

Hastings Housing Strategy – Sub-Group Summary

Name of Subgroup	Homelessness & Rough Sleeping
Lead Officer	Alan Sheppard – Housing Strategy & Operations Manager Jordan Isaac – RSI Co-ordinator
Subgroup members (full names & Organisations)	Frances Mapstone – Housing Strategy Chair, resident & previous housing professional Michael Courts – East Sussex County Council Housing Partnership Lead and Housing Strategy Vice-Chair Dawn Dublin – Black Butterfly Dave Perry - Seaview Trudy Hampton – Warming Up The Homeless Tracey Rose – FSN Penny Beale – Penny Beale Memorial Fund Richard Watson – NHS Sussex Sharon Peterson – Warming Up The Homeless, Domestic Abuse Officer Bernard Stonestreet – East Sussex Veterans Hub Debbie King – CGL East Sussex Domestic Abuse Service Manager Sean Gravill – CGL, Team Leader Joe Iles – CGL, Senior Recovery Worker Aimee Dale – CGL, Senior Recovery Worker Natasha Sanderson – NHS, Rough Sleeper Initiative Homeless Health Outreach Nurse Carrie Vincent – Southdown, Outreach Worker Rob Clemence – Southdown, Outreach Worker

Thinking about the Strategy Vision for Everyone in Hastings to have a decent home to live in...

<p>Challenges <i>What are the challenges in meeting the Vision? What isn't working? How do we know?</i></p> <ul style="list-style-type: none"> • Over 500 Households in Private Temporary Accommodation, with significant financial and human cost. • Consistently high numbers of people having to sleep rough, high numbers of people moving off the street but replaced by new people. • Homelessness and rough sleeping services are increasingly reliant on short term grant funding. • Rising demand for temporary accommodation (TA) is diverting resources and capacity away from homelessness prevention activities. • Gaps in ongoing lived experience involvement in service development and delivery. • Long term Empty Homes, Airbnb – taking away supply from the general housing market. • Impact of ESCC budget cuts to floating support, supported accommodation and substance misuse services. • The money paid to TA providers against the real experience of living in TA. Families tell us of feeling like 2nd class citizens with no voice. • Not always able to have transparent and open communication between services. • Capacity of the council to rapidly assess homelessness applications of people / patients that are admitted to hospital. Capability of the health and care workforce to effectively advise people at risk of homelessness or rough sleeping. • Increasing social and economic challenges impacting on patients and their vulnerabilities may result as hospital being a place of last resort for people with very complex health, housing, and care issues. • Hidden homelessness – sofa surfers and other less obvious groups in insecure housing. We don't reach people soon enough to prevent homelessness from happening in the first place. • Information sharing – General Data Protection Regulation (GDPR) a barrier to effective communication between services. • The council have not always been good at being inclusive and inviting involvement from partners. Especially those partners with links to diverse and under-represented groups. • Gender and culturally appropriate services; do we have enough safe provision for female rough sleepers? • No provision for the small number of people with no recourse to public funds. • No Domestic Abuse Refuge provision locally at present. • Lack of engagement with accommodation providers including social landlords on preventing homelessness for tenants experiencing domestic abuse. What preventative measures are there or taking place to help the victim remain in accommodation (where safe to do so) and not force into homelessness?
<p>What are the opportunities for us to meet the Vision?</p> <ul style="list-style-type: none"> • A cross-sector approach to service development and delivery, the council cannot and should not do it all. The Strategy needs to identify who all the interested partners are, how they can be involved and how funding and capacity can be shared. • East Sussex Housing Partnership are developing a place-based strategy, supporting work with health and care partners to reduce inequalities. There are established partnership links to health and a housing through the Sussex Health and Care

System's Strategy: [Our strategy - Sussex Health & Care](#) . Also reference East Sussex's Healthy Lives Healthy People: East Sussex Health and Wellbeing Board strategy: [Healthy lives, healthy people: East Sussex Health and Wellbeing Board strategy | East Sussex County Council](#).

- We already have good practice examples which the strategy needs to articulate how we can scale up, such as the Rough Sleeping Initiative multi-disciplinary team; Housing First
- Ensuring housing is part of the community-based models for health and care, such as Integrated Community Teams and Mental Health Neighbourhood Teams
- Development of genuine data sharing between organisations – how can we meet the requirements of data protection legislation but still be able to share information which benefits people facing homelessness and prevents people having to retell their story.
- Developing a quality standards framework for all TA provision
- Produce a service directory – what is out there, how do people access it, how do we keep it up to date? Do we have enough accommodation and support options for people with substance dependence issues? The strategy needs to answer this.
- Shared training opportunities in trauma informed engagement for both staff and volunteers in key agencies.
- Links to successful probation Community Accommodation Service Tier 3 (CAS3), we could and should work more closely.
- Emerging potential for Co-operatives to provide shared, affordable housing as an alternative to TA.

