

Rough Sleeping Reduction Strategy 2024-2027

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Foreword

The issue of rough sleeping is multi-faceted and complex and therefore cannot be managed in isolation. As a Council we are committed to not only reduce the number of those sleeping rough but support them into appropriate services and away from Rough Sleeping altogether. I would therefore like to set out the Council's Vision and Aims, outlining the actions we will be taking to support this important piece of work.

Rough Sleeping is at the very sharp end of social exclusion. Thankfully, it affects a relatively small number of people but those people are amongst the most vulnerable in our society and we need to be doing more to help them. We know there continues to be some rough sleeping so working closely with our partners we must look at how we can build on the successes of the previous strategy. I should be clear that whilst the Council fully recognises and applauds the invaluable work of all the agencies involved in tackling this issue over many years, I believe collectively we must revisit some of this work in order not just to meet the aims of the Council but far more importantly help and support those individuals that are in most need. With the support of our partners the Council proposes to deliver a multi-agency approach to achieve this.

The Government published the Rough Sleeper Strategy (August 2018), with the aim through partnership working, to halve rough sleeping by 2022 and eradicate it completely by 2027. More recently, in September 2022 they published 'Ending Rough Sleeping for Good'. At the heart of the strategy there are 4 core strands - Prevention, Intervention, Recovery and a transparent and joined up system, all of which are embedded into the Swindon Reducing Rough Sleeper Strategy 2023 – 2028.

Swindon has been successful in securing funding from the Government's Rough Sleeper Initiative Fund since 2018/19. The Council have secured funding of £1,744,303 for the period 2022 – 2025 which will be used to continue initiatives such as an Assessment Centre, Temporary Winter Housing Provision, a Housing First Model (12 units), Increased Floating Support, an Assertive Outreach/In-reach Service, Homeless Navigators and Homeless Project Co-ordinator.

We fully recognise that this is not a stand-alone strategy and cuts across multiple areas, such as health, employment and inequality and is one element of addressing Rough Sleeping in Swindon. This strategy aims to pull together all work streams and new legislation to provide a comprehensive and co-ordinated approach to deliver key objectives.

We want to put in place the structures to protect more people from the trauma of rough sleeping. Where it does happen, however, we want it to be met with a rapid and tailored response every time – that may be putting a roof over the person's head, supporting their recovery, and helping them move away from life on the streets for good.

This strategy is only the start and we will formulate an Action Plan to implement over the next few months so that we can embed the vision and aims which will be monitored and reviewed by all agencies, both statutory and non-statutory on a bi-annual basis.

What is rough sleeping - General

Rough sleeping is defined by the Government as:

There is no single definition. When counting the people rough sleeping, the UK government defines rough sleeping in the following way.

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments).

People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters often comprised of cardboard boxes).

The All-Party Parliamentary Group on Homelessness has described people rough sleeping as “people who are not in any accommodation and are literally sleeping rough, for example in doorways, parks or vehicles.”

Why do people sleep rough?

The reasons for becoming homeless and sleeping rough will differ greatly from person to person. However, there are some common risk factors that make it more likely that a person could end up sleeping rough. These include:

- Family conflict and/or relationship breakdown resulting in loss of accommodation
- leaving institutions such as care homes, prison or the armed forces
- Mental health problems
- Substance misuse, both drug and alcohol dependencies.
- Dual diagnosis (mental health problems combined with substance misuse)
- Financial problems (e.g. losing employment and/or being evicted)
- Physical health problems
- having no recourse to public funds (including those who live in one area but travel to another area to work)
- Refugees or people seeking asylum

Many people who sleep rough display multiple risk factors, which can mean their needs are more complex and difficult to resolve.

