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| To: | Housing Panel (Panel of the Scrutiny Committee) |
| Date: | 7 November 2019 |
| Report of: | Head of Housing Services |
| Title of Report: | Outcome of the Homelessness Prevention Trailblazer |

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| Summary and recommendations | | |
| Purpose of report: | | To update the Board on the outcome of the Trailblazer Programme |
| Key decision: | | No |
| Lead Member: | | Councillor Linda Smith, Leisure and Housing |
| Corporate Priority: | | Meeting housing need. |
| Policy Framework: | | Housing and Homelessness Strategy |
| Recommendation(s):That the Panel resolves to: | | |
| 1. | Note the outcome of the review and the priorities for the year ahead | |
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| Appendices | |
| Appendix 1 | Trailblazer System Data |
| Appendix 2 | Case Studies |
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**INTRODUCTION**

1. The Oxfordshire Homelessness Prevention Trailblazer was a multi-agency programme aiming to tackle systemic issues in the public sector which can increase the risk of homelessness to individuals throughout the county. The two year programme ran from September 2017 to August 2019. It received £790,000 from the Ministry of Housing, Communities and Local Government, and a further £100,000 from the Oxfordshire local housing authorities, providing a total of £890,000. Commencement of the programme was reported to CEB on 20 December 2017 and a progress update was provided on 22 January 2019. The county-wide Trailblazer programme has been managed by a small team based at Oxford City Council.
2. The broad objectives of the programme were to explore options for intervening as early as possible to prevent people at risk of homelessness reaching a crisis point. The first six months was spent researching homelessness in Oxfordshire and planning the programme. This included analysis of homelessness data, a qualitative stakeholder consultation exercise and piloting system interventions. A full evaluation of the programme will be published in November 2019.

**PROGRAMME DESIGN**

1. Key findings from the data analysis informed the design of the Trailblazer services to be provided. This included the finding that the presence of a housing issue could lead to a significant delay in discharge from hospital once a patient is medically fit. Additionally, within the Oxfordshire prison system it was found that 88% of people entering prison with no fixed address ends up leaving prison with the same status.
2. The stakeholder consultation included workshops involving front-line housing staff, people with experience of homelessness and professionals from health, criminal justice and children’s social care. People with lived experience expressed a sense of hopelessness about their situation and difficulties in accessing services, but reflected positive experiences of being supported by other people with lived experience. Professionals within the systems felt there was a significant need to improve connections and relationships across statutory and non-statutory services. Awareness of the housing options available to individuals and the local housing authorities’ role in this process was low. As a result, early indicators of homelessness were not being acted upon.
3. Following the research three strands of work were developed. These were the embedding of housing workers within the health, criminal justice and children’s social care settings (provided by Connections), a community navigator service to connect people at risk of homelessness to the services they needed (provided by Aspire), and a homelessness champions network to raise the profile of housing in stakeholder organisations.

**DELIVERY OF TRAILBLAZER**

1. The embedded housing workers role was to support the upskilling of professionals in the systems they were embedded in. This was to enable them to identify people at risk of homelessness, and take steps to mitigate this risk.
2. During the programme delivery phase, from April 2018 to August 2019 the two interventions supported 1,413 households and prevented homelessness in 713 cases (See Table 1 below). 
3. The high number of unknown outcomes has two causes. The first is that the embedded housing workers were working to support the professionals in the systems they were based in, often on a no names basis, and it was difficult to track the outcomes for these cases. The second is that clients of the community navigator service would sometime disengage with the service.
4. Outcomes were also tracked using data from the systems Trailblazer was working in. In the prison system, there has been a 31% reduction in people with a local connection to Oxfordshire being released with no fixed address. In the hospitals there has been a 50% reduction in the delays to people leaving hospital as a result of a Housing issue. This equates to 944 “bed days”. This reduction has enabled Oxford Health to stop placing people who are sectioned out of area. Appendix One provides a more in-depth analysis of this data.
5. Within Children’s Social Care there is no formal recording of housing data. However a number of case studies have shown the benefit of identifying housing issues at an early stage and acting on them. In Appendix Two, the third case study shows how such intervention can avoid the significant costs incurred when children have to be taken into care; over £50,000 in this example.
6. The third element of the Trailblazer is the homelessness champions’ network. The aim of this strand of the programme was to create a network of housing expertise across other statutory services and local support agencies. The network is facilitated by the Trailblazer programme team who have delivered training and network events on a bi-monthly basis. The network has been used to help design a single countywide process for the new “duty to refer” obligation brought in by the Homelessness Reduction Act (2017). This duty obliges a range of statutory agencies to refer people who appear at risk of homelessness to a local housing authority. All agencies with this obligation are represented in the champions’ network. A survey of network participants saw 14 out of 15 responses making positive comments about the benefit of the network. These responses cited increased knowledge, better connections and improved partnership working as the main benefits of the network.

