it is suggested that this can be a particular problem in rural areas without relatively easy access/ contact points to services.

Drug treatment workers were often required to assist service users with housing difficulties by signposting to housing advice services, obtaining lists of private landlords, referring to supported accommodation and even supporting homelessness applications to the local authorities. Such work was, however, resource intensive and could detract from primary treatment interventions.

Comparable information for primary alcohol users was unfortunately unavailable. Contact with alcohol treatment services identified that housing status and housing need for people entering or engaged in treatment was not routinely and consistently recorded. While treatment workers would assist and refer service users to housing and support options, the focus of the services was towards meeting the person's alcohol-related treatment needs.

In terms of available housing options for substance users, a number of potential barriers were identified:

- **Homelessness applications to local authorities**

- Given the absence of any direct access accommodation with the area, this

option provides, perhaps, the only route into emergency accommodation at times of crisis.

Stakeholders expressed the view that there appears to be a restrictive interpretation of homelessness legislation and drug users are often not seen as 'in priority need' for housing. This can also permeate down through the drug using population as a reluctant acceptance that it is unlikely to achieve anything, reducing the likelihood of them even trying this route. This could also increase the size of the 'hidden' populations, and agencies often referred to the notion of service users 'sofa surfing' among friends, family etc. Even where substance users had underlying health difficulties such as Hepatitis C or deep vein thrombosis, this was often not seen as sufficient to demonstrate 'vulnerability'. An anecdotal example was given of an amputee who presented considerable risk, only being accommodated following concerted pressure from other agencies.

Although some service users may be deemed to be in priority need, many would be found to be intentionally homeless as a result of previous difficulties in accommodation. There was also an indication that 'local connection' considerations were operated prior to the assessment of an applicant's homelessness and priority need status.

Substance users did not frequently engage with housing advice services within the area to assist with such problems. It was suggested that variable knowledge of such services across agencies and service users might be responsible for this, together with the perceived accessibility of such services for particularly vulnerable groups. Even where substance users were able to receive accommodation via this route, the shortage and variety of interim accommodation meant that some drug users were placed outside of the region, in Sheffield or Nottingham, and then did not return to the area. While a move out of the area may be a positive situation for a substance user, little is known as to whether this would have been the case in the situations mentioned, or whether people just 'disappeared' to services.

- **Access to general needs housing**

While there is an acknowledged general shortage of supply across the study area, information from stakeholders suggests substance users face particular difficulties accessing general needs housing. This can have an effect in both access to rehousing in general and in move-on from temporary or supported accommodation (although we were informed of the development of a Derbyshire 'move-on' protocol currently being drafted). Services reported that issues such as previous rent arrears, anti-social behaviour and offending

(particularly drug-related offending) could be further barriers to accessing social rented housing.

Information from Action Housing would indicate that the majority of their service users were able to access social housing, however the current trend was for increasing numbers of service users in privately rented tenancies. This may be due to a general shortage in the area and an increasing need to maximise housing options from within the private rented sector. However, it may also indicate an increasing reluctance or restrictions of social housing providers to re-house these service users, and/ or increased difficulties in accessing social housing via the homelessness route.

The relatively low number of service users in RSL tenancies may again be an indicator of supply availability issues. However this may also point to restrictive rehousing policies for applicants with substance use issues, or difficulties in identifying substance use support needs by the RSLs (therefore prompting referral to Action) among their tenants.

Although the private rented sector was certainly providing some options for substance users, concerns were expressed about the quality and location of available property. In some localities tenancies tended to be at the 'bottom end' of the housing market, in areas of high crime and deprivation. This was often seen as undermining support inputs.

Privately rented tenants are also often required to 'top-up' housing benefit payments in order to meet the rent and this can cause particular financial difficulties for substance users. This is a particularly acute issue for those under 25 who will be subject to single room rent restrictions. Agencies also expressed some concerns of the potential impact of the Local Housing Allowance<sup>21</sup>, in perhaps deterring potential landlords from renting to substance users and other vulnerable groups.

- **Supported housing**

Action Housing provides the key supported housing option for substance users in the area. The floating support model (and Action's own inclusive approach) allows substance users with different patterns and levels of substance use to be supported i.e. active users and those seeking to

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<sup>21</sup> The Local Housing Allowance (LHA) is a new way of assessing Housing Benefit claims from 7 April 2008. It will affect new private tenant claims; private tenant claims that have a break in entitlement of a week or more; and people currently claiming Housing Benefit who move to a new private tenancy. In most cases payment will be made to the tenant, directly into a bank account and it will be the tenant's responsibility to pay the rent to the landlord

stabilise, reduce or stop. It also assists in preventing a person's substance use impacting on other service users, which can be a particular challenge for hostels.

Demand, exit outcomes and feedback from other agencies for the service demonstrate a high degree of need and effectiveness in supporting service users with complex needs and high degrees of risk. However, demand continually outstrips supply, requiring some service users to wait a substantial period before they can access the support.

The service also relies on potential service users being able to access housing in order to receive the support. While Action have endeavoured to provide some assistance with this, existing caseloads mean that pre-tenancy work can be very limited if at all in some circumstances. Service users can therefore be adversely affected by the difficulties in finding suitable general needs housing identified in the previous section.

The Stonham offender projects do provide a further option, given the high levels of reported substance use among residents and the frequent relationship between substance use and offending histories. Harris House has also reviewed its approach to drug use among residents. The current approach takes a graded warning system for drug use as opposed to eviction, enabling access and continuation of support to even problematic users who may experience lapse and relapse.

However this service also suffers from an excess of demand over supply and vacancies are infrequent. Accommodation-based services of this kind are also more acutely affected by the lack of move-on accommodation within the locality.

- **Multi-agency working**

Multi-agency working, collaboration and information sharing was generally seen as positive by a number of stakeholders. Formalised protocols were rare outside of the more targeted criminal justice programmes e.g. PPOs, and information sharing across different agencies was described more on an ad hoc or 'need to know' basis. Difficulties were expressed, particularly relating to the ability of services working with substance users in obtaining positive outcomes for their clients from local authority housing and homelessness services.

Recent developments with the new premises for drug treatment services in Chesterfield will allow for the housing of the Community Alcohol Team and

some probation service workers within the same building. This was seen as a positive move in allowing closer joint working and collaboration, and increasing the opportunities of a range of inputs for substance users within the one location.

While available data relating to the housing needs of substance users may not always be complete (particularly given the absence of this data within alcohol treatment services) it was very difficult to obtain information relating to how identified or assessed housing needs for substance users were routinely impacting upon different strategy areas e.g. homelessness or Supporting People strategies. While specific reviews and consultations would normally include stakeholders working with substance users, and SP the Client Record Form is made available to the local DAAT, we were unable to identify the exact formal mechanisms where recorded housing need for substance users could have an impact on a regular basis.

### **3. Offenders and those at risk of offending**

Many of the issues facing substance users were replicated for offenders and those at risk of offending. While there has been an increased focus in tackling the housing and related support needs of offenders nationally, people with offending backgrounds often find themselves perceived as an 'unpopular' group and unable to access or retain accommodation.

Obtaining housing and related support was identified as a fundamental difficulty for offenders from the locality by a range of services i.e. Probation Service, PPO Scheme, prisons, supported housing projects. Housing was seen as a key stabilising factor for offenders in reducing re-offending and giving greater access to other supportive interventions e.g. education, training and employment, treatment for substance misuse.

The housing status of offenders was routinely recorded by agencies working with offenders and targets exist to indicate the success of obtaining/ maintaining suitable accommodation in both Probation and the prison services. However, such data is not always accessible in its entirety and it was not possible, within the timescale of this study, to access a complete picture of housing needs among offenders from Probation OASys data or the prisons.

In recognition of the importance of housing and related support to offenders, lead persons were identified in both Probation and prisons (resettlement leads) within the locality. Workers in Probation would assist offenders with housing difficulties in terms of advice, advocacy and referral, and dedicated housing advisers were identified in the local prisons. All of the services contacted reported difficulties

and some frustrations in obtaining suitable housing for offenders.

- **Homelessness applications to local authorities**

Stakeholders expressed that this was not a generally successful option for offenders, even those with multiple and complex needs. This was particularly apparent for offenders returning from custody, despite their inclusion in the new 'vulnerability' groups introduced within the Priority Need Order in 2002. Ex-prisoners were also cited as often seen as 'intentionally homeless', having lost previous accommodation due to prison sentences.

Furthermore, information from the prisons indicated that prisoners attempting to access housing via this route were most commonly only offered an interview at Local Authority offices on their day of release. Given that this did not give any guarantees of housing it created great difficulties in co-ordinating other support interventions for release and it was suggested that many offenders did not even attend these. This can be a particular problem for short-sentenced prisoners who are not subject to support and supervision on release and may therefore have no one to advocate for them through this process.

There was no knowledge of authorities taking a more proactive approach and commencing such processes prior to discharge to give better clarity to prisoners as to what they may expect e.g. telephone or video link interviews, or local authority staff visiting local prisons to interview.

Local authority practice in relation to homelessness applications was not always seen as 'transparent' to either service users or agencies advocating for them. This can particularly be the case around priority need and intentionality and there is often no great clarity on how these issues may be defined. In many cases this can again lead to service users not accessing or attending appointments etc. as they have little belief that it will produce anything for them.

- **General needs housing**

The availability of social housing within the area was seen as insufficient to meet the needs of offenders. Furthermore, it was generally believed that offenders were often excluded or deemed ineligible for social housing due to offending backgrounds or previous issues of anti-social behaviour. This was the case for both initial access to rehousing and in terms of move-on from supported accommodation.

While, again, information from Action Housing would indicate that a number of

people with offending backgrounds were able to access social housing, there are perhaps some indications that this is a decreasing option.

Given some of the general difficulties in obtaining suitable privately rented accommodation, e.g. higher rents and top-ups, there can be a displacement or concentration of offenders in certain areas or types of properties e.g. low-end-of-the-market private rented sector. This, it was suggested, can lead to a lot of 'hidden homelessness' with a number of people staying at a single property. Stakeholders expressed concerns that such situations could contribute to anti-social behaviour in communities.

- **Supported accommodation**

The two key supported housing options for offenders in the locality are the Action and Stonham services. Both services are able to work with offenders with high levels of support needs and potential risk.

Both Action and Stonham are subject to a surplus of demand over supply, with the operation of waiting lists meaning that vacancies are relatively infrequent. This can be a particular problem for referrals for those without current accommodation, and information from the prisons highlighted particular difficulties in obtaining accommodation for prisoners' release. Stonham's projects frequently had to refer to other projects they manage out of area due to a lack of vacancies.

Prison-based services identified a serious lack of hostel places for prisoners on discharge to the area and the further difficulties in such services being able to hold available vacancies for release dates made this even more problematic. The absence of quick-access emergency accommodation was also highlighted, both in terms of being able to house offenders in times of crisis (e.g. prison discharge) or as a holding position until more suitable supported housing could be accessed.

Current developments nationally have led to the introduction of the Bail and Accommodation Support Service (BASS). This can provide temporary accommodation and support to offenders held on remand or unable to utilise early release from custody due to lack of available accommodation. However information obtained indicated that no BASS accommodation was located within the local authority areas.

The acute lack of move-on accommodation was highlighted as a further source of difficulty and a potential source of 'silting up' the limited accommodation-based provision in the area. The view was expressed that,

aside from general shortages in the area, more permanent housing (particularly social housing) was seen as averse to the potential risks presented by people with offending backgrounds.

While the services provided by Action and Stonham were generally regarded positively by other agencies, some agencies reported a need for a greater range of options to meet the diverse needs of offenders.

- **Multi-agency working**

There were mixed views in relation to multi-agency working for offenders within the region. While the local PPO scheme was again identified as a positive example of collaborative working, local authority housing was generally seen as 'not bringing anything to the table'. While this can obviously be due to the multiple demands and priorities on housing services (and a general insufficient supply of accommodation to meet all needs) leading to an inability of such services to meet the expectations of agencies from other strategy areas, it was an area of concern among various stakeholders.

In terms of practical co-operation, Stonham had increasing liaison with prison-based services and with other criminal justice pathways e.g. DIP, to improve collaborative working. This was demonstrated in increasing numbers of referrals from such routes.

Difficulties were reported in relation to the lack of formalised information-sharing procedures and the ability for supported housing providers to obtain support from statutory sector services (particularly in relation to mental health services) for service users with complex needs.

Stakeholders reported varying awareness of the existence of joint-working protocols relating to offender housing issues. A recent review of the HARP protocol in the North East (on which protocols sent out from Government Office for the East Midlands are based) identified the limitations of such protocols where there is no buy-in, oversight and review of them. Information from Government Office suggested that they had received no responses as yet to the protocols sent out, from any of the authorities. While information from the prisons suggested some knowledge of the existence of protocols, we were unable to ascertain how these may be impacting on provision and outcomes for offenders.

#### **4. Mental Health**

Information obtained indicates that people with mental health needs face a number of problems in both accessing suitable housing and support, and

maintaining housing. These could also be compounded by the difficulties many people experienced in obtaining the input of statutory mental health services, or in needs being identified at an early stage.

The general lack of housing and support options could, in some cases, lead to people with multiple needs being stuck on acute hospital wards for lengthy periods of time, or in a cycle of transient homelessness.

There are no homeless mental health services within the locality. All access to statutory mental health services is via the traditional primary care route (i.e. GP surgeries and emergency admissions). People are most often picked up by mental health services when they have reached crisis point e.g. threatened with eviction, mounting rent arrears, spiraling debt, drug/ alcohol problems, relationship breakdowns, bereavements etc. This can be a particular problem for people with lower level mental health problems in receiving appropriate intervention to prevent crisis.

It would appear that some people are being discharged from acute mental health wards and crisis services before they are really ready and there was not enough support available to some on discharge, leaving them with their GP or quarterly review meetings with their psychiatrist. Many people don't have a good relationship with their GP or they struggle to access GP services (particularly in more rural areas) if they are homeless. Only 6-9 pre-home discharge beds (rehab) are available for the whole of the North Derbyshire area.

Previous negative experiences could also affect service users' attempts to engage with services or to resolve their housing issues and, as with other groups, this could reinforce perceptions that such attempts were unlikely to get the person what they wanted or needed.

There are two Mental Health Advocates covering the whole Derbyshire PCT area. These are based in Chesterfield only. Available information suggested that they are overwhelmed with clients and can be difficult to get hold of. All advice services in Chesterfield have just received funding cuts and this is likely to have an impact upon homelessness prevention and the amount of housing advice that is available to this vulnerable group. The Mental Health Advocates see many re-referrals with a high percentage of service users experiencing recurring crisis situations.

Despite indicators suggesting levels of personality disorder in up to two thirds of the homeless population with complex needs, there is no specialist accommodation service for personality disorder and no local research undertaken

to assess the level of housing need for this group. People with both dual diagnosis and personality disorder can experience particular problems relating to rent arrears and anti-social behaviour, which can result in them losing their accommodation, making it more difficult to obtain future housing.

Access to counselling services appeared patchy within the region and was reliant on referrals via GP surgeries. This was similarly the case in relation to the availability of psychological therapies and these were heavily weighted towards the south of the county.

- **Homelessness applications to local authorities**

As with previous support needs groups, the existence of mental health problems was no guarantee of a homeless application producing a housing duty from the local authority. This may in part be due to difficulties in obtaining specialist mental health services to identify and assess the extent of such issues in order to confirm the person's 'vulnerability'. However, information also suggested that even with confirmed diagnoses of severe and enduring mental health problems people may still not be seen as sufficiently vulnerable to obtain priority need for rehousing.

- **General needs housing**

Information relating to access and maintenance of general needs housing painted a similar picture to that of other support needs groups. Both social housing and privately rented accommodation was seen in short and variable supply and quality, and the difficulties with the costs of private renting for service users on benefits were highlighted. Issues of exclusion or restriction in access to social housing were also reported on the grounds of previous arrears, anti-social behaviour etc. Such issues affected both initial access to re-housing and move-on from supported housing schemes.

While referrals to Rethink would indicate that a number of people with mental health problems are able to access social housing these are variable across the local authority areas. While this could suggest differential availability of social housing across the councils, it may also indicate varying degrees of the identification of people with mental health problems in local authority tenancies, and signposting or referral to appropriate specialist support.

Even where service users were able to access general needs housing; this was often in hard-to-let tenancies in undesirable areas. Such properties were not always conducive to the support needs and vulnerabilities of people with mental health problems and could lead to them remaining homeless or reliant

on friends and family for a temporary place to stay.

- **Supported housing**

There is a limited range of mental health supported accommodation across the area and projects that do exist have very low rates of turnover. This latter point is further compounded by the acknowledged lack of move-on accommodation and the difficulties identified in the previous section. It was also noted that this issue often led to inappropriate referrals to specific projects (or placements within projects) in order to secure any housing for people.