Reducing Rough Sleeping Strategy 2019 – 2022 Review

In November 2018 we recorded 35 individuals sleeping on the streets of Swindon and 9 most recently in November 2022, while this is great progress we know that without appropriate and

further intervention this number will increase again. Swindon Borough Council and its delivery partners are committed to reducing rough sleeper numbers by ensuring there are sufficient and effective policies in place, enabling people to access appropriate services and accommodation thus moving away from street Rough Sleeping altogether.

The Council has worked with the Government's Rough Sleeping Initiative and its delivery partners to co-produce a range of funded interventions to meet the needs of rough sleepers in the area since 2018. The Council were delighted to have been awarded £194,000 for 2018-19 to fund the following services:

- A dedicated rough sleeping project co-ordinator – raising the prominence of initiatives to end rough sleeping and ensuring delivery of the programme.
- Set up Temporary Winter Housing Provision between November – March 2019
- 3 assertive rough sleeping outreach workers, focused on engagement with people on the streets, enabling reconnection and access to sustainable, supported accommodation.
- 12 units of supported Housing First accommodation.
- Specialist mental health training aimed at better equipping staff to work with and identify those most vulnerable and at immediate risk.
- Additional floating support to prevent loss of tenancies in the private rented sector.
- Establish a Day Centre 'one stop shop' to co-ordinate and integrate services in one location which cuts down on the need for people having to visit different services.

This funding really provided a platform from which we could collectively start to tackle rough sleeping, enabling the Council to resource and co-ordinate services. Securing funding every year enabled us to collectively continue with and build on those services.

The number of people rough sleepers is evidence that there has been progress on reducing and preventing rough sleeping in Swindon over the duration of the 2019-2022 strategy. The numbers reflect that and services are much more aligned with common goals and ultimately better outcomes for the individuals who need support.

Individuals are receiving a much more holistic and person-centred system of support that puts the individual at the heart of finding long-term positive outcomes. Each individual will have their own specific needs and services are now much more able to adapt than previously.

Covid occurred within 12 months of the new strategy and undoubtedly had a major impact on Rough Sleeping. The Government's 'Everyone In' initiative during 2020/21 required all local authorities to take urgent action to house people sleeping rough, and those at risk of rough sleeping, in order to protect people's health and reduce wider transmission of Covid-19. This required 'self-contained' rooms with minimal sharing of facilities to enable people to practise social distancing and self-isolate, as appropriate. Partnership working between local authorities, voluntary-sector organisations and partners within the localities supported rough sleepers and those at risk of rough sleeping into the most appropriate type of accommodation available.

Over 150 individuals were accommodated across Swindon during the "Everybody In" initiative. As a result of this work under 'Everybody In', the Council and its partners has supported the majority of these persons to subsequently move on to alternate accommodation, including

supported housing and private rented accommodation. Providing both this immediate and longer term accommodation is a key part of an overall response evidenced to have prevented deaths and hospital admissions among those experiencing or at risk of homelessness. To date, the Council has moved clients on to a wide range of accommodation options.

Swindon's Housing First Model

Housing First has been the most effective initiative in reducing Rough Sleeping among people with high and complex needs, but it does not constitute a solution to single homelessness, or rough sleeping, in itself. The council secured £585,000 from Government in 2020/21 to help purchase 9 x 1 bed self-contained independent accommodation across Swindon, providing choice, support, stability and security.

There are a number of underlying principles that separate Housing First from other forms of more traditional housing. These include:

- Housing First provides rapid access to settled, independent housing, often using ordinary private rented or social rented housing.
- Access to housing is not conditional, i.e. someone using Housing First does not have to be assessed as 'housing ready' before housing is offered
- Housing, treatment and support are separated, i.e. someone using Housing First is not required to show treatment compliance, or changes in behaviour, once they are housed
- Support is provided using an intensive floating service, which visits people using Housing First at home, or at agreed venues, and provides case management, practical and emotional support. Caseloads per worker vary by service, but will typically be between three to eight individual service users at any one point.
- There is an emphasis on ensuring that the possibility of positive change in someone's life is clearly conveyed, without any requirements being set in relation to behavioural or other changes, often referred to as a recovery orientation in Housing First services.