What questions does the strategy need to answer?

- How do we work collectively so we end working in isolation and create/encourage/promote a strong partnership approach?
- How can we build in longer term support when transitioning from TA to permanent accommodation, especially for those who have been in TA for a number of years, or who have additional support needs/health needs – to reduce the risk of repeat homelessness or Children's Services involvement?
- How do we develop (and pay for) working together in teams made up of different (but complementary) services and expertise?
- How can we create a community based and person centred approach to homelessness prevention so people at risk of homelessness are identified early and offered support way ahead of crisis point?
- How do we make sure the voice of those people with direct lived experience of homelessness is continually heard to challenge and improve how services operate, and how policies are made? How do we make sure there is representation from minority community groups? How can we make sure people feel confident to tell us what isn't working?
- How do we meaningfully measure the impact of the strategy in achieving the aim of everyone in Hastings having a decent place to live?
- How do we meaningfully monitor and hold ourselves to account on what is being achieved, or not achieved?

What are the non-negotiables? (What must be in the Strategy, what do we all agree on?)

- Agree on our shared cross-sector priorities (e.g. homelessness prevention, improving hospital discharge) – what can we all be responsible for? The Strategy needs to secure a commitment to that from all partners, statutory and voluntary.
- Propose how we will deliver integrated (housing, health and care) and accessible services.
- Make sure we are clear on the local priorities for Hastings, and the evidence base, are reflected in the East Sussex Housing Partnership Strategy.
- That we continue to work collectively and set up an ongoing housing partnership meeting to oversee the implementation and development of the Strategy, which includes regular lived experience involvement.
- A community centred approach to homelessness prevention – the strategy needs to explain how we will bring those services to people who need them (or may not know they need them at this point).
- There needs to be a multi-agency action plan for those living in cars and caravans, the strategy must explain how we will reduce the need for anyone to live in a vehicle.
- How do we maximise the amount of effective, assertive outreach to people forced to sleep rough? How do we make sure that is consistent and we avoid duplication?

Areas for negotiation / development – what do we not agree on at this stage, or we don't know enough about it yet...?

- How do we prioritise all of these proposed areas of work and investment, we cannot do it all at once so what is most pressing?

What are the priorities?

- Strengthening our approach to homelessness prevention, including building on existing good practice.
- Working with all partners (especially voluntary sector and community groups) to identify people at risk of homelessness earlier.
- Making sure services are accessible and available to prevent homelessness, no more having to come to Muriel Matters House only!
- Increasing outreach / home visiting roles.
- To make better links to wider services which support people facing homelessness to improve their broader wellbeing, including employability and training services.

- Ending reliance on the most costly / harmful forms of temporary accommodation.
- How do we safely allow for the sharing of personal information, so people are not having to repeat their story.
- Adopting more Housing First and Housing Led approaches in rapidly rehousing people away from homelessness – we have to minimise the use of temporary accommodation to end and not just manage homelessness.
- Better understanding and mitigating against the impact of temporary accommodation on children.

Are there any Cross Cutting Themes which apply right across the Strategy? – e.g., Climate Change / Inequalities / Community

- Clear links to supported housing group
- Reducing health inequalities
- Cross sector working and collaboration
- Lived experience involvement
- Links to housing standards and health
- Reducing impact of child inequalities and creating the next generation of homelessness
- Cultural and gender inequities – we know homelessness impacts people with certain protected characteristics more than others, how do we meaningfully address that?

Links to the East Sussex Housing Partnership Strategy:

- Homelessness Prevention – earlier identification of people at risk of homelessness and holistic support services, including links to wellbeing and employability support.
- Providing alternatives to general needs temporary accommodation and ensuring people living in temporary accommodation remain engaged with support by adapting access to services.
- Collaboration with housing and Public Health to reduce health inequalities.
- Supporting cross-sector working and integration of housing, health and care services including new community-based models.
- A system wide approach to supporting people with multiple compound needs, including former rough sleepers.
- Development and Enablement – increasing the supply of affordable housing and supported housing units.

Good Practice

Add any examples of good practice – links/ evidence/ data etc

- Rough Sleeping Initiative
- Assertive Outreach – working but need to do more
- Homelessness Prevention Programme with Public Health
- Community Led Housing
- FSN TA Hub – bespoke and holistic support for families with children
- Co-location of Hastings Borough Council's Housing Options Team at East Sussex Healthcare Trust's Conquest Hospital's Transfer of Care Hub
- 75 ways to prevent homelessness Crisis Guide <https://www.crisis.org.uk/ending-homelessness/resources-for-practitioners/housing-centre-guides/75-ways-to-prevent-homelessness/>