The predominant service model for people with a primary mental health need is that of floating tenancy support. This hinges on the person's ability to obtain accommodation and therefore presents some obstacles to those not currently in accommodation. This is further exacerbated by the general lack of emergency access accommodation within the locality.

- **Multi-agency working**

With regard to multi-agency working and collaboration, there is no move-on protocol currently in operation across Derbyshire. Anecdotal evidence also strongly suggested that statutory health and mental health services are not cooperating with protocols and other attempts at multi-agency working. Stakeholders expressed that there was a lack of commitment from the PCT to strategic planning.

Particular difficulties were expressed by supported housing schemes in obtaining statutory mental health service intervention for their service users, even at times of crisis, and many lower-level needs were often seen as not serious enough to warrant intervention.

A Hospital Discharge Protocol has been developed, however it is as yet unsigned.

## **5. Women fleeing domestic abuse**

North Derbyshire Women's Aid (NDWA) provides a range of services to women fleeing domestic abuse. These services are of good quality and some come into the category of innovative. Many women using NDWA do not have complex needs but a significant minority do and this raises some issues.

Firstly the number reporting a problem with mental health is remarkably high, more than a quarter of all service users. This helps demonstrate the need for support with mental health. As we illustrate elsewhere in this study, this can be

hard to access and NDWA have responded by developing some initiatives. Of particular note is their befriending service, which involves non-judgemental and informal peer support. It can be particularly valuable at times of 'settling in' to a new tenancy and can provide a welcome antidote from the target driven support plan that is a requirement of more formal support. Some funding has been secured to develop this, which is welcome; one reason being it is a project that will have application in a wider arena. They also have a counselling service. This is unfunded and relies on volunteers. The lack of funding for this service is regrettable and it is noted with some irony that statutory services are referring women to this service.

It should also be noted that the demand for counselling isn't just confined to women fleeing abuse. Expansion of counselling at Pathways for instance could have an important impact, because helping people to deal with their mental health problems can better equip them to move out of homelessness.

NDWA are working with a small number of women who also have drug and alcohol issues. These issues can make residence at the refuge difficult because of behavioural issues, particularly in an environment where children are present.

The Multi Agency Risk Assessment Committee (MARAC) was seen as providing a good model for multi agency working. This is a multi-agency group that meets on a regular basis to develop action plans and risk prevention strategies for the most high-risk victims of domestic abuse. It benefits from having a lead agency (the Police) bringing together other key agencies to meet need in a comprehensive coordinated way. It is used only for women at risk of homicide but the model of working could itself have wider application. This is because it contains all the elements needed for effective multi agency working. To be applied more widely though, a different lead agency would be needed.

## **Bassetlaw**

Relatively, and certainly in west Bassetlaw, provision for people with complex needs is good. Services are available and some of these can be described as innovative. There is less provision in the east of the district however.

### **1. Rough Sleeping and Emergency Provision**

There is evidence of some intermittent rough sleeping around Worksop based on information from our service user and stakeholder interviews. Mostly this is not long term and the development of the emergency accommodation will have made an important impact upon this. The Dual Diagnosis Worker has worked with some people whose needs and behaviour led to them being excluded periodically

from the emergency provision. It is also noted that there are occasions when the accommodation is full, although mainly demand can be met.

The best potential source of data about rough sleeping in Nottinghamshire is the annual Homeless Watch survey - a multi agency monitoring exercise run by the Hostels Liaison Group (<http://www.hlg.org.uk/Homeless%20Watch%202007%20-%20final%20version.pdf>). In 2007, Homeless Watch information was returned on 89 people in Bassetlaw, of which 12 were reported as sleeping rough.

Interestingly, the agency recording the highest number of rough sleepers in Bassetlaw was New Roots in Retford. Their record of four rough sleepers could indicate that, whilst the emergency and other provision in Worksop has made an impact on rough sleeping in the west of the district, rough sleeping could be an issue in the eastern half.

## **2. Hidden Homeless Women**

Figures supplied by Hope Services show that 80 to 90 per cent of people using the emergency accommodation are male. Whilst this is in line with national figures on rough sleepers from counts, and perhaps represents people presenting at the service (i.e. women are not turned away), it does raise an issue about the needs of women being hidden. It is interesting to note that the figures for use of day services are roughly equal regarding gender. Care should be taken, though, not to dismiss this discrepancy between the two services as illustrating an increased likelihood of 'sofa surfing' among homeless women and assume, therefore, that their need is less urgent. Although some women may have a greater support network compared to homeless men, research shows that homeless women go to great lengths to avoid rough sleeping in visible locations, putting themselves in vulnerable situations and sometimes using 'survival sex' to maintain some kind of roof over their head.

## **3. Housing and Support – Supply and Demand**

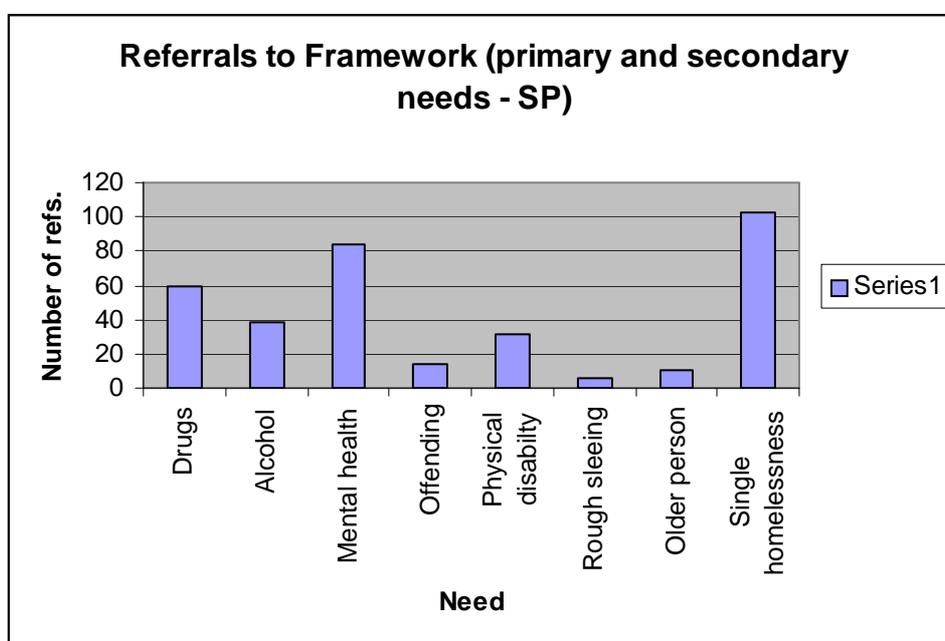
During the needs mapping, supported housing for people with complex needs was discussed and it was shown that provision was available. Even so, all stakeholders consulted talked of demand outstripping supply. Particular issues highlighted include:

1. People leaving prison with no accommodation available. This is most likely to affect shorter sentenced prisoners and those not on the Prolific and Priority Offenders scheme. This is because PPOs receive more support, although it was noted that a rent deposit scheme for PPOs, starting with £35,000 (for Nottinghamshire) had become depleted to less than half this amount. This was because there was no requirement to repay the deposits granted by the

scheme at the end of each tenancy. Rent deposit schemes require some recycling to continue to work and this practice seems strange.

2. Supported accommodation is silted up so that ‘move on’ cannot occur. The Potter Street hostel is described as ‘quick access’ but it has a deliberately limited waiting list and it does not often have vacancies. It is not, therefore, quick access. Similarly, people can stay in the Hope Project much longer than is intended due to an inability to find ‘move on’ accommodation.
3. Floating Support. There is excess demand for this too. The waiting list for all categories of support is maintained by Framework. At January 2008 the waiting list stood at 33 and was growing. Need runs across all categories, but it is highest for mental health. The table below illustrates this.

**Table 15. Referrals to Framework for Floating Support 2007 by primary and secondary needs**



Whilst we have some information on excessive demand, it should be more comprehensively monitored. This would better establish detail on outstanding need. This could be achieved by service providers recording information about people they are not able to house or support, as well as the people they do help.

#### 4. Drug Users

In west Bassetlaw drug use, as recorded by Nottinghamshire DAAT (Needs Assessment for Substance Misuse 2007), is among the highest in Nottinghamshire. However, it is noted that treatment has expanded to meet this need. It is the case in and around Worksop that anyone needing to access help with a drug problem is able to do so from a number of different sources including Hope, Framework and Direct Access (drug services). The model preferred by

Nottinghamshire DAAT is based on harm reduction. As its' needs assessment states: "harm reduction underpins the treatment system in Nottinghamshire and this is supported by our Harm Reduction Lead post and a Harm Reduction champion". It is considered that abstinence based treatment is best conducted in residential settings, and the DAAT is looking to develop some abstinence (or tier four services) in an accommodation based project.

Similarly, accommodation services working with drug users in Bassetlaw reflect the harm reduction approach. For a town of its size there is a good amount of supported accommodation available - over 40 bed spaces plus floating support - based on the harm minimisation model. To put things into perspective, many towns of a similar size would not have any providers willing to work with drug users in this way. Significantly, it is noted that this has happened to reflect demand, with some services moving away from abstinence based provision by switching to harm minimisation (or 'drug managed' as it is known in the area).

As noted in the last paragraph, this hasn't happened in all areas of the country and provision in Bassetlaw is reasonably progressive in this respect. In some places abstinence is the dominant model and this leaves homeless people vulnerable to exclusion if they are caught taking drugs. To avoid accommodation loss service users take drugs off the premises, using them in unsafe street based locations. The effect of accommodating drug users whilst operating a no drugs on site policy leaves drug users more vulnerable to drug related death and can cause anti social behaviour issues through street based drug use. In addition, such policies mean that frontline workers are unable to work with people to reduce harm, as residents cannot be honest about their drug use. Nacro and Framework avoid these problems through their 'drug managed' policy.

However, two points should be noted. Whilst Framework and Nacro work with drug users on a drug-managed basis, the Hope emergency provision does not permit drug use on site and people can be excluded on this basis. This is the case even though drug users are housed by Hope on a lower threshold basis than Framework or Nacro who require some residents to submit to drug tests, some of which at least must be clean. Indeed people housed at Hope are sometimes people who have failed to comply with the drug testing required at Framework and Nacro. It is important that Hope continues to accommodate people on a lower threshold basis who can't comply with drug testing. If drug users are housed, however, the unsafe policy of requiring them to go off site to take drugs should at least be reviewed and a harm minimisation policy considered. Such a policy can be implemented that stays within the law. Indeed, the Police, who prefer drug use to occur in a safe environment rather than on the

street, often welcome this. There is guidance available as to how to achieve this (see [www.drugsandhousing.co.uk](http://www.drugsandhousing.co.uk)).

## **5. Non-drug Users and Abstinent Drug Users**

Having raised this, it is important not to forget the minority of homeless people who want to be abstinent from drugs or who haven't used drugs. There are no hostels or supported accommodation services that do not house drug users. This causes a problem for non-drug users who do not want to be in a drug-using environment. There is a need, therefore, to increase diversity by developing provision that is genuinely drug free; to compliment the harm minimisation/ drug managed services.

## **6. Alcohol Users**

Several stakeholders noted that there are increasing problems with alcohol. This is a concern. In some ways alcohol can be more of an issue from a housing perspective than some illegal drugs because excessive consumption can lead to behavioural issues that put tenancies in jeopardy. For people with complex needs this is having an effect in different ways.

1. Drug users, perhaps having stabilised their drug use, are 'topping up' with alcohol.

2. There are increasing requests for help with support for people with alcohol issues living in tenancies who have problems concerning rent payment, anti social behaviour and neglect, all of which can lead to tenancy loss and homelessness.

3. People returning from alcohol treatment are less able to access follow-on services than is the case with drug treatment.

Within the drugs and alcohol context, the fact that a greater emphasis has been placed upon drugs within Bassetlaw reflects the position nationally, where alcohol has been the 'poor relation'. This is due to an emphasis on reducing crime. As alcohol is relatively cheap, people do not need to commit crimes in order to acquire it.

It is noted in the DAAT strategy for 2007 that the plan is to increase investment for alcohol services. Some of this should come through to Bassetlaw. It is also noted that the main supported housing providers will work with alcohol on the same harm minimisation basis. This is an area where more housing, support and treatment services are needed if it is not to be an increased cause of homelessness.

## **7. Mental Health and Dual Diagnosis**

Housing based services for people with mental health needs are in operation and there are four respected providers operating in Bassetlaw offering a mixture of accommodation based and floating support.

People with complex needs will often have co-occurring mental health and drug/alcohol issues, sometimes called dual diagnosis. The PCT and DAAT have shown great foresight in employing a dual diagnosis worker to work with the most complex cases. Some of the people worked with are homeless and 'off the radar'. Many dual diagnosis services require people to have a 'diagnosis', but this is not the case in Bassetlaw, enabling the worker to engage with people with personality disorder. This is a welcome and innovative development. The main issue for the dual diagnosis worker is that access to specialised housing is often not available. The development of a specialist dual diagnosis scheme could make an important impact in the area and take pressure off other providers. This is an area that should be explored further.

## **8. East - West Split**

The majority of housing and services for people with complex needs is based in Worksop. This makes sense in that it is the part of the district of greatest need. There will be need in other parts of the district, however, even if it is less concentrated. There are some services available, with Framework operating outreach in Harworth, Carlton and Retford, and Hope providing a base at Harworth. Even so, the only housing provision available would be via floating support, which is not suitable for all needs. We have not had time to conduct a comprehensive analysis of need outside of the Worksop area but certainly Retford stands out as a gap in provision. There are accommodation-based services in Retford provided by New Roots and NCHA. Both of these though are for under 25's. Although most need is likely to be among the under 25's, need doesn't suddenly disappear at this age. As evidence of this, New Roots told us they are turning over 25's away on a regular a basis. Additionally, New Roots reported contact with four rough sleepers during the 2007 Homeless Watch - the highest number recorded by an agency in Bassetlaw.

## **9. Multi-agency working**

As people with complex needs have to engage with a number of services, good multi agency working is vital. Most stakeholders spoke fairly positively about multi agency working in Bassetlaw. Multi agency working needs to operate at both strategic and individual case level if it is to be successful. The Homeless Umbrella group play an important role in this and it's continued development should be supported.

## 10. Gateford Chambers

The Gateford Chambers project is a very noteworthy development and the people behind establishing this should be applauded. It provides people with complex needs with a model of housing that is not seen in many areas, particularly those like Bassetlaw, outside of major cities.

In areas with a reasonable amount of provision there will be a hostel. There may be 'move on' for people who have done well in the hostel and who have earned the right to 'move on', and there will be floating support. There are, though, people who don't do well in the shared hostel environment. They avoid this type of accommodation or they are excluded from it. They might be suited to 'move on' but without successfully progressing through the hostel system they don't have the opportunity to 'earn' it. At the same time, they have needs that may be too high for floating support, where engagement is limited. The Gateford Chambers Scheme offers a 'middle' option for people in this situation because it is self contained non-hostel accommodation but provides access to 24-hour support.

In some ways Gateford Chambers is similar to the American model of 'Housing First', which is increasingly coming to be seen as the best way to meet the needs of the hardest to reach homeless people (see <http://www.endhomelessness.org/section/tools/housingfirst>)

The scheme is still relatively new; even so it has begun to work well. Stakeholders identified high demand for this scheme – “we could fill Gateford Chambers three times over”. An evaluation of the scheme would be worth conducting as it has application beyond Bassetlaw and information on demand for the scheme should be measured, perhaps through monitoring failed referrals.

## **Survey of Referrals to Services Outside of the Study Area**

In order to build our picture of need we contacted a number of homeless services in areas adjacent to the study area to see if they receive referrals from people within the study area. The results are set out below.

**Table 16. Referrals to services outside of the study area**

<b>Project</b>	<b>Referrals from study area</b>
Sherwood Street Day Centre. Mansfield	Bolsover – Shirebrook 6 current users
ECHG, Belper	Referrals from NE Derbyshire, Bolsover – unclear on numbers. Very few vacancies.
Adullam Homes, Alfreton	Most often NE Derbyshire, Bolsover, occasionally Chesterfield. Couldn't give numbers but sometimes outnumber referrals from Amber Valley area where project is based
M25 Doncaster	No referrals from study area
Nightshelter, Derby	Eight referrals in last two years all from Chesterfield
Salvation Army hostel, Sheffield	Handful of referrals each year from Chesterfield
St Anne's hostel, Sheffield	Handful of referrals each year from Chesterfield

The results do show a steady flow of people accessing services outside of the study area. Significantly, all referrals to the emergency accommodation in adjacent cities came from Chesterfield. People from the study area who were using the day centre in Mansfield all came from Shirebrook, which is just over the border with Mansfield. We noted that, on occasion, people referred to the Adullam project in Alfreton from North East Derbyshire and Bolsover outnumber people from Amber Valley, in which the project is located. This is likely to be due to the proximity of the project being close to the boundary with North East Derbyshire and Bolsover, and the lack of equivalent services within these districts.