It is important to recognise Housing First as a health and wellbeing intervention as well as a housing service. Funders and commissioners across health, public health, criminal justice and social care should consider Housing First as a model of supporting people with complex needs.

Rough Sleeping in Swindon

What's the scale of rough sleeping in Swindon?

Figure 1: Statutory rough sleeper return figures since October 2020



Vision and Approach

What we want to achieve

We acknowledge the significant challenges with eradicating Rough Sleeping but it is something that we are aiming and striving to deliver in Swindon by 2027 in line with government aspirations. We aim to end rough sleeping via prevention, and where not possible, making it rare, brief and non-recurrent throughout the lifetime of this Strategy. We will also set a demanding target for the duration on those occasions an individual if found rough sleeping remains on the street will be supported into accommodation.

We have identified Four strategic priorities to help us deliver our ambition:

Priority One: Prevention

Strategic Objective: Rough sleeping is prevented

We will do this by:

- Developing our services to provide fast access to housing and homelessness services, including through our website and our co-ordinated services.
- Sharing information appropriately to identify those at risk of rough sleeping to offer advice and support
- Working in partnership to prevent homelessness at prison release or hospital discharge, including mental health wards.
- Engage with people with lived experience of rough sleeping to understand what led to them rough sleeping, what solutions they would have found most practicable and we will use this learning to develop our prevention services
- Exploring all housing options to prevent rough sleeping.
- Access to a range of appropriate services and affordable housing options, if required, to enable successful move on from rough sleeping and into independent living.
- For those with lower support needs: a focus on advice and financial assistance, e.g. rent deposit and rent in advance) to access a property, support into employment and a lower level of on-going tenancy support.
- For those with medium support needs: provision of accommodation with effective floating support tailored to individual need.

- Specifically ensure that we have a co-ordinated partnership protocols to reduce Hospital Discharge to the streets.
- Work with social and private sector landlords, advice providers and adult social care to help people to manage their tenancies and better improve their life skills.

Priority Two: Intervention - When people fall into crisis, we will act swiftly to give them targeted support to get them into accommodation or off the streets.

Strategic Objective: Offer the right accommodation and support at the right time. No second night sleeping rough.

We will do this by:

- Making an offer of accommodation and support to all verified rough sleepers.
- Commission supported accommodation that is tolerant, understands and addresses complex needs and which applies a psychologically and trauma informed environment so that we can support people appropriately and address the root causes of rough sleeping.
- Work with partners to provide all round support that is right for the individual.
- Link to community connector services through our Help Hub for access to GPs and other Health services.
- Provide every individual who sleeps rough with a personalised support plan that helps them reconnect with society and build their lives.
- Using our high support housing (Housing First) service
- Increasing our temporary accommodation stock
- Ensuring those who are most vulnerable are helped through our housing and homeless teams.

Priority Three: Recovery - We believe that ending homelessness is about more than a roof over someone's head and we will support people to live independently and lead meaningful quality lives.

Strategic Objective: The impact of the service is positive and long-lasting for the customer

We will do this by:

- Recruiting a non-medical specialist to assist those with multiple support needs such as mental health and substance misuse.
- Using a support offer to both prevent further rough sleeping and sustain tenancies once housed.
- Ensure existing support services and partners are working collaboratively with the individual at the heart of decision making.
- Promoting and helping people to access skills, education and employment opportunities.
- Help with moving on through supported housing.