**PROGRAMME LEARNING**

1. The Trailblazer programme had learning at its heart. The programme’s learning was externally facilitated by an organisation called Ratio. Practitioners within the services are brought together on a monthly basis to talk about their work, both what has worked, and what has not. The focus is on the practice of the embedded housing workers and community navigators, and the system barriers that they encountered. This process has highlighted the benefits of taking the time to form positive relationships with people at risk of homelessness to help give them agency over their situation. It has also shown how intervening early provides the best chance of preventing homelessness, and the need for statutory services to both work together and understand each other to deliver better outcomes. Ratio are publishing two reports on the learning from the programme in November 2019.
2. The programme also identified many system barriers that increase the risk of homelessness for some individuals, particularly those who are more vulnerable. 55% of the community navigator’s referrals were prompted by debt or financial problems. Two thirds of these cases were in rent arrears. The experience of the navigators was that there was often little support offered in the collection of rent and Council Tax arrears. Sometimes the community navigators found themselves in the role of interpreter, to translate the demands of the local authority or housing association to their client. Some of the navigators had experienced homelessness or issues relating to the causes of homelessness, and this often made it easier for them to build good relationships with the people they were supporting. Appendix Two provides two case studies which demonstrate these issues. There is a challenge for councils and social landlords to think about how they can provide services which would negate the need for a community navigator in these circumstances.

**LEGACY**

1. There are a number of areas of work from Trailblazer that are continuing. The network will be maintained for another 12 months funded by the underspend on the programme budget, Oxford University Hospitals NHS Trust have funded the continuation of the embedded workers in Health until March 2020, and Aspire have raised funding to continue to provide the community navigator service.
2. There are also some practical changes which have been made which will support homelessness prevention. Discharge protocols in the health and criminal justice systems have been jointly designed, Children’s Social Care have established a housing champions network and now recognize the importance of identifying housing issues at an early stage. There is a Housing eLearning module targeted at non-Housing professionals, available free of charge on the Oxfordshire Safeguarding Children’s Board website. Some teams have already incorporated it into their induction process.
3. Trailblazer exposed some of the systemic challenges of homelessness, and experimented with some ways to tackle these, some of which were successful. The public organisations who participated in Trailblazer need to continue to work together to meet these challenges, to ensure their services are accessible to all, to value the people who need their services, and to work in genuine partnership with each other to deliver better outcomes. The Trailblazer programme has shown that it is possible to do this across Oxfordshire. It broke new ground with the connections it enhanced between sector-wide partners in order to reduce the risk of local homelessness.
4. Within Oxford City Council a review of the Housing Needs service is being conducted to ensure that the learning from Trailblazer is implemented. This will prioritise a culture of learning, early prevention, a focus on the needs of people accessing services and working more effectively with partners and stakeholders.

# FINANCIAL IMPLICATIONS

# At the time of writing, the Trailblazer programme was projected to have an underspend of £17,830.98. At the last meeting of the programme’s steering group, it was agreed that £10,000 of this underspend would be provided to Aspire to continue the Community Navigator service, £2,700 would be made available to Connections to use as a prevention fund for their continuing work in health, and the balance would be retained by Oxford City Council to continue the Homelessness Prevention Network.

# LEGAL ISSUES

1. The Trailblazer programme operates with regard to the Homelessness Reduction Act (2017). Trailblazer aimed to engage with individuals prior to the timescale which triggers the Act’s duties. The Act requires local housing authorities to work to prevent homelessness if an individual appears to be at risk of homelessness within 56 days. Where the programme has engaged with individuals who are owed a duty by any local housing authority under this act, the relevant authority has been made aware of the individual’s circumstances.

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**Appendix One – Trailblazer System Data**

This paper covers the analysis of data produced by the systems in which Trailblazer has been operating. It is a revised version of the paper that was produced for the July 2019 steering group and is intended to demonstrate the level of impact the programme has had since the introduction of the Embedded Housing Worker model.