## 6. Findings from Consultation with Homeless People

This chapter is based on in-depth semi-structured interviews with 26 people using the Pathways day centre in Chesterfield and the Hope Services emergency accommodation in Worksop. These services were chosen as locations for the interviews as it was felt that they provided the best way of contacting people with complex needs, and whose needs for accommodation and support were not currently being fully met. Further, both services can be described as relatively ‘low threshold’, that is, fairly easy to access with few conditions, and therefore afforded an opportunity to speak to people who perhaps weren’t well engaged with other services.

The people interviewed had 65 identified support needs between them, as well as homelessness and financial difficulties. Five were rough sleeping, all of who were in Chesterfield. Nineteen were men and seven were women. The age range was between 16 and 60. The table below shows the perceived needs of the people we interviewed.

**Table 17. Needs of homeless people interviewed**

Need	Number of people
Homelessness/ rough sleeping	26
Mental health	17
Alcohol	14
Drugs	11
Offending	11
Physical disability/ illness	5
Other	4

The chapter is divided into two sections. The first section comprises a summary of key points drawn from the interviews with service users. The full transcripts are provided in a separate document. In section two are the ‘homelessness journeys’ of ten of the people we interviewed. Dr. Kesia Reeves and colleagues at Sheffield Hallam University developed the Homeless journey methodology<sup>22</sup>. It is particularly useful for analysing both the causes and consequences of homelessness of people with complex needs.

The service users we interviewed varied in age and gender. All can be described as having complex needs. We hoped to target an even number of people from each of the four districts but this proved impossible to achieve within the time length of the

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<sup>22</sup> Reeve K, Goudie R, Casey R, Homeless Women: Homelessness Careers, Homelessness Landscapes, Crisis, London 2007.

study. We did speak to people with local connections to all four districts as well as some people with connection to more than one of the study area districts. We also spoke to a couple of people with no formal local connections (though some informal ones). It is worth remembering that people with complex needs and lacking a permanent place to live tend to be very mobile and this is reflected in the histories of the people we spoke to. The table below sets out the areas people mentioned having a connection with (though please note that these may not necessarily correspond with local connections as defined by the Housing Act 1996).

**Table 18. Area connections of people interviewed**

Area	Number of respondents mentioning connection
Bolsover	5
Chesterfield	13
N E Derbyshire	3
Bassetlaw	10
Connection with area bordering study area	11
Connection with area elsewhere in U. K.	5

### **1. Sleeping rough and other key issues**

#### **Rough sleeping and hidden homelessness**

We found instances of rough sleeping in both Chesterfield and Worksop, and some respondents described their experience of this:

*This is his fourth period of homelessness and rough sleeping. "I sleep by the Town Hall and by the Mecca Bingo. A couple of people sleep there. I can't sleep on my own because I get too paranoid."*

*"I've had to sleep rough several times when no bed has been available here. I've slept in skips, cardboard boxes and bins. It's horrible, all cold and frightening".*

Mostly rough sleeping is what we would describe as 'intermittent' rather than long term. That is, it is interspersed with periods of either sofa surfing, staying in hidden locations, or in Worksop in emergency access accommodation:

*Tracy had to sleep out on the nights that she couldn't find accommodation with friends. "I had to sleep in the bus station or in cardboard boxes. It was cold and scary." Tracey's boyfriend eventually put her in touch with the emergency access hostel where he had been staying for two months*

*He has slept rough on a number of occasions, but otherwise he tries to stay with friends when he can. He usually has to sleep out when his friends are working night shifts*

*“I get paranoid here from time to time and I have to get off. I go to a derelict building in Retford or stay on the floor at my mates for a week or two.”*

*Simon keeps his clothes at his Mum’s and stays with friends, “and anywhere I can”, including sleeping rough*

Given the rural nature of some parts of the area it is unsurprising that some cases of rough sleeping occurs way off the beaten track:

*“I also spent three months in a tent on a field near some woods. I had to use the local swimming baths for a shower.”*

### **Vital support and respite**

Given this constant danger of rough sleeping, the people we interviewed really valued having access to the low threshold services; Pathways in Chesterfield and the Hope emergency accommodation, and it is noted that both these services are fairly recent additions to the service network in each area.

*The only support Jason receives at the moment is from Pathways*

*Sarah is receiving some support from the Mental Health Advocacy Workers at the CAB and from staff at Pathways*

*“Pathways gives you the breathing space during the day when you’ve got nowhere to go, but at the end of the day, you still have to walk through that door back onto the road to nowhere”*

*“I just come to Pathways for support”*

*Joe is twenty-two years old and has been staying at the emergency access hostel for three weeks on and off.*

*When Dave arrived at the emergency access hostel he had pneumonia. Staff at the hostel recognised this and took Dave to hospital*

*“Everything was ok for about a month until we all had a big falling out and we all got kicked out. We ended up here [emergency access hostel] and we’ve been here since August*

Also providing a very low threshold service in Chesterfield are the soup kitchens and soup bus. Several respondents mentioned using them:

*Probation didn't give me any help with housing. I didn't bother with any services, but then I didn't really know what there was until I got in with a couple of drug addicts who told me about the soup kitchens."*

For two of the people we spoke to, contact with the soup bus had led to emergency accommodation being provided by the church:

*Claire found out about Safe Haven through using the Holy Trinity soup bus.*

### **Traumatic childhoods**

Traumatic events in childhood often underpin the homelessness and other issues in adult life affecting people with complex needs, and this was a recurring theme in the people we interviewed:

*Her father was a heavy drinker and had an addiction to gambling. He was frequently violent and his problems meant that they couldn't maintain tenancies for any length of time. She recalls much of her childhood spent in B+B's*

*Barry's brother and father died when he was a teenager. Their deaths really hit him hard. "I went off the rails. I started taking drugs and getting into trouble with the police. Drugs were my biggest downfall. I must have been really hard to cope with because I got sent to a care home"*

*Simon's troubles started at an early age. His father was an alcoholic and was frequently violent towards his mother. There were a number of occasions where, as a child, he would sleep in derelict buildings or outside to get away from his troubled family life.*

*"Some bad things happened to me when I was younger. My mum's boyfriend battered and sexually abused me. She didn't believe me. It sent me off the rails and she put me into care. I was in a children's home in Worksop for six months, then they sent me to a secure unit in Nottingham. The children's home couldn't control me and I was at the secure unit for about five months or so"*

### **Traumatic adulthoods**

It is the case that this trauma often continues into youth and adulthood, or something can occur in adulthood that can send a reasonably stable person spiralling into homelessness:

*“I’d had an awful Christmas. My son was diagnosed with ADHD and I thought I was going to prison to the next day. I was so depressed and anxious, and I started having panic attacks. I decided to try and kill myself.”*

*Dave was married and worked in the pits in Harworth. He worked very long hours in the pits and liked to unwind in the local pub with his friends in the little time that he had to himself. His relationship eventually broke down and he got divorced. His wife kept the house and had custody of their children who were 9, 10 and 12 years old at the time. Dave had no other living relatives. “I found myself on the streets of Doncaster and Worksop. I just said goodbye to society and to my job.”*

Bereavement particularly stands out as something affecting a number of people we spoke to, preventing them from overcoming homelessness:

*“I couldn’t be bothered. I just didn’t care. I never got over it. People say it gets better with time, but it’s just got worse. I was offered bereavement support but I didn’t want it. What’s the point? And then, the same year as my girlfriend died, my eight-year-old daughter died. It was just devastating”*

*“I was struggling after my mum died. I found it so hard to cope with everything. I didn’t really know what to do or where I was going to go. I didn’t have any friends or relatives that I could stay with. I ended up getting into a spot of trouble and I was sentenced to two and a half months in prison.”*

### **Mental health**

Given their backgrounds the services users we spoke to tended to have mental health needs. These varied a great deal but they were often compounded by the difficulty they saw in accessing help with these issues:

*Staff at Pathways are currently trying to access mental health services for Jane. She hasn’t had any counselling or psychological support and this is something that she feels would be really helpful to her. She would also like to access anger management, as this is something she feels she needs help with.*

*“I was back on the streets again. I started self-harming and overdosing. I tried to commit suicide and kept ending up in hospital. When I first started doing that, they [mental health services] wouldn’t take me seriously and thought I was fit to be discharged. I guess they thought I was wasting their time. I was in a coma twice. The last time I tried to commit suicide I discharged myself. I got caught by the police and eventually agreed to see a psychiatrist.”*

*“I didn’t get any help or support from the psychiatrist and I wasn’t referred to mental health services.” The only support Jason receives at the moment is from Pathways. “I don’t see a counsellor but I don’t know how to explain myself or break things down. It would be pointless”*

*“You don’t see mental health workers outside of hospital. There’s no mental health help for homeless people. I’ve just been to see the Crisis Team but they won’t help me.”*

*“I sometimes see a counsellor but mostly I feel as though I’m being passed from pillar to post. My mental health worker has reduced my support and I see her maybe once a month.”*

But a diagnosis can make all the difference:

*“I think that my mental health diagnosis has had a positive impact upon the council’s response to my housing problems. I don’t know how long I’ll be at this flat, or when I’ll move again, but the council have done ace by me so far.”*

### **Drugs and alcohol**

Given the above it is not surprising that people seek to ease their situation through use of drugs and alcohol:

*“I’ve always been a drinker but I’ve never had any help or support. My family washed their hands of us [Jason and his brothers] as we were all on drugs and drink at one time.”*

*Drinking, taking drugs, homelessness and moving from place to place have characterised Graham’s life over the last fifteen years.*

*“It was when I was first homeless that I started drinking really heavily and taking drugs.”*

*“I smoked, took drugs. I was on crack. All my mates were doing it, so I guess it was peer pressure. It all started when I was about fourteen. At that time I thought it was good, but I’ve learned the hard way that it isn’t.”*

*“Alcohol is a big problem for me. I’ve even brewed it in prison. I’ve had days added to my sentences for possessing drugs while inside.”*

## **Offending**

Offending, too is both a cause and a consequence of what has been described above for some of the people we spoke to:

*“I spent a week and a half in a closed prison and then they transferred me to an open prison in Portsmouth. I didn’t have an address to secure an early release tag, so I gave them my sister’s address in Shirebrook. So, as far as they were concerned I had an address.”*

*Simon’s life outside of care has been punctuated with periods of imprisonment. He has had a mixture of sentences including three periods of two to three years, some sentences of seven to ten months and his last sentence was twenty weeks. On each discharge, Simon would make a homeless application and on each occasion he would be placed in emergency bedsits or in B+B accommodation while his application was assessed. In most instances, Simon’s applications have been unsuccessful.*

## **Loss of tenancy – rent arrears**

Many of the people we spoke to had previously held social and private tenancies, though these had frequently been lost either through the repossession process or through people walking away because they could not cope.

A recurring theme was rent arrears. Grappling with a tenancy on a low income can be difficult enough for a stable person but for someone affected by the issues described above, having the ability and motivation to deal with this becomes a virtual impossibility:

*Andrew is twenty-two years old and currently owes £1800 in rent arrears. The council won’t re-house him and he has no money to pay the bond needed for a private rented flat. Andrew has approached the council about his arrears and he has asked if he could establish a repayment plan. He’s been told that the council will only consider his housing application if he pays the majority of his debt. “It will take me forever to pay that off out of my benefits. How am I supposed to do that when I’m on the street? How am I supposed to afford a private flat and pay off my debts? I’m looking for work but who will take me on? I’ve got no bank account and no ID.”*

*Without independent means of transport, Jason was unable to maintain his business and couldn’t afford to pay his rent. “I was ready for a nervous breakdown at the time. I was totally depressed and in no position to help myself really.”*

*“I’m in rut and I know it will take ages to get a place with the council because of my arrears. All the way through I’ve had problems with my benefits. They don’t tell you*

*your benefits have stopped until your rent arrears start clocking up. It's always at least two weeks before you're notified and then another two to three weeks before you get your decision. In the mean time you're debted up and you have to turn to crime to see you on your way."*

One of the things that stand out is the inconsistent practice regarding arrears. Some people can too easily run up big debts from which it is difficult to see a way back:

*"Turns out that the council weren't paying the right amount of benefits and council tax and ECHA took me to court over £4000 rent arrears and evicted me. I've been at the emergency access hostel since February"*

Others are penalised for relatively small amounts of money:

*He was struggling to budget and wasn't receiving any tenancy support. He ended up owing around £200. He was evicted from his flat and had to sleep rough for a while.*

*Dave ran up £250 in rent arrears and his homelessness applications have all been unsuccessful. He has been suffering from chronic bronchitis for four years and now experiences drug induced psychosis.*

*"I owe at least £500 in rent arrears – I don't know exactly how much – and it puts me off from applying to the council."*

Imprisonment can also lead to rent arrears and homelessness on release:

*"I got a bit behind with my rent but I did get some support from an agency that helped me with furniture and stuff. Without them I would probably have sunk. Just as I was beginning to get things together, I had to answer bail and was sent down four months later. I ended up doing six months and I lost the flat."*

## **Behaviour**

The combined effect of complex problems impacts on behaviour and this can also lead to tenancy loss:

*Jason is currently sleeping rough and he stays with friends when he can. He got into arrears with his rent due to heavy drinking and lost his council flat in Newbold in 1997 after friends took over the property and started abusing it.*

*"My behaviour just got more compulsive and erratic. My neighbours reported that I needed help. They thought that my flat was a hazard and called the Environmental*

*Health department. I was hospitalised for a while. I was assessed and treated for OCD. I can't work anymore. I have tried to get jobs but no one will take me on."*

*She was still drinking and taking drugs. Her house became full of friends and acquaintances and complaints were being made about anti-social behaviour.*

But as well as causing anti social behaviour, homeless people with complex needs can equally be the victims of it:

*"I got my first ever flat in Manton when I was eighteen. Being eighteen and trying to get everything sorted is hard work. I only lasted there a month. I got burgled and I didn't feel safe. The area was full of ASBO kids. It was horrible. I told the council I didn't want to live there but they said that they wouldn't move me and that they had nothing else to offer me. I couldn't stay so I just walked away from it. I dosed on mate's sofas or walked the streets at night"*

Behaviour can also lead to loss of temporary accommodation:

*She was staying out all night, returning to the refuge after a heavy night of drinking. Staff at the refuge felt unable to cope with Claire's behaviour and evicted her. "The women's refuge had had enough of me I suppose"*

*"They moved me to Harris House [hostel in Chesterfield] where I stayed for nine months. I had fortnightly support meetings there but then I was evicted for allegedly bullying other residents, damage to the building and for drinking heavily. Now I'm homeless again."*

### **Views on 'The Council'**

While there were examples of people who were prepared to seek help from local authorities, and some spoke well of the help they received, others saw the council as part of the problem. This is particularly centred on unsuccessful accessing of the statutory homeless system. This system is supposed to be a safety net but for homeless people with complex needs, all too often it doesn't work well:

*"I had to register as homeless with the council and I was given a piece of paper with a list of landlords' names and left to get on with it. There are no homelessness services in Chesterfield. If you're homeless you're homeless – the council doesn't give you any help. I had to sleep on the street from April to July last year. I slept in Chesterfield town centre, under the shop overhangs or on a bench in Queens Park."*

*Bassetlaw District Council have said that they do not owe Adam a duty, as he hasn't lived in Worksop for two years out of five. Adam's mother, brothers and sisters all live in Worksop.*

Most commonly, failed applications linked back to former arrears:

*Matthew has tried to put in a homeless application, but was unsuccessful due to the arrears that he owes from his previous tenancy.*

*"Now when I approach the council for help they tell me that they've already discharged their duty on a previous occasion and I made myself intentionally homeless. I only get £100 a fortnight in benefits, how am I supposed to pay off my arrears?"*