Priority Four: Systems

Strategic Objective: Working together to eliminate rough sleeping

We will do this by:

- Making sure that services are designed with people with experience of homelessness and rough sleeping
- Work with wider health services through newly formed Health and Wellbeing Partnerships to improve wellbeing and reduce health inequalities.
- Explore funding opportunities in addition to Rough Sleeping Initiative Funding to support our services.
- Empowering - Empower people to make decisions and choices about their lives
- Recognising potential - Recognise people's potential and help them build on their strengths and assets in a way that works for them
- The need to have a core set of shared values to underpin the Strategy emerged strongly through the consultation and engagement and clearly link to Swindon's approach to equality of opportunity. The shared values we will work to are to

- Respect - We will treat everyone with respect and will recognise and value individual differences
- Dignity - Ensure everyone has the right to live with dignity.

Partnership approach

We want to develop a consistent town wide approach to prevent rough sleeping. We know that Swindon is fortunate in that it has a caring and tolerant population with many of its patrons already providing support for those sleeping rough by offering funding via personal donations and charitable work. For example, volunteering at local projects. We would like to build on that commitment.

Local partners are key to the delivery and sustainability of reducing rough sleeping within Swindon Borough Council. Key partners include

- Social and Private Landlords
- Support agencies
- Mental Health and Substance misuse agencies
- Police
- Probation
- Prisons
- Health Services
- Voluntary and Faith sectors

As a committed Council, we want to make sure that all those seeking to help rough sleepers are doing so in a way that leads to sustainable solutions - that help encourage people to engage with services to move away from rough sleeping completely. Success in preventing rough sleeping and in particular entrenchment requires all services promoting the same consistent message - a single offer of support focussed on minimising the risk of those getting into crisis and spending time on the streets in the first place.

All those involved with rough sleeping are asked to pledge their support to the vision, partnership working and priorities of this strategy to support people away from the streets.

Lived Experience

Part of the Strategy recognises the need to positively engage with those individuals who need or access services with a view to improving and tailoring those services to deliver the best outcomes.

However, there are qualitative studies and reports carried out by St Mungo's and Crisis that have provided insight and recommendations that can be adopted across the UK. Our data and level of Rough Sleeping suggests that while the individuals are unique, the challenges we face are very similar to those elsewhere. We have listed below the recommendations from the

'Knocked Back' report by St Mungo's published in 2020, which the Strategy captures under the various elements within the four strategic priorities

1. Recognising trauma

Due to the high rates of trauma among this group, all services and pathways should be trauma informed and psychologically informed, with policies and strategies in place to support the development of appropriate service provision and suitable working practices.

2. Recognising care and support needs

Local areas should recognise that someone sleeping rough with drug and alcohol needs is highly likely to have care and support needs, with high rates of abuse, neglect and self-neglect. This means every area should have processes in place to ensure timely access to Care Act assessments for people sleeping rough and reviews into any deaths that occur, as well as building improved local understandings of self-neglect, substance use and homelessness.

3. Integrating health, care and housing

Ensure that all Integrated Care Systems (ICSs) develop plans which include reference to rough sleeping, and prioritise the integration of housing, mental health and substance use treatment pathways. This should ensure the right treatment and housing (e.g. Housing First, supported housing) is available when people need it, and no one is denied access to detox or rehab due to a lack of housing.

4. Commissioning differently

Explore different approaches to commissioning the range of services which work with this group, including longer contracts, joint commissioning, and using a wider range of shared patient-reported outcome measures to judge treatment success. This should include measuring 'distance travelled' and levels of access among vulnerable groups – and integrate these measures across a range of services.

5. Specialist services

Commit to commissioning specialist services for people sleeping rough with drug and alcohol problems. This should include a greater number of women-only services, increased Housing First and supported housing provision, services for individuals without recourse to public funds, and multi-disciplinary teams providing integrated outreach, mental health and substance use support.

Governance & how this strategy will be delivered

An action plan will be developed following agreement of the strategy and will be owned by the Council and partners in Swindon. The action plan will be a plan for all agencies that are committed to tackling Rough Sleeping and not a plan just for the Council. It will be reviewed on a regular and continuing basis throughout the life of the strategy by partners and reported to senior managers and Swindon Borough Council's portfolio holders who are responsible for homelessness and rough sleeping.