Bullingdon Prison

The following table is based on information received from the Resettlement team at Bullingdon Prison. It highlights the numbers of people with an Oxfordshire connection that have been released either ‘NFA’(No fixed address) or ‘Unknown’ over the past couple of years.

The 17/18 year relates to the 10 months prior to any permanent Trailblazer involvement. From April 2018 onwards there has been an Embedded Housing Worker presence across both arms of the criminal justice system (National Probation Service and Community Rehabilitation Company).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total number discharged from Bullingdon Prison with an Oxon connection | | | Total number discharged NFA or Unknown | | | NFA Percentage | | |
|  | CRC | NPS | TOTAL | CRC | NPS | TOTAL | CRC | NPS | TOTAL |
| 2017/18\* | 164 | 95 | 259 | 79 | 33 | 112 | 48.2% | 34.7% | 43.2% |
| \* These figures only account for 10 months of release data - the Resettlement team in Bullingdon only started recording data in this way in June 2017. | | | | | | | | | |
| 2018/19 | 180 | 81 | 261 | 58 | 19 | 77 | 32.2% | 23.5% | 29.5% |
| 2019/20\* | 65 | 30 | 95 | 23 | 10 | 33 | 35.4% | 30.0% | 34.7% |
| **TOTAL** | **245** | **111** | **356** | **81** | **29** | **110** | **33.1%** | **26.1%** | **30.9%** |
| \* These figures only account for 4 months of data (April 2019 – July 2019) | | | | | | | | | |

The numbers clearly show that across the board there have been significant reductions both in terms of the actual numbers of people being released NFA and the percentage of individuals being released.

A further way of looking at this is to consider the average number of Oxfordshire individuals being released each month. Prior to Trailblazer’s involvement there were 11.2 people being released from Bullingdon NFA each month. This figure now stands at 6.9 people per month. As such we approximate that 51 less people with an Oxfordshire connection will leave Bullingdon as homeless in a year.

We also know that more support is now being offered to those individuals that enter Bullingdon as homeless. Before the introduction of the embedded workers, almost 9 out of 10 prisoners that entered Bullingdon NFA would leave prison with the same accommodation status. The data we receive from the resettlement team clearly indicates that more is being done on entry to highlight those individuals that are NFA and who therefore require tailored support to resolve their homelessness. Consequently the number has been reduced to 6 out of 10 individuals still leaving NFA post the introduction the embedded workers.

Delayed Transfer of Care (DTOC)

The DTOC data has been obtained from the Oxfordshire Clinical Commissioning Group (CCG) and highlights the amount of DTOC that has taken place over the past 2 years as a result of a known housing and homelessness issue.

That data has been split between the two NHS trusts in Oxfordshire to highlight the varying degrees of impact. Overall we have seen 26 fewer DTOC cases where ‘housing’ has been given as a reason for delay when compared to the year before Trailblazer. This accounts for 944 fewer days of DTOC since the introduction of the EHWs.

There has also been a significant reduction in the use of hub beds for DTOC patients with housing issues. There has been a big drive across both trusts to reduce the use of hub beds, particularly in instances where there was no plan for move on (not a Trailblazer initiative). In 2017/18 the average hub bed stay for an individual where housing has been given as a DTOC reason was 62 days. In 2018/19 this was reduced to 29 days.

**Oxford University Hospitals NHS Trust**

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| --- | --- | --- | --- | --- |
| 2017/18 | Number of Cases | Total DTOC Days | Hub Bed Days | Average Delay |
| Housing only | 18 | 432 | 0 | 24.00 |
| Housing (inc Hub) | 10 | 95 | 607 | 70.20 |
| Multiple Reasons | 14 | 485 | 0 | 34.64 |
| Multiple (inc Hub) | 3 | 139 | 207 | 115.33 |
| **TOTAL** | **45** | **1151** | **814** |  |
| 2018/19 | Number of Cases | Total DTOC Days | Hub Bed Days | Average Delay |
| Housing only | 16 | 388 | 0 | 24.25 |
| Housing (inc Hub) | 8 | 85 | 249 | 41.75 |
| Multiple Reasons | 4 | 193 | 0 | 48.25 |
| Multiple (inc Hub) | 3 | 51 | 69 | 40.00 |
| **TOTAL** | **31** | **717** | **318** |  |
| **Reduction on previous year** | **14** | **434 (38%)** | **496 (61%)** |  |
| 2019/20 (April to July) | Number of Cases | Total DTOC Days | Hub Bed Days | Average Delay |
| Housing only | 1 | 1 | 0 | 1.00 |
| Housing (inc Hub) | 0 | 0 | 0 | 0.00 |
| Multiple Reasons | 2 | 191 | 0 | 95.50 |
| Multiple (inc Hub) | 0 | 0 | 0 | 0.00 |
| **TOTAL** | **3** | **192** | **0** |  |