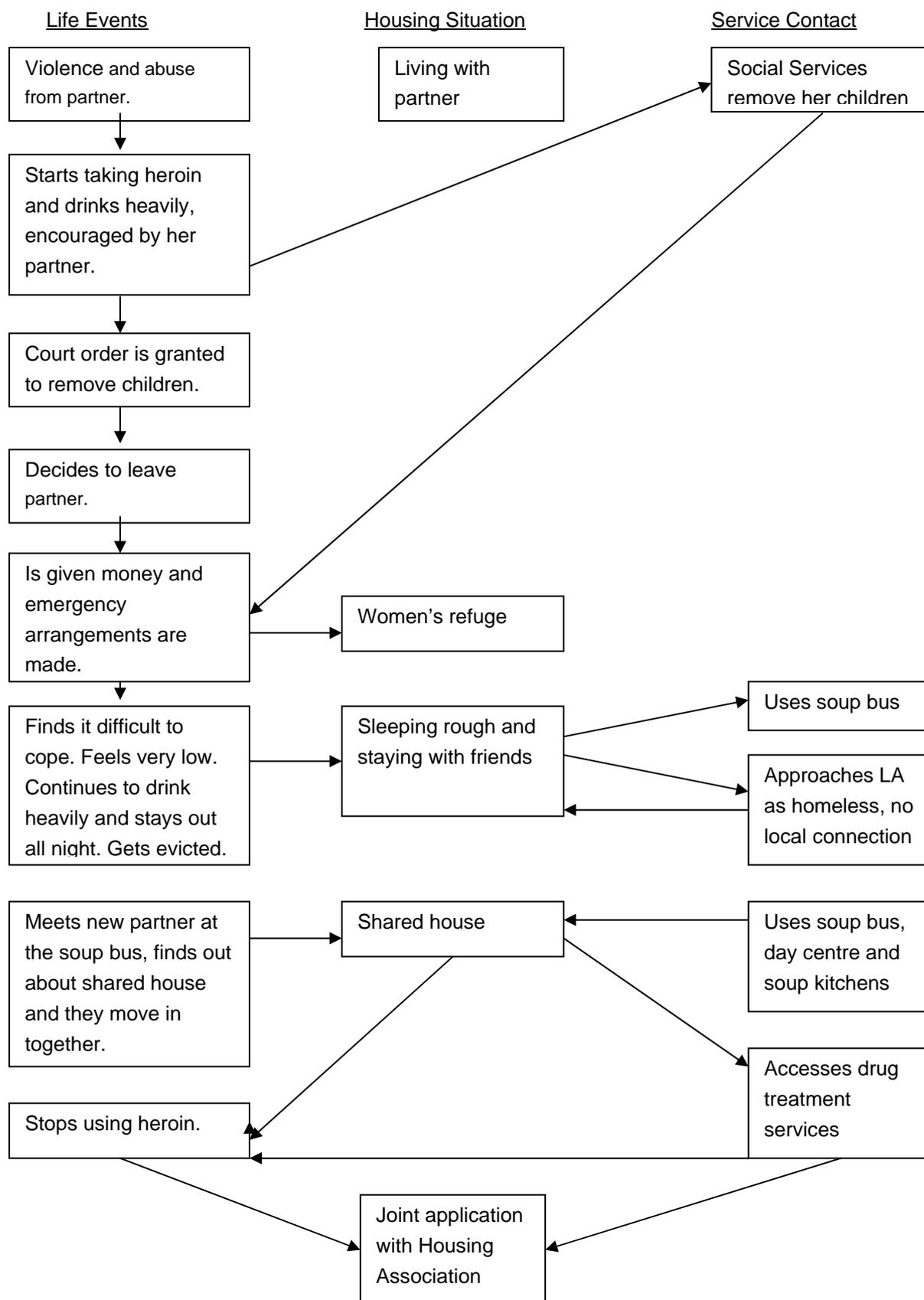
## **2. Homelessness journeys**

Below are the homelessness journeys based on the experiences of ten of the people interviewed. Kesia Reeve and colleagues at Sheffield Hallam University first developed the homeless journey methodology in their study, produced for Crisis, called Homeless Women, Homelessness Careers, Homelessness Landscapes (August 2007). It was felt that this was a suitable methodology for our study because it enables the complex journey people make to be presented in diagrammatic form and divides this experience into three areas:

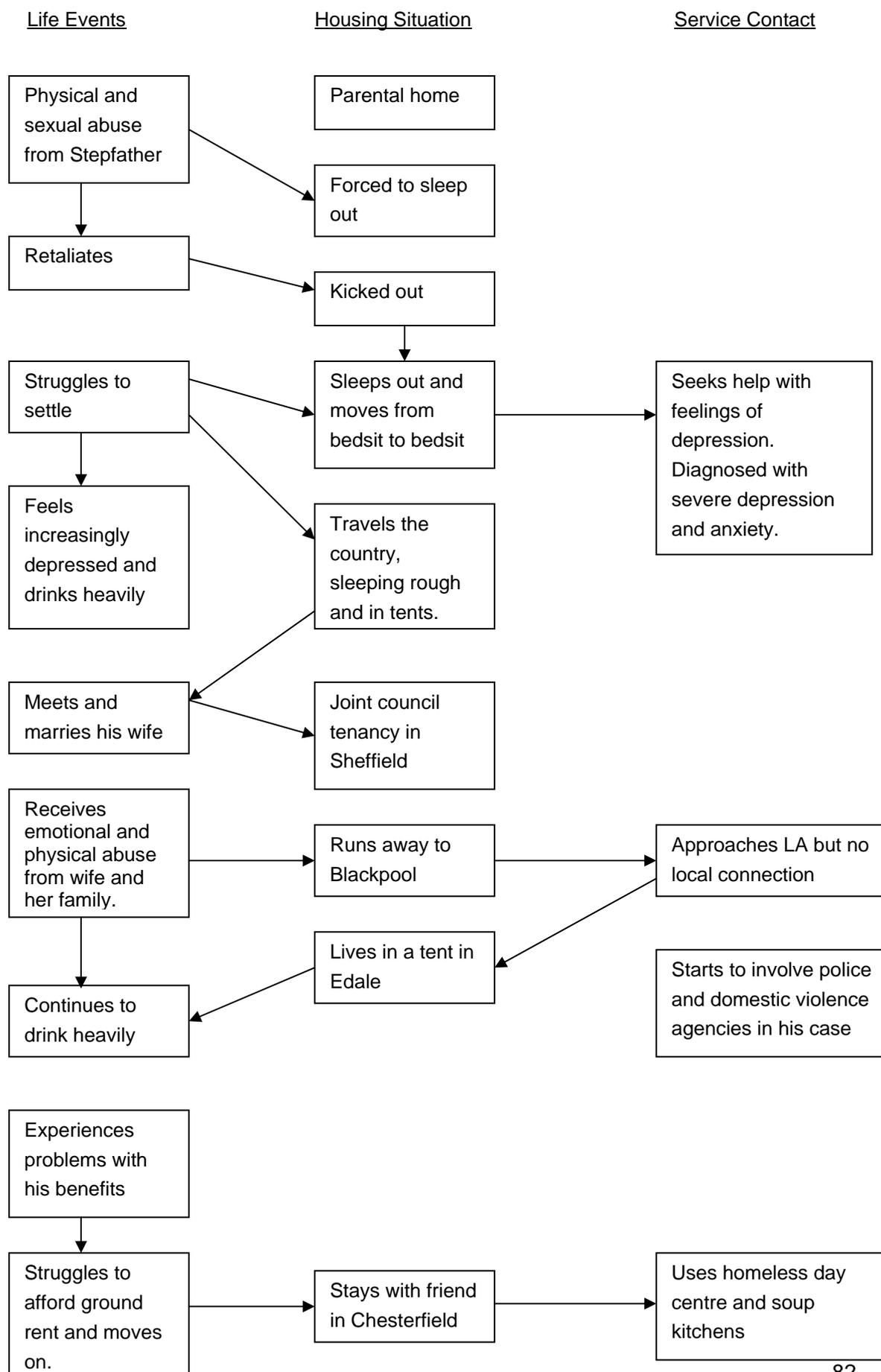
- Life Events
- Housing Situation
- Service Contact

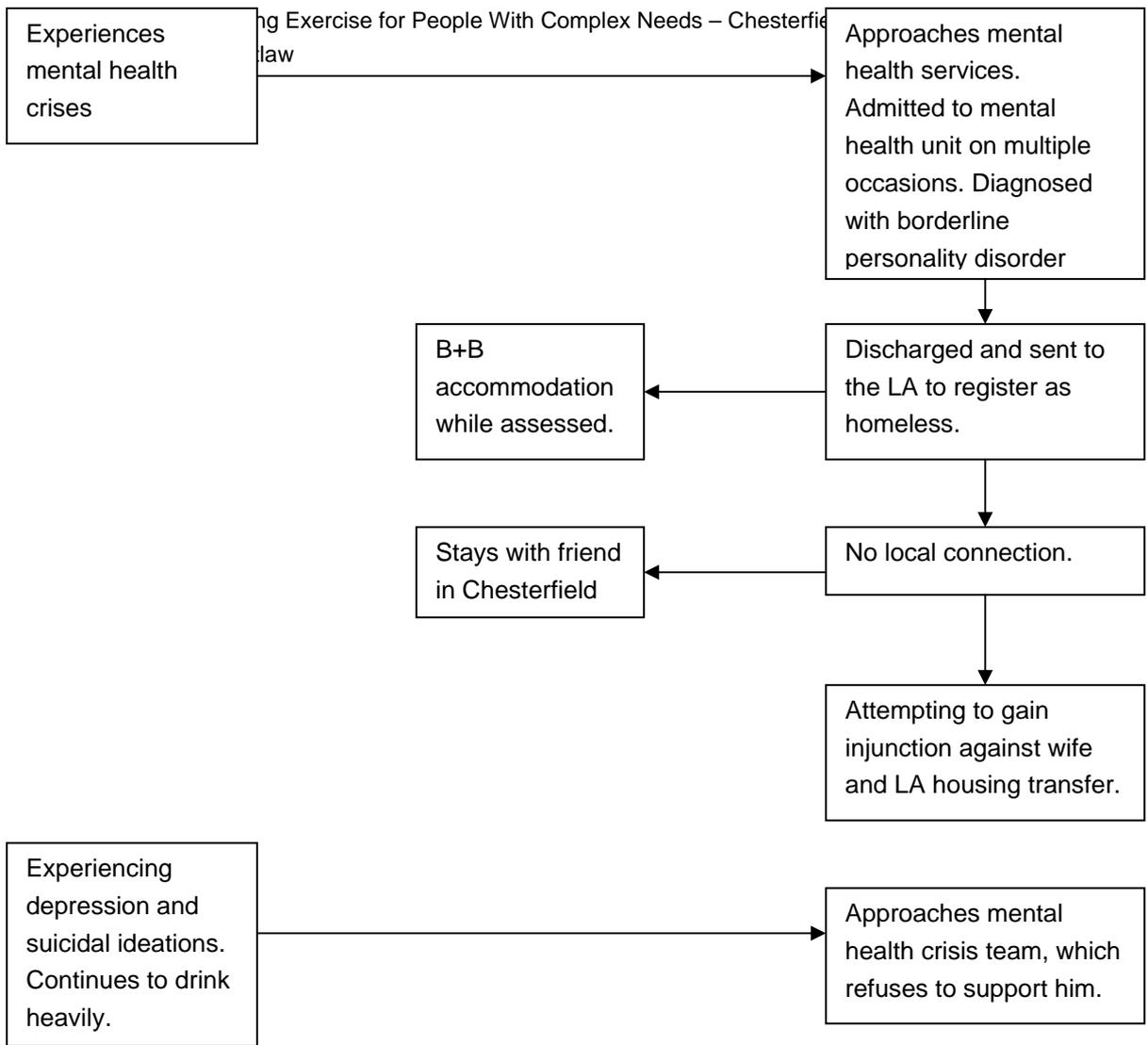
It also illustrates how an event in one area can have a profound impact upon the others. By charting this 'landscape of homelessness', the very complex and multi-faceted nature of people's experiences of homelessness is illuminated and helps us to understand the issues raised in the context of individual lives.

**Figure 1: Claire’s Homelessness Journey**

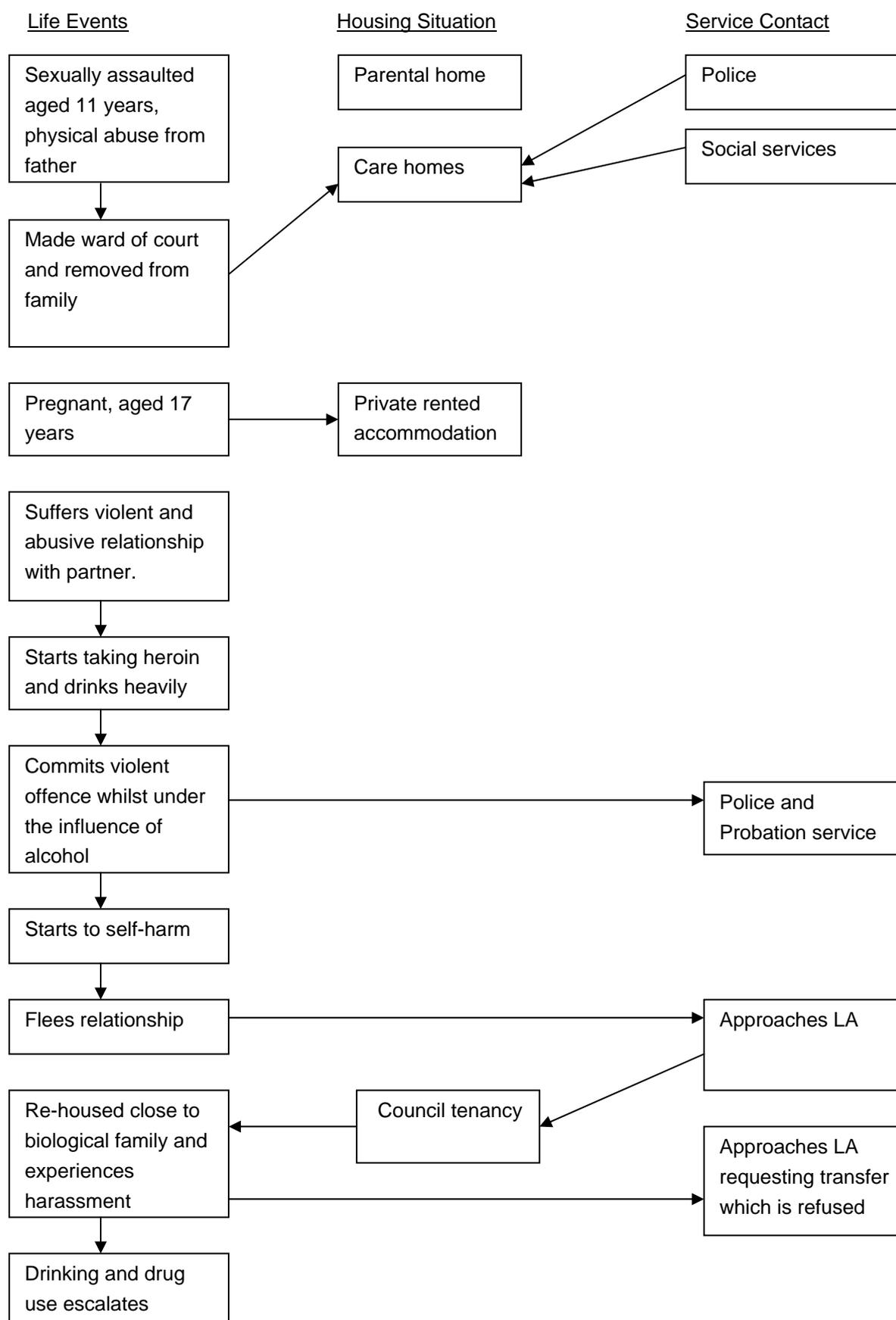


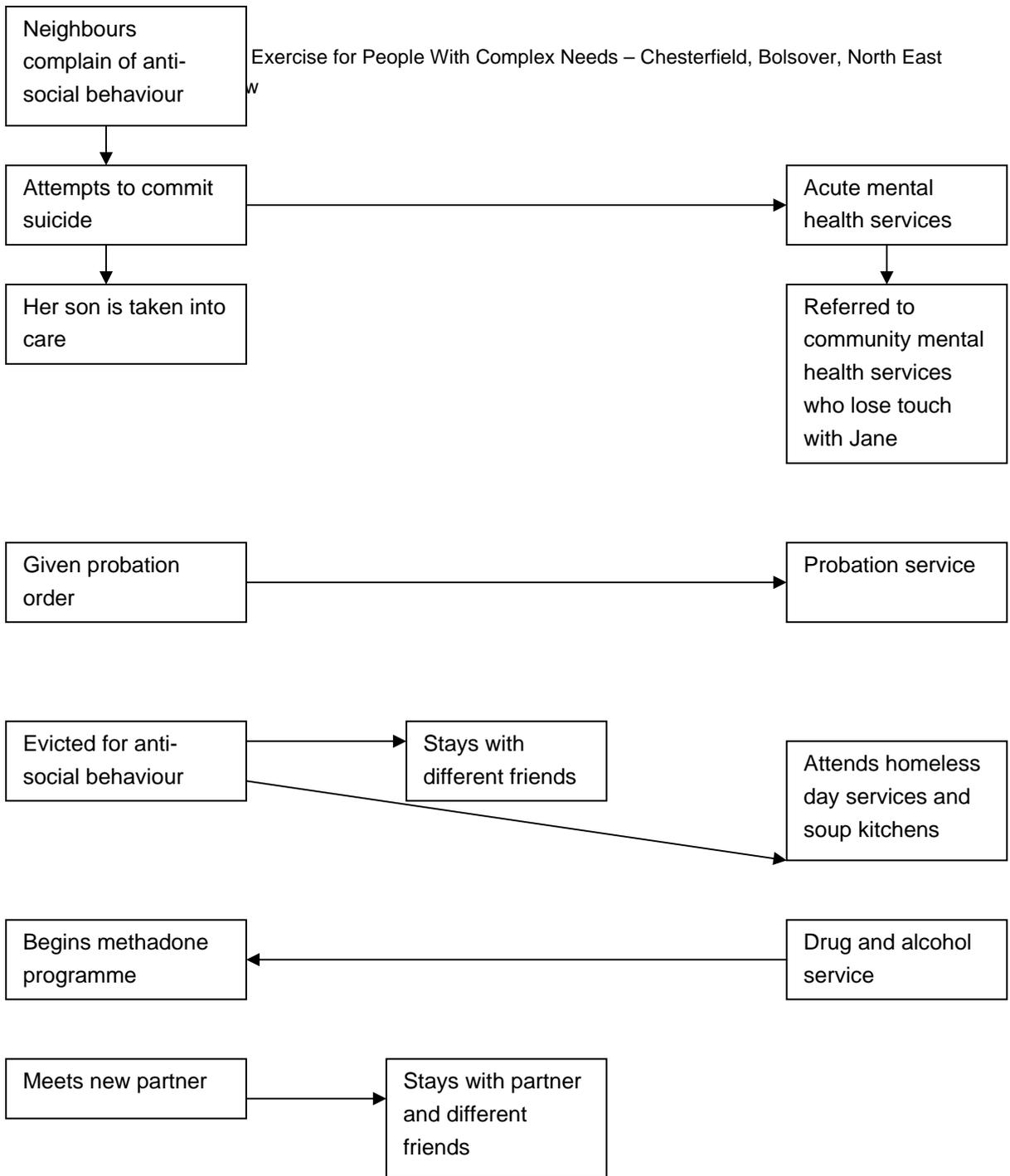
**Figure 2: Jimmy's Homelessness Journey**



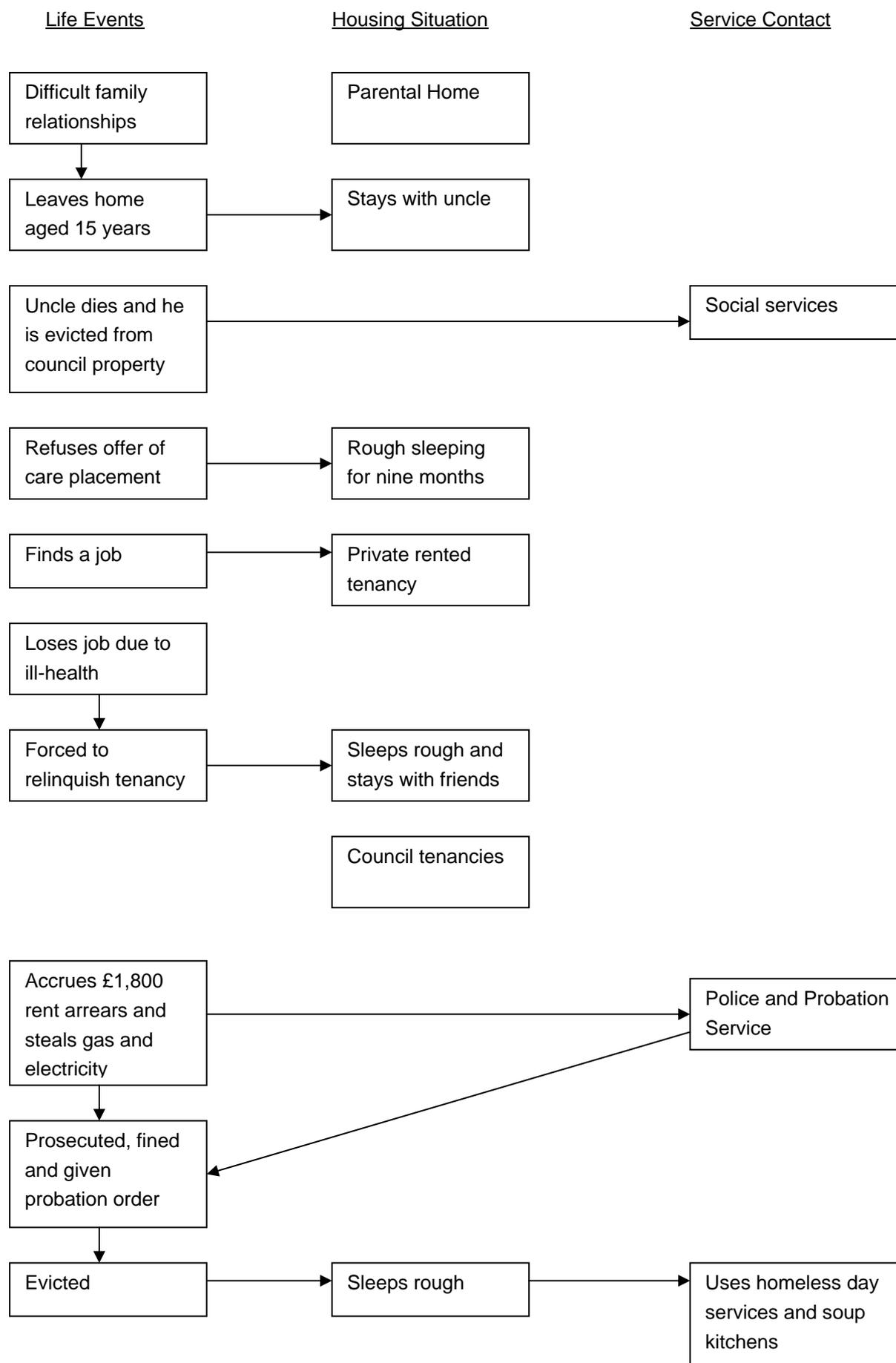


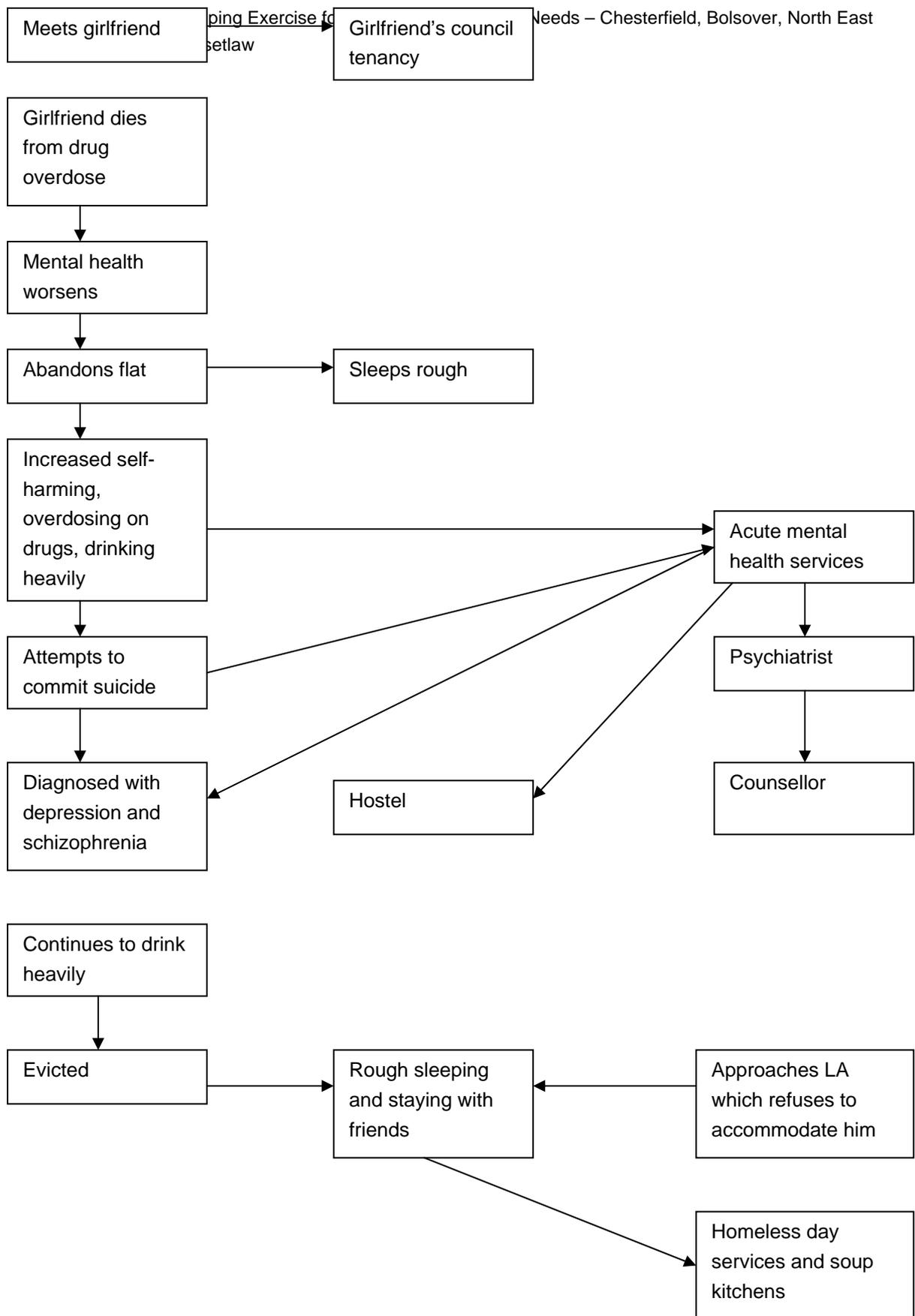
**Figure 3: Jane’s Homelessness Journey**



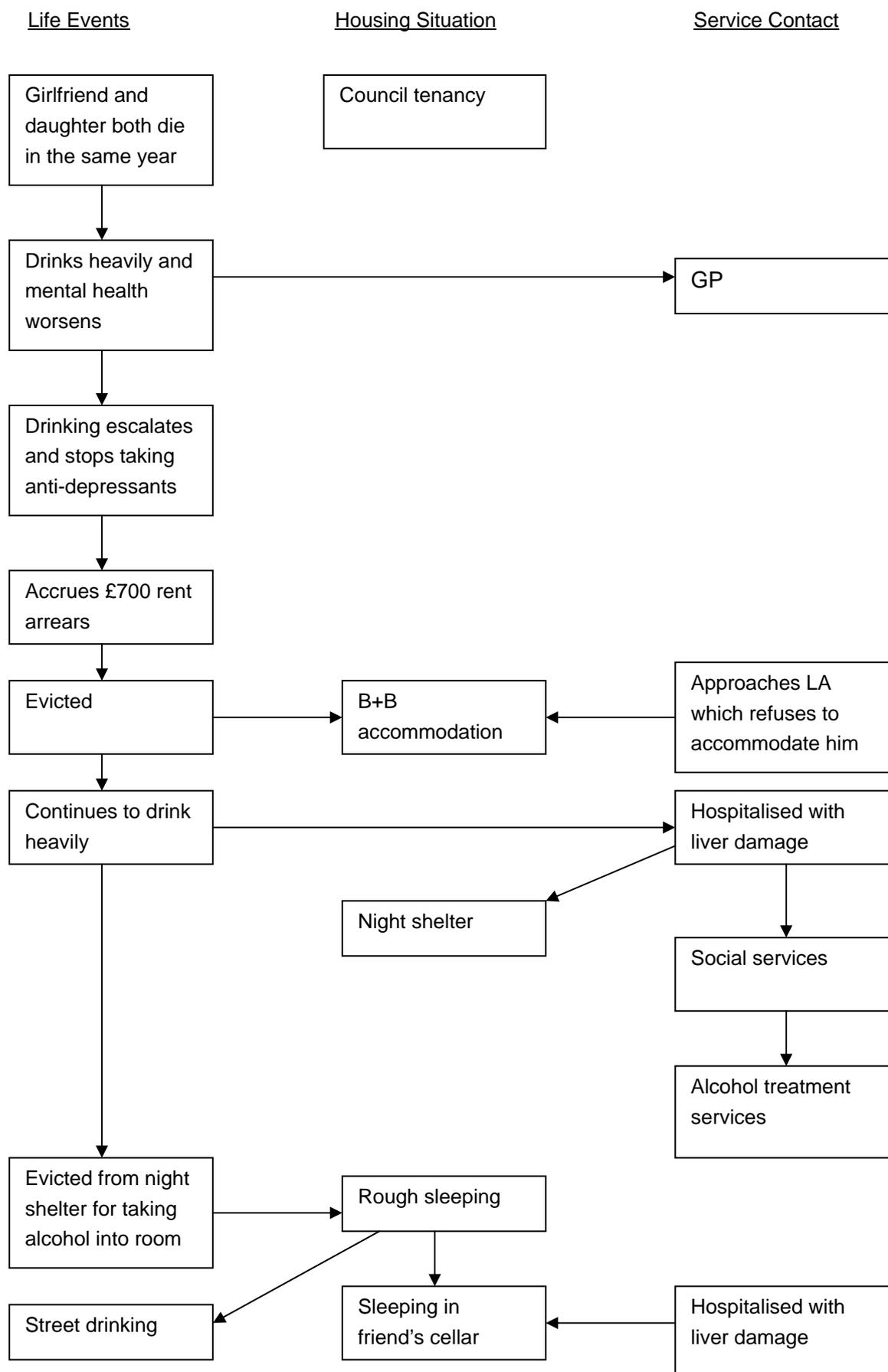


**Figure 4: Andrew’s Homelessness Journey**

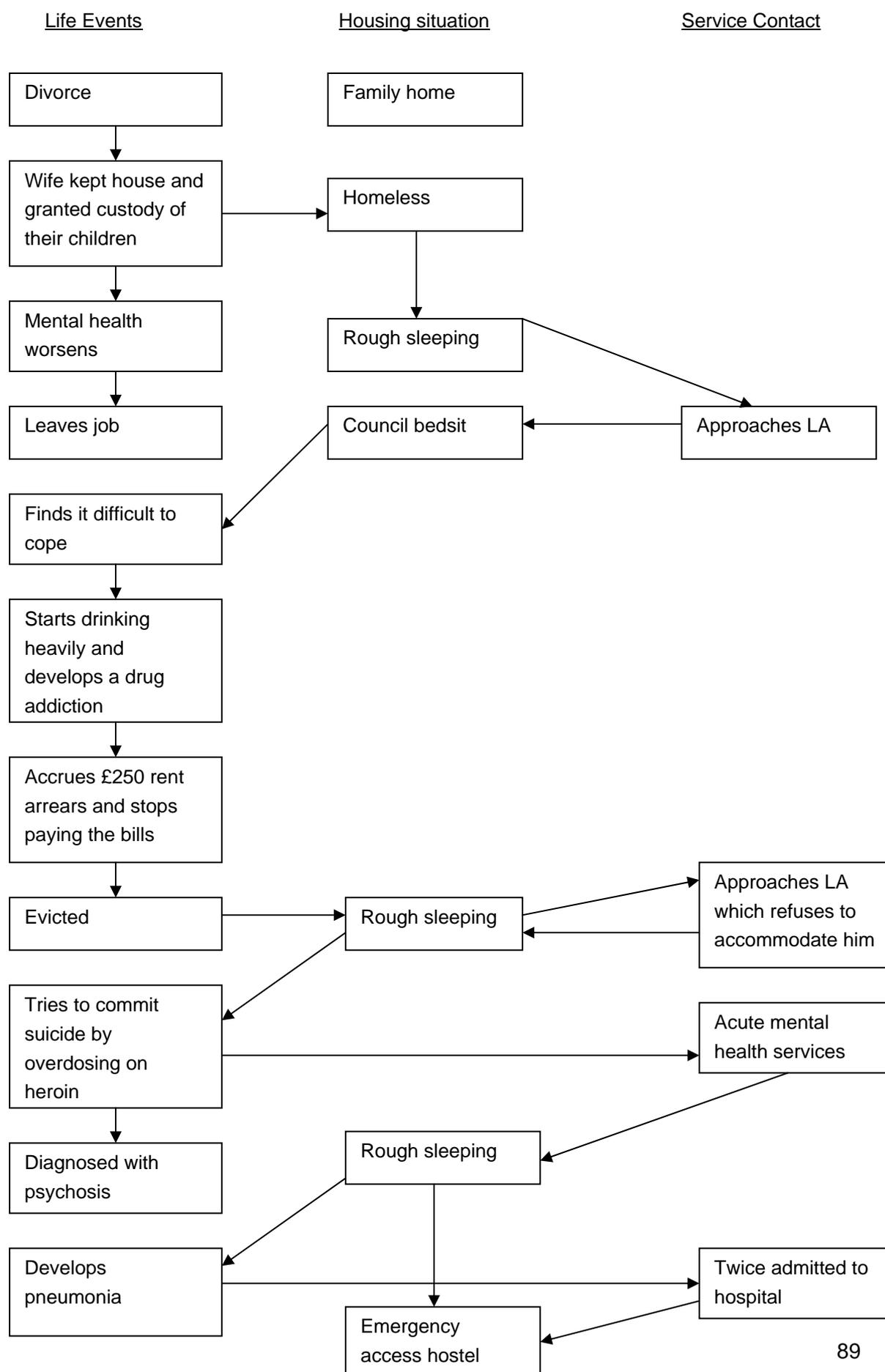




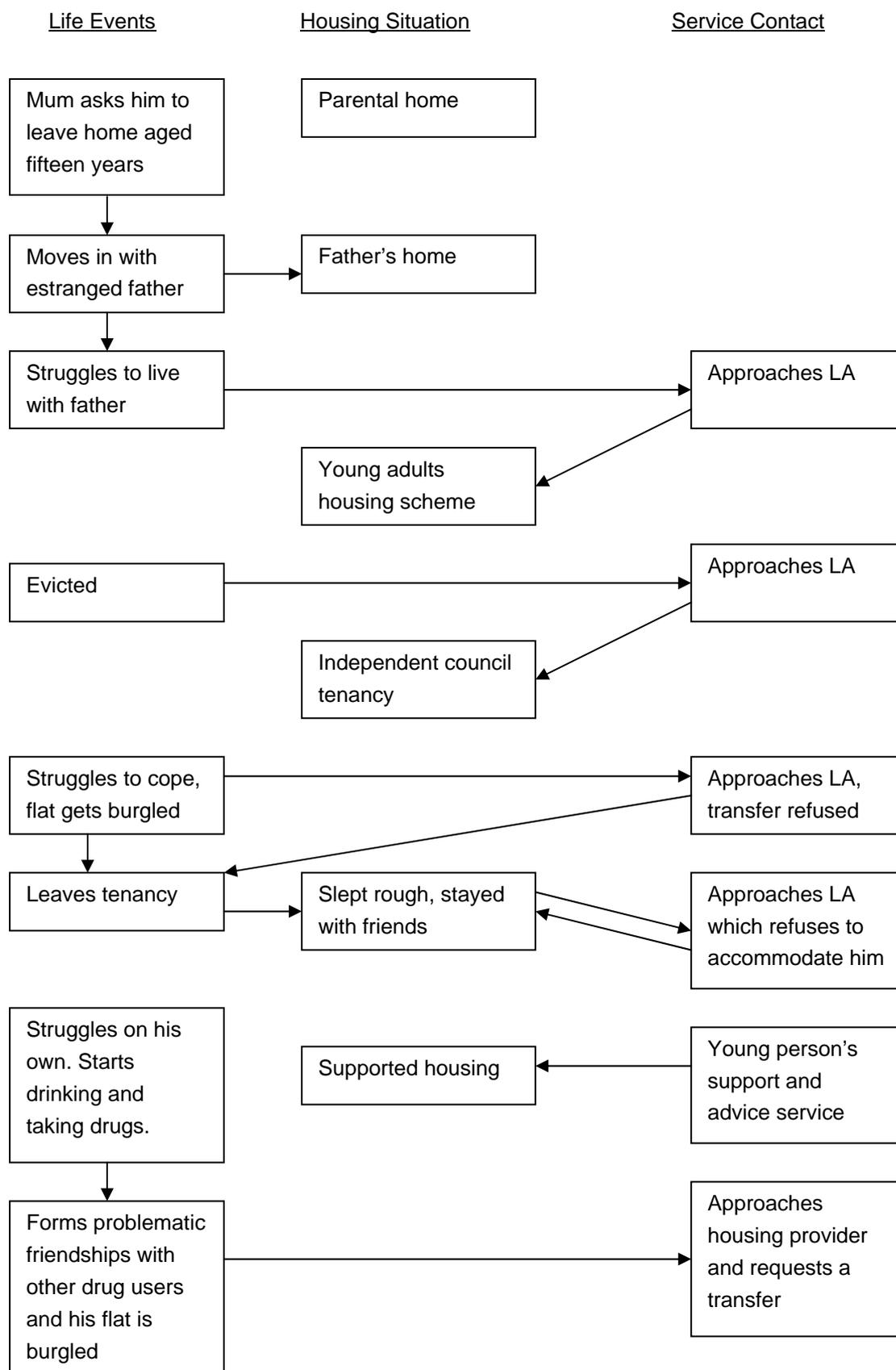
**Figure 5: Charlie's Homelessness Journey**

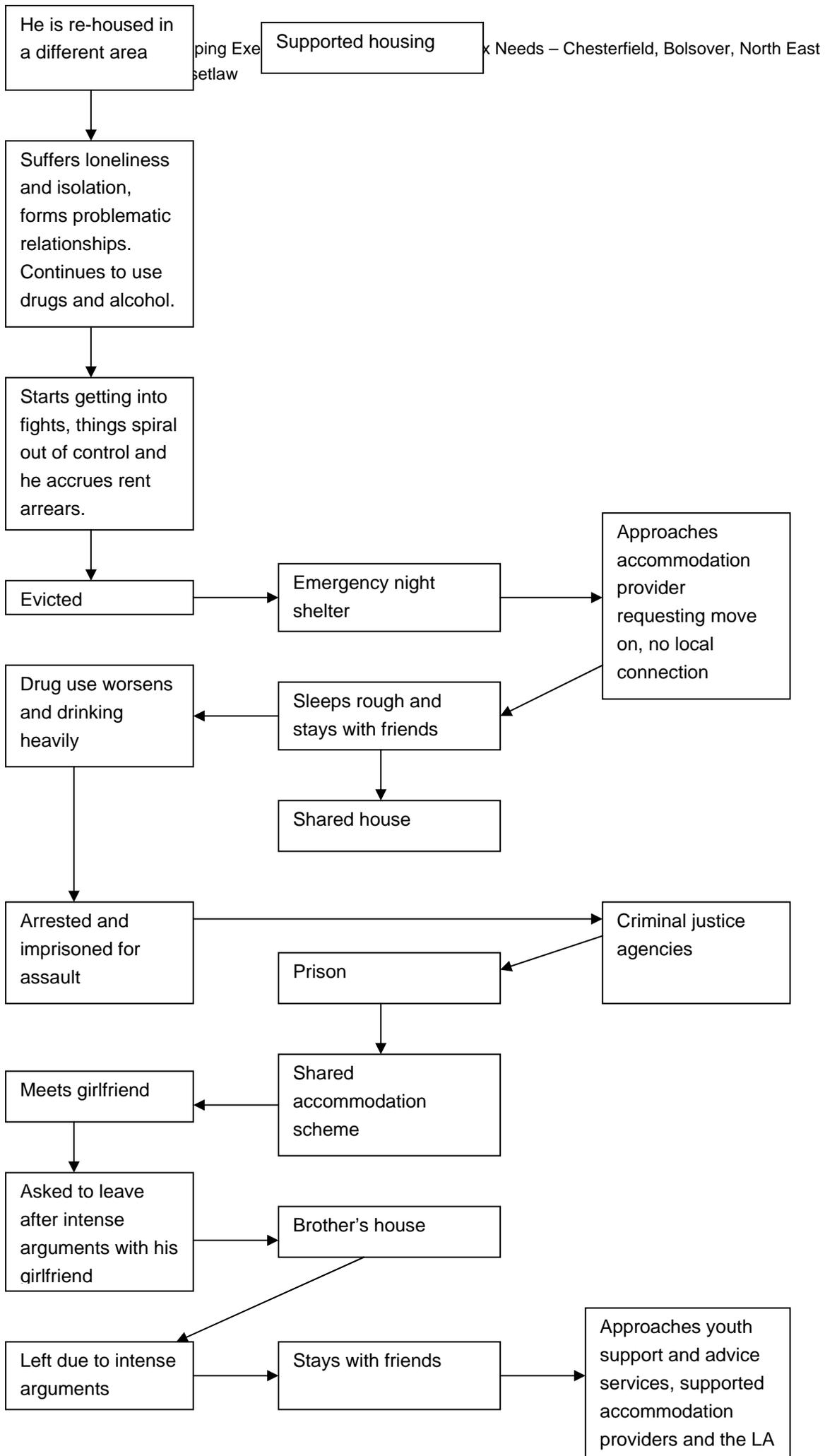


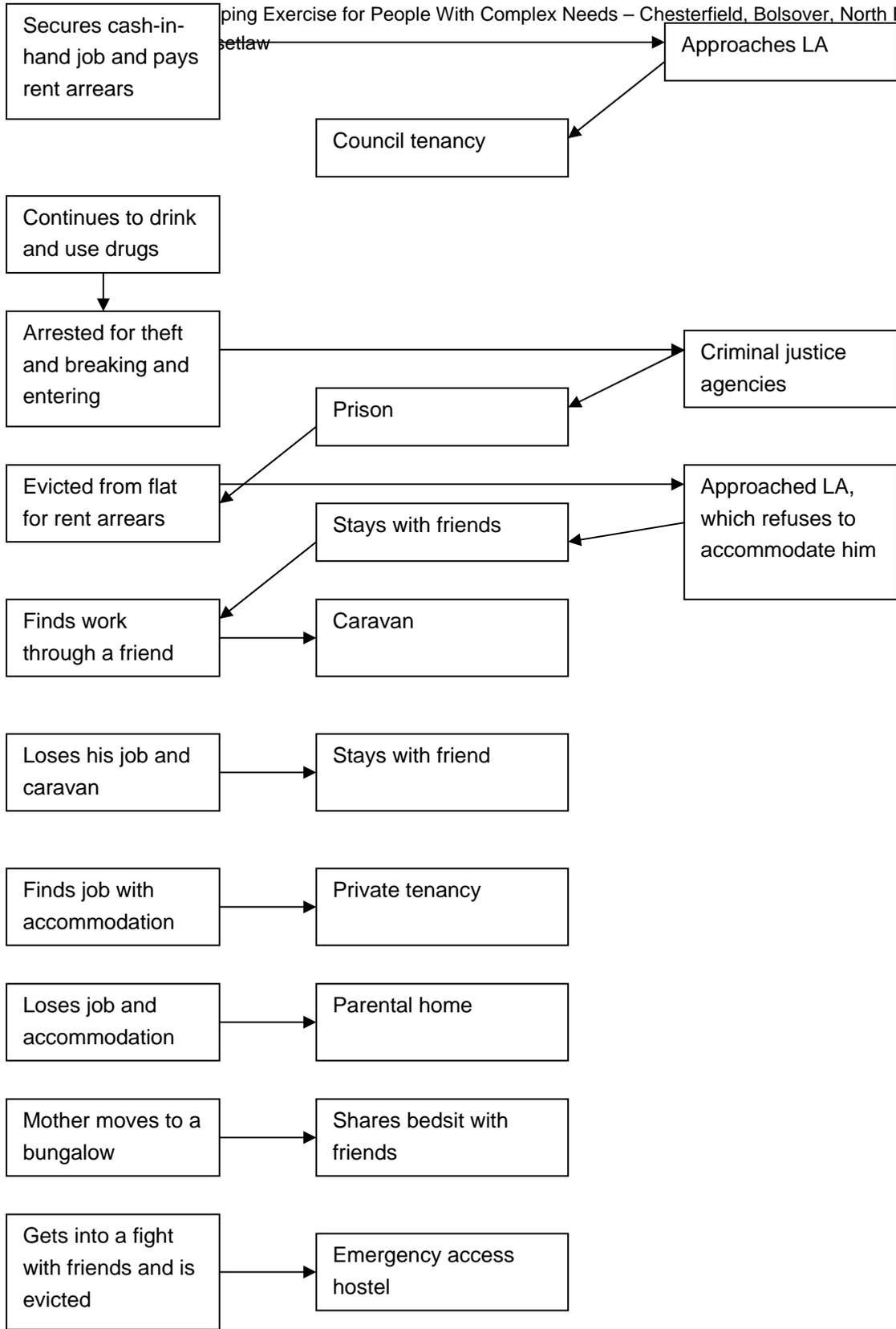
**Figure 6: Dave’s Homelessness Journey**



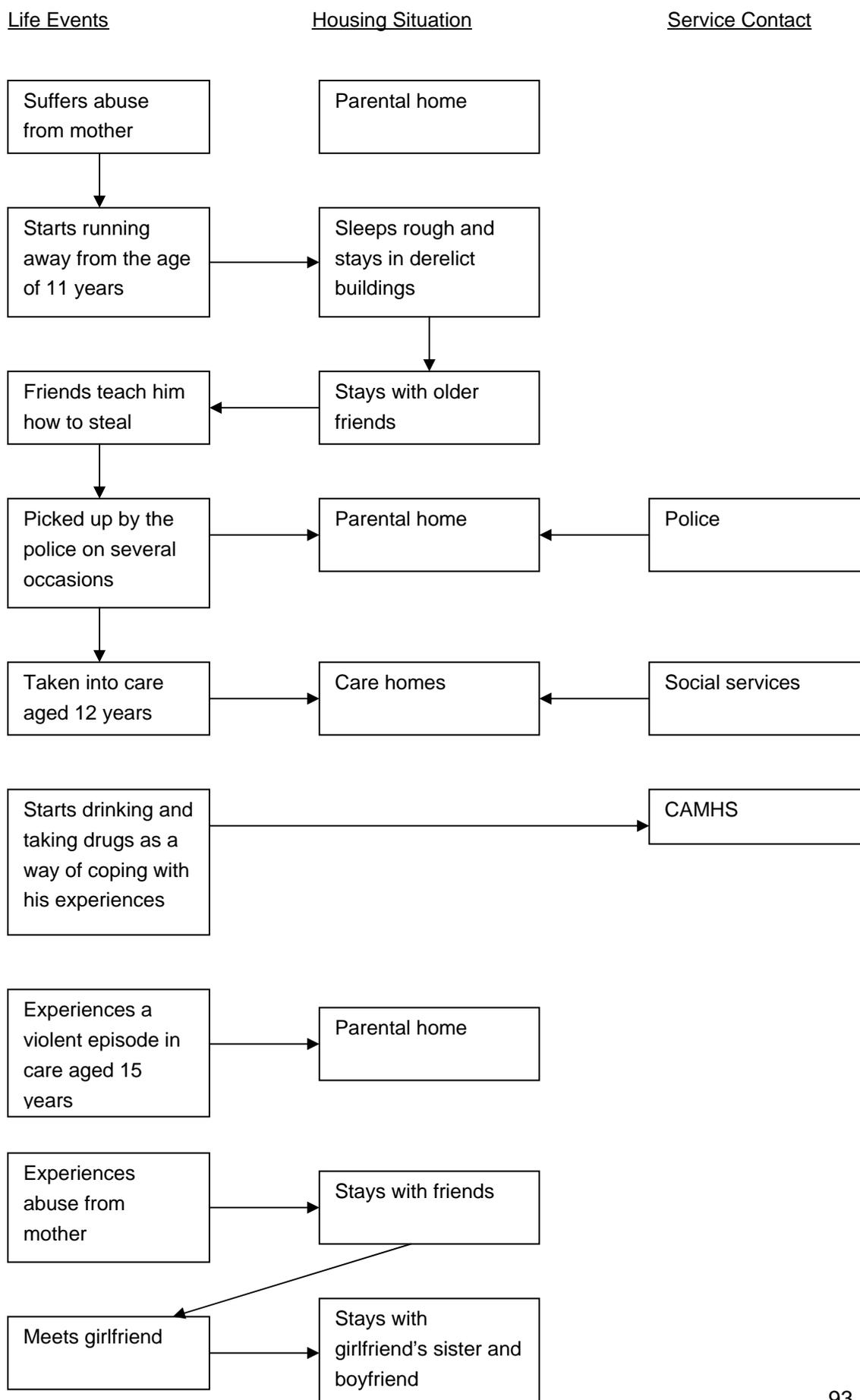
**Figure 7: Graham's Homelessness Journey**

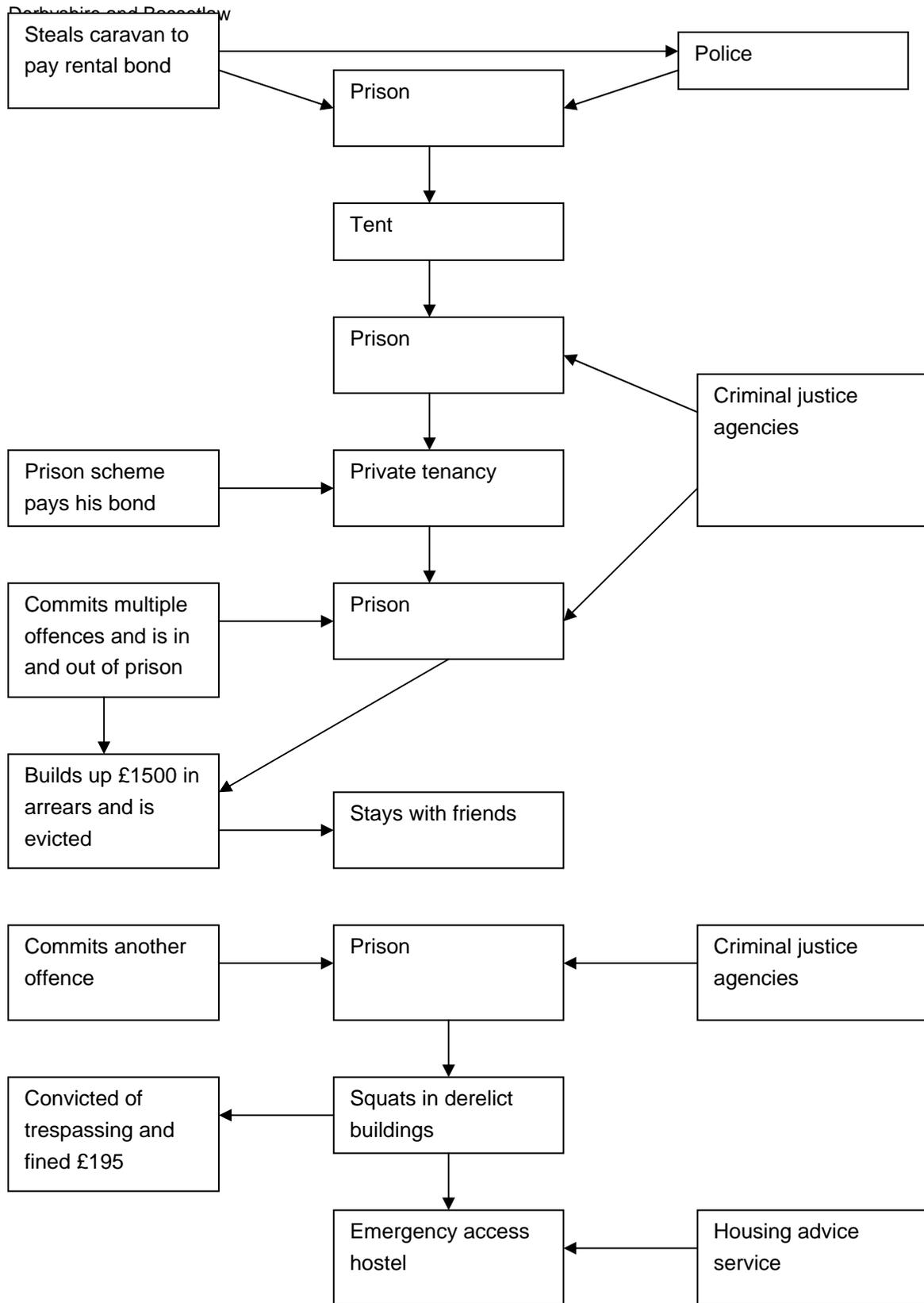




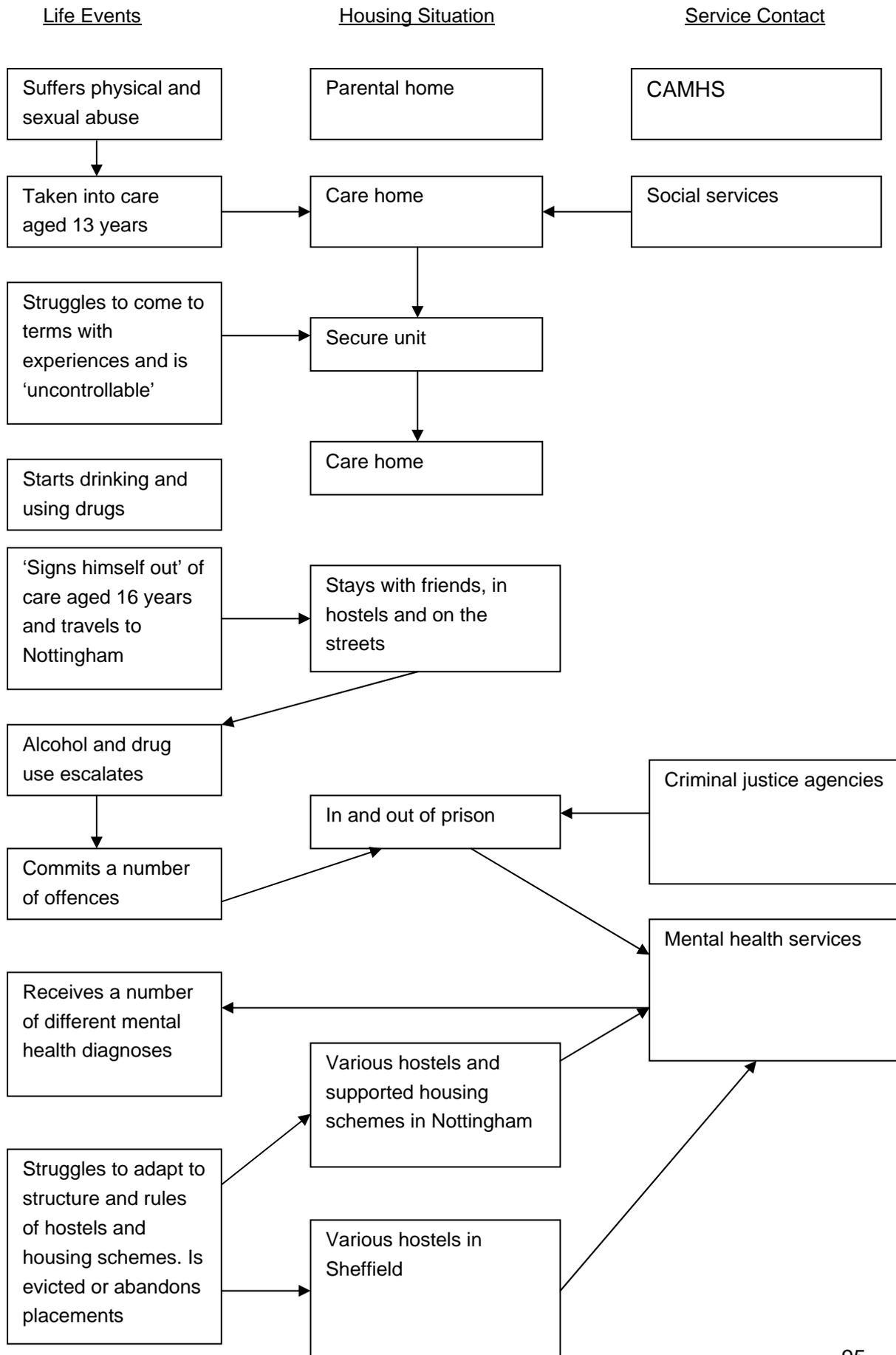


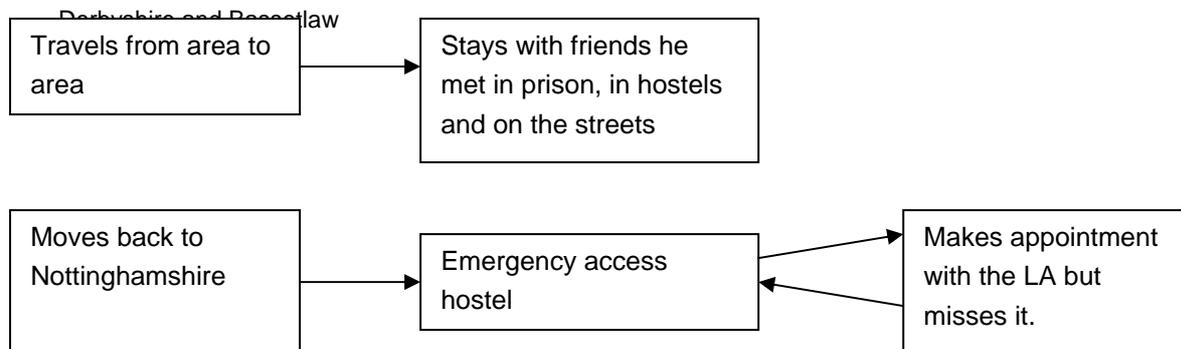
**Figure 8: Alan’s Homelessness Journey**



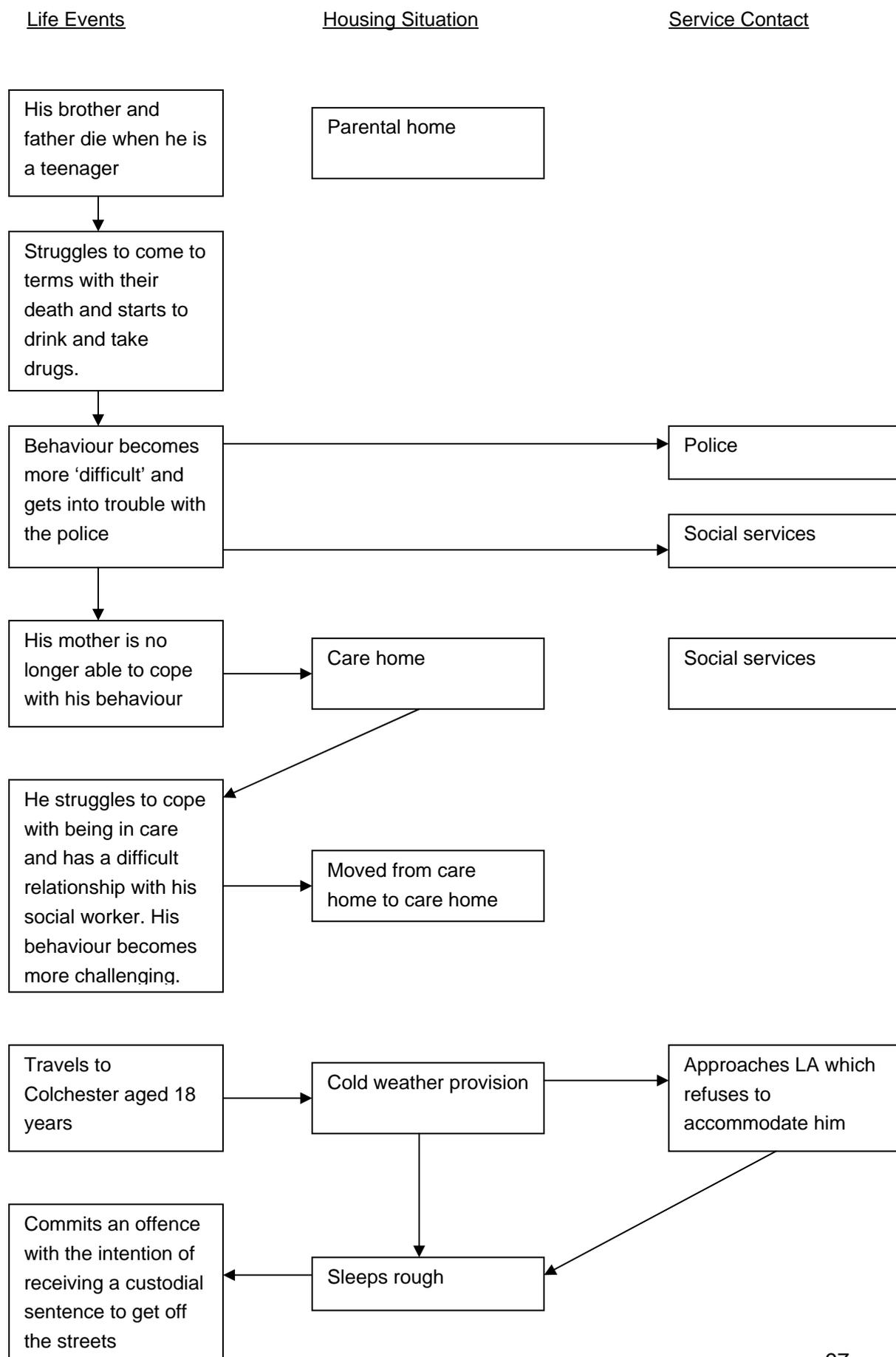


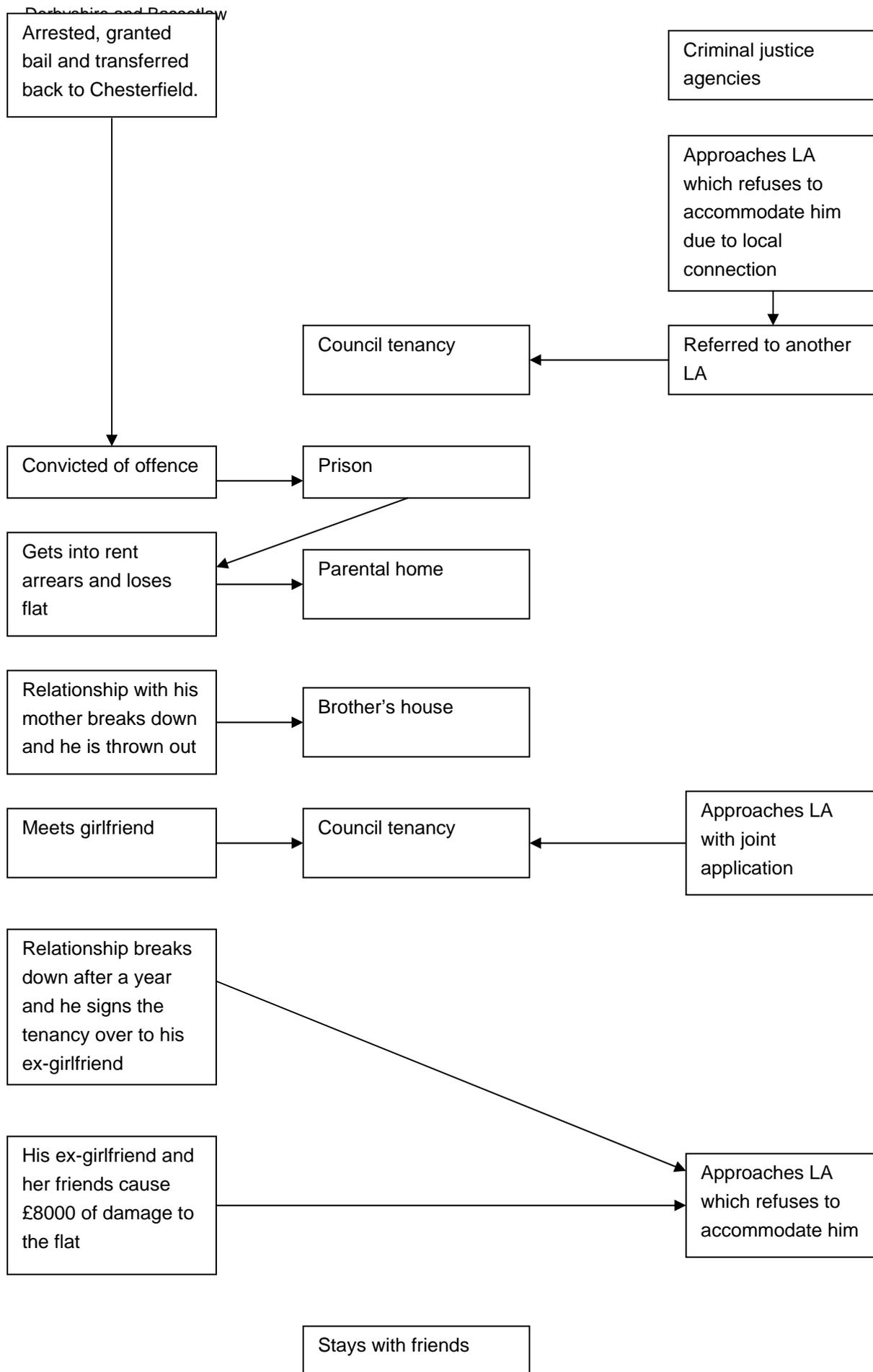
**Figure 9: Joe’s Homelessness Journey**



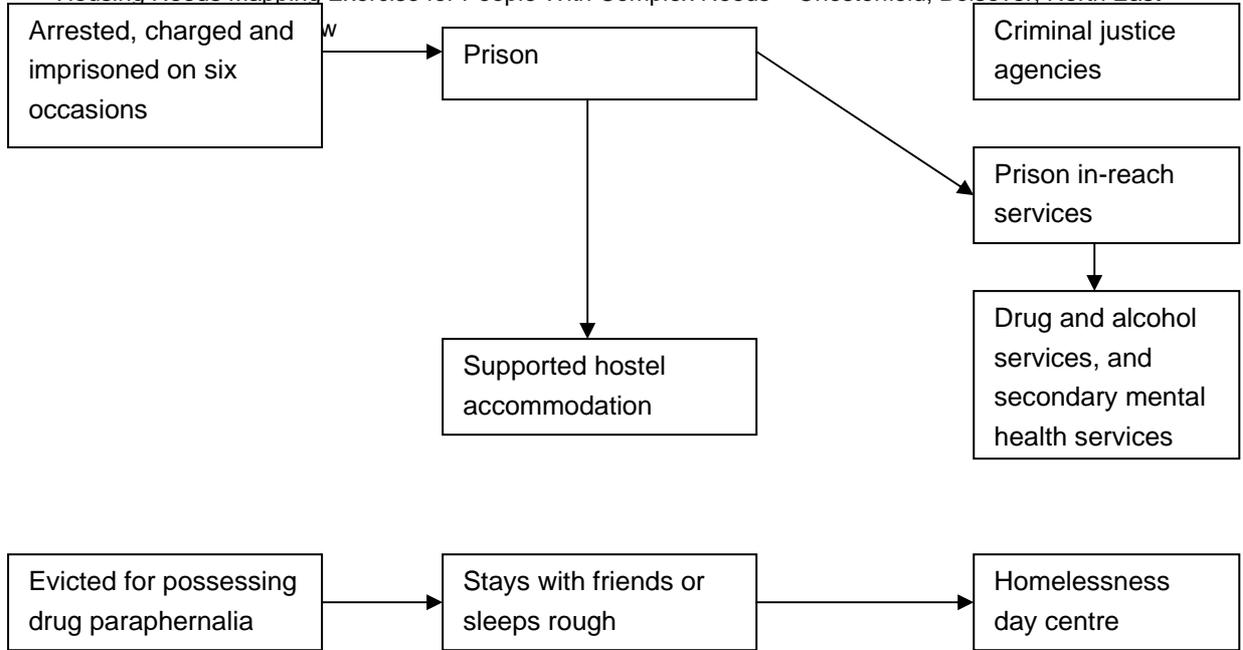


**Figure 10: Barry's Homelessness Journey**





Housing Needs Mapping Exercise for People With Complex Needs – Chesterfield, Bolsover, North East



## 7. Conclusion and recommendations

### Main findings

There is a general shortage of affordable housing across the study area. This affects people with complex needs who are more reliant than most groups on rented accommodation. Social housing is limited and private rented housing is becoming harder to access. The switch to local housing allowance is unlikely to assist with this, especially as landlords may become reluctant to take on people with complex needs due to the limiting of direct payments.

Not all need among this group is registered at the social housing level as people with complex needs may:

1. Be barred from applying due to restrictions brought about by past rent arrears and behaviour
2. Be cynical about applying due to past negative experiences
3. Not have their application properly considered because they are not engaging with the application process correctly due to the nature of their needs and behaviour.

For people with complex needs require wraparound services and support, as well as 'bricks and mortar', however, there is a general shortage of available supported housing - both accommodation based and floating.

Homeless prevention is also an issue. Most people with complex needs have had tenancies, often when they were younger, but have subsequently lost them. The standard housing allocation and management process does not work well for this group. When housed, people's needs are not always identified or 'flagged up' and consideration isn't always given to their reduced ability to deal with difficulties relating to their tenancy. This can very easily lead to tenancy loss.

Until prevention is improved, people with complex needs will continue to experience high levels of homelessness and will need to access emergency accommodation. Emergency accommodation provision is good in Worksop, but is lacking elsewhere in the study area, most notably in Chesterfield. Because of this, people are heavily reliant on the Pathways day centre and free food services in the town. These services do not provide accommodation though, and rough sleeping is an issue in Chesterfield. We would estimate rough sleeper levels to be below ten but greater than four per night.

Outside of the main towns need is lower but is still present, and will be highest in areas with the lowest average income levels. However, there is no concentration of need in any one area and so a flexible approach will be required - one that provides smaller-scale services across a number of different locations.

It is fortunate that there are some good quality providers of housing for people with complex needs. There are also examples of innovative practice. These services, however, are overwhelmed by need and become 'silted up'. Providers can, therefore, struggle to give the services for which they are commissioned.

These services also struggle at times to accommodate people with the most complex needs, and specialist provision for people with dual diagnosis and personality disorders should be considered.

For homeless people with complex needs multi agency working is as essential as providing a roof. For some agencies though, multi agency working is not enough of a priority. If the reason for this is a lack of time and resources it is a false economy, as a lack of multi agency working only increases the need for resources at a later stage.

## **Recommendations**

### **1. Study Area Wide**

#### **Access to housing**

Generally, there is evidence of un-met housing need among people with complex needs across the whole study area. However, how this need should specifically be met varies in each different locality. The most common factor though is the need to increase housing supply. Virtually all stakeholders told us they had trouble finding accommodation, and this study also contains other indicators of need.

Building new schemes or acquiring housing to convert for use by people with complex needs will need to play a role (see discussion regarding emergency accommodation in Derbyshire below). However, to significantly expand housing supply for people with complex needs, one or both of the following will need to be achieved:

- 1) Improved access to social housing by negotiating quotas with landlords.

Some progress on this front has been made in Bassetlaw already and the protocol here could be rolled out to the other study area authorities. There are other examples of successful implementation of this arrangement elsewhere in

the country too. Such quotas can be effective in ensuring fair access to social housing for people with complex needs. This will also need to be backed up by floating support to meet tenants' needs and give landlords confidence that tenancies will be sustainable.

2. Increase access to private rented sector (PRS) accommodation. This can be difficult, as landlords may be reluctant to take on tenants who they see as problematic. The private rented sector has been made accessible to people with complex needs in other areas, some of which could be classed as areas of higher housing demand than the study area. Examples of this include the Comprehensive Rent Deposit Scheme (<http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/housing-crdm/>) and the Coastal Homeless Action Group (CHAG) scheme in Suffolk. In both cases the landlord is provided with income and/ or services over and above what would normally be available in the open market. This does not necessarily require large amounts of additional funding and Discretionary Housing Benefit is just one example of how such a scheme could be paid for. Schemes such as these are most successful when support and practical help is made available to both the tenant and landlord.

### **Access to support**

Demand for supported housing exceeds supply across the whole study area, but bricks and mortar alone are not enough. Quantitative information on need is limited, as comprehensive figures are not kept. For example many people do not approach the local authorities and other agencies, thus their records are limited. However, based upon the different sources of information we have received we would estimate that demand outstrips supply by at least three to one. That is, provision must be tripled if needs are to be fully met. However, how services are developed will vary from area to area.

A threefold increase in funding is perhaps unrealistic, but we should not lose sight of the need for it. It should also be noted that such increased investment in support brings savings in other areas of public expenditure, particularly criminal justice and health, and so it will ultimately pay for itself.

Additionally, support does not have to be formal; NDWA's peer support/ befriending scheme is an example of how support can be provided beyond what can be paid for via Supporting People contracts. Further, it is non judgemental and not tied to targets, unlike the support plans used by formal support services. It is noted too that the Gateford Chambers scheme in Worksop is not SP funded.

Clearly such support would require planning and coordination to ensure the right support gets to the right people. This could then act as a gateway to more specialist help if needed, for example from mental health services.

### **Preventing homelessness**

At present, people with complex needs are being housed in social housing, which is generally welcome, but is also too easy to lose once acquired. This is experienced most acutely among young people. Housed at an early age, young people can be 'set up to fail' and long-term homelessness often follows. People with complex needs tend to struggle the most with a tenancy when things get difficult. This doesn't always happen through formal eviction and it is often the case that the property is abandoned when 'it gets too much to cope with when things get rough.'

It is a priority to minimise this as losing accommodation is in no one's interest. This could be achieved by establishing 'early warning systems' such as a 'vulnerable tenants database for tenants with complex needs and by ensuring that housing management personnel have an awareness of issues such as mental health. Such a system could help to provide an increased knowledge of tenants' support needs and improve alertness to signs that a tenancy might be at risk. Timely and appropriate support can then be made available to tenants. Expanding the supply of floating support will greatly help to prevent homelessness and there is certainly evidence of the need for it.

### **Housing options and homeless applications**

Although we found some good examples of housing options services, the statutory homeless process is not working well for homeless people with complex needs. Starting from a low base people are even less likely to be able to make a successful homeless application than they were a few years ago. This is despite, in some cases, suffering the most extreme form of homelessness - rough sleeping.

Local authorities (or RSL's) can't, of course, house every person who comes to them, but there are some measures that would help:

Transparency and communication in the application and options process must be improved. Most homeless people and many stakeholders don't understand the options and application process. This leads to unrealistic expectations or fatalistic attitudes as to the service that can be provided. Training could improve this, as could the provision of outreach sessions by Options Teams and/ or independent advice agencies at services used by people with complex needs, for example day centres, treatment services or probation. Outreach sessions could be provided for homeless people themselves or for staff at these services to discuss cases.

The homeless application process must operate alongside options services - not as alternatives to each - and options services must be made transparent by logging and auditing the advice and assistance given.

Access to services for prisoners must be improved by implementing systems to accept applications prior to release, for example via telephone or video link. With regard to this, it would be useful for authorities to measure themselves against the homeless strategy health check self-assessment contained in 'Preventing homelessness: a strategy health check', DCLG, London, 2006.

### **Monitoring need and strategic working**

An effective way to gather information about unmet need is to require service providers to keep basic but common records about the people they are unable to help. This information then needs to be fed into relevant strategies.

There should also be clearer mechanisms for regularly and routinely incorporating needs assessment data from specific strategies into other strategy areas. For instance housing needs identified by drug treatment services from client record forms should feed into strategic housing assessments.

## **2. Derbyshire**

### **Prison and hospital discharge protocols**

Derbyshire authorities have worked hard to develop protocols to reduce unnecessary homelessness among people leaving hospitals and prisons. At present these protocols remain unsigned and there is uncertainty as to whether they have been implemented. Homelessness on leaving either hospital or prison is likely to lead to re-admission to those institutions with the additional cost that this brings. Signing and implementing these documents will therefore be of benefit to the taxpayer as well as to homeless people.

### **Funding expansion - 2006**

There is an urgent need to maintain the additional 20 units established by Action Housing that followed the expansion of funding in 2006. Funding for these units comes to an end in 2008. These units have been very successful and are under heavy demand. The loss of these units would be very detrimental to people with complex needs.

### **Accessing support for mental health needs**

To maintain accommodation people with complex needs require help with the issues that face them. Across the study area support is more widely available for people with drug related needs. There is, however, less support for people with alcohol

problems and even less for people with mental health needs. Indeed, mental health services can be particularly difficult to access. Until this improves and there is better joint working between housing and mental health services, homelessness and all its consequences will continue to be a problem. Specifically:

Despite an identified need there are no services for people with personality disorders. Based in Leeds, Community Links' Personality Disorder Services demonstrate good practice and could provide advice about how to improve provision.

Improving access to counselling and psychological therapies (sometimes called 'talking therapies') to support homeless people with complex needs who have lower-level mental health problems would be very beneficial. NWDA already have such a service for women fleeing domestic abuse, which is much in demand. Some financing would be needed but the benefit to cost ratio of such services is very good, particularly in that they greatly help people to solve their own problems. Funding for such services can be difficult to obtain but it is noted that 'talking therapies' are now on the government's health agenda.

Mental health services could provide outreach at frontline homelessness services for example homeless day centres. This will also improve joint working with agencies and provide increased access for service users.

### **Communication**

An awareness of housing options by non-housing services could improve the service they give to their clients. Directories, for instance, are not necessarily up to date or specific enough about who is eligible for services, local connection restrictions, size of schemes, length of stay etc. One straightforward way of achieving this is to place and maintain up to date information about Derbyshire services on the Homeless UK database ([www.homelessuk.org](http://www.homelessuk.org)). The availability of this database could then be publicised.

### **Multi agency monitoring**

There is no multi-agency monitoring system in Derbyshire. The benefits of such a system in Nottinghamshire are clear. It has been described as a 'rich source of data' by the University of Birmingham in their recommendations to the East Midlands Regional Homeless Strategy, leading to the development of new services such as the emergency provision in Worksop.

### **Emergency provision in Chesterfield**

The development of some kind of emergency provision remains a priority. This is not a new argument - it was noted as a priority in the Homeless Strategy from 2003 .

There has been some work to establish a scheme by the Local Authority and others

but so far this has not been successful. Our research shows the need to renew efforts. Chesterfield is on its own among the significantly sized towns and cities in the East Midlands in not providing emergency accommodation for homeless people. Even some smaller towns in the region such as Worksop, Loughborough and Boston are better equipped.

However, when considering emergency accommodation, care should be taken to get the service right. One scheme will meet some but not all peoples' needs. For example housing drug users can exclude non-drug users and vice versa. Consideration should, therefore, be given to providing emergency accommodation on a smaller scale and perhaps in a number of dispersed units. This could be achieved through developing small-scale dedicated projects for different needs. Alternatively, emergency beds in existing schemes could be developed. Or, if one scheme is to be provided then separate areas for different needs could be considered. Such an approach would allow for separate provision for the small number of chronically homeless alcohol users present in Chesterfield. They may who may not be willing to use a hostel but may benefit from a separate 'wet' scheme.

Chesterfield does have a small number of chronic homeless alcoholics and consideration could be given to developing a small wet house to meet this need.

Emergency accommodation, by its very nature, will necessarily house drug users. Steps should be taken to ensure the safe and legal use on site, rather than requiring drug users to go off site to take drugs, or by 'turning a blind eye'.

In all cases, an essential aspect of emergency provision should be the availability of psychotherapeutic interventions. There should also be some provision available to couples. Generally couples' needs are often overlooked, but couples were well represented among the service users we interviewed.

### **Bolsover and North East Derbyshire – a dispersed hostel**

Due to the demography of the districts, Bolsover and North East Derbyshire will have difficulties implementing the conventional model for meeting the housing needs of people with complex needs. Both districts have no single dominant population centre. Each has a number of smaller centres, all with some level of need but none of which is overwhelming. So if, for instance, a direct access facility were to be established, finding one satisfactory site to serve all needs would be difficult. Yet given the high levels of income deprivation and other indicators, there are certainly pockets of need. In the case of Bolsover, this is likely to be spread across the entirety district. In North East Derbyshire need is most likely to be concentrated in the area stretching from Clay Cross towards Bolsover district.

To meet need in this area we recommend the development of flexible, small scale, dispersed, but intensively supported, accommodation. This model is sometimes referred to as the 'dispersed hostel' model. Initially, we recommend developing up to 12 bed spaces in 6 two-bed flats, spread across the Bolsover/ Clay Cross area.

Housing could be leased from Rykneld Homes, the Local Authority, from a private landlord, or a combination of these.

Housing would then be leased to a specialist support provider such as Action Housing or Stonham. Their support would need to be intensive, especially at the start of a tenancy or licence. Outside of office hours an emergency telephone line would need to be available to assist with any urgent practical or emotional issues that arise. Such a service would be essential if people with complex needs were to be housed. Ideally, the project would be run from an office based within the area, perhaps located at one of the units.

A proportion of the units could be kept available as short term/ crisis/ emergency accommodation. These would not need to be fixed, but occupancy would need to be limited to avoid the danger of 'silting up'. Residents would look to move to lower intensity support - although for some complex cases this may be a slow process and for the most complex cases it may not happen at all - so sources of funding other than Supporting People may need to be found.

As an innovative project, the service could develop incrementally allowing for a certain amount of testing and evaluation before expanding in response to demand. Thus, the initial aim could be to start with six beds working toward twelve with the potential to increase provision if the project was successful and demand proved high.

Before establishing the scheme, 'buy in' should be established from the Police, Probation, mental health and drug and alcohol services so that the project is a genuine multi-agency initiative. Without this 'buy in' the project will not work.

### **3. Bassetlaw**

Bassetlaw has a reasonable amount of provision for people with complex needs, particularly in and around Worksop. There are two hostels; one available for emergency needs whilst the other is used for move on and self contained accommodation with floating support.

Multi-agency working and day services are reasonably good. Support with drug and mental health needs is generally available and at least two schemes can be described as innovative. These are the employment of a dual diagnosis worker by

the PCT and DAAT, and the development of the Gateford Chamber scheme. The latter scheme provides twenty-four hour support but is not Supporting People funded.

Overall, the level of provision for a town the size of Worksop (40,000) is greater than in many larger communities. However, despite this our research did reveal some gaps in provision.

Perhaps the biggest gap in services is in the East and North of the district. There is some floating support available across the district, but floating support may not be suitable for the needs of people at the more complex end of the scale. The only specialist accommodation based provision is for young people and this is based in Retford. To meet this need, accommodation-based provision across the district and for over 25's should be developed. The development of projects should be based on small-scale units, similar to that which we have recommended for Bolsover and North East Derbyshire. Although evidence is limited, Retford appears to have the highest level of need. It is likely that such a project would need to operate on a drug-managed basis, as practised by Framework and Nacro.

In Worksop, consideration should be given to switching the emergency provision to a harm minimisation approach, as the project currently works with drug users. Alongside this, however, there is a need to create a drug free project for former or non-drug users.

There is concern about a rise in problematic alcohol consumption. The main need is to increase access to treatment and support. Resources for this will come mainly from the health sector. However, from a housing perspective, good links are needed between both alcohol services and housing to ensure homelessness is prevented in those cases where alcohol consumption is a problem.

The employment of the dual diagnosis worker allows for engagement with some of the most complex cases. This is a relatively small group of people but their needs can extend beyond the services currently provided by supported housing providers. Consideration should, therefore, be given to developing a specialist dual diagnosis project. It is important that such a project is able to work with people with a dual diagnosis as well as those with a formal mental health diagnosis.