Across OUH we saw a 38% in the number of DTOC days (434 less) as a result of a known housing issue when the data for 2018/19 was compared to the previous year. However, there remains a relatively high number of cases where housing is provided as a reason for delay. Because of the broad definition of this category it is likely that a number of these cases actually relate to individuals that are single homeless with no fixed address.

The data connected to 2019/20 indicates that there appears to be a continued reduction in the number of DTOC cases being seen across the trust (3 cases in 4 months). However, the cases that still result in a delay appear to complex cases owing to the length of DTOC.

**Oxford Health NHS Trust**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2017/18 | Number of Cases | | Total DTOC Days | | | Hub Bed Days | | Average Delay | |
| Housing only | 12 | | 454 | | | 0 | | 37.83 | |
| Housing (inc Hub) | 1 | | 88 | | | 55 | | 143.00 | |
| Multiple Reasons | 4 | | 227 | | | 0 | | 56.75 | |
| Multiple (inc Hub) | 0 | | 0 | | | 0 | | 0.00 | |
| TOTAL | **17** | | **769** | | | **55** | |  | |
| 2018/19 | Number of Cases | | Total DTOC Days | | | Hub Bed Days | | Average Delay | |
| Housing only | 2 | | 33 | | | 0 | | 16.50 | |
| Housing (inc Hub) | 0 | | 0 | | | 0 | | 0.00 | |
| Multiple Reasons | 3 | | 226 | | | 0 | | 75.33 | |
| Multiple (inc Hub) | 0 | | 0 | | | 0 | | 0.00 | |
| **TOTAL** (11 months of data) | **5** | | **259** | | | **0** | |  | |
| **Reduction** | **12** | | **510 (66%)** | | | **55 (100%)** | |  | |
| 2019/20 (April to July) | | Number of Cases | | Total DTOC Days | Hub Bed Days | | Average Delay | |
| Housing only | | 2 | | 29 | 49 | | 39.00 | |
| Housing (inc Hub) | | 0 | | 0 | 0 | | 0.00 | |
| Multiple Reasons | | 0 | | 0 | 0 | | 0.00 | |
| Multiple (inc Hub) | | 1 | | 20 | 0 | | 20.00 | |
| **TOTAL** | | **3** | | **49** | **49** | |  | |

The numbers above suggest that housing DTOC cases have been almost eliminated across the Oxford Health NHS trust, save for a few complex, intractable cases that have resulted in lengthy delays. The 510 less days of DTOC in 2018/19 represents a 66% reduction on the previous year.

**Appendix Two - Case Studies**

**Case Study – Bereaved single young male**

One of the Community Navigators worked closely with a young male to secure new housing following the death of his mother. By building a strong and trusting relationship the community navigator was able to support the individual to find a new home and improve his job prospects.

The young man had lived all his life in a three-bed social housing property in South Oxfordshire with his mother. One morning he woke to find that his mother had died unexpectedly, causing much grief and stress. During this period of grieving the housing association served the individual a notice to quit as he was unable to succeed the tenancy. Prior to any Trailblazer involvement the individual was invited to a meeting at the housing association to discuss his options but felt that the tone was less than courteous and left feeling unsupported and completely devoid of options.

Following a self-referral to Aspire the Community Navigator worked closely with the individual to assess all the options. In the first instance the navigator advised the individual not to vacate the property and arranged a multi-agency meeting to plan the way forward. The local authority then agreed to give the individual priority banding and told him to bid on one-bed properties.

The individual was offered a suitable one-bed in Didcot relatively quickly but needed the support of the navigator to view the property and determine how they could afford the deposit. Through negotiation the housing association agreed that the individual could save up for the month’s rent in advance while the current tenant vacated and remedial works were undertaken.

In addition to all of the above the individual realised that he probably needed to improve his job prospects in order to ensure that the tenancy could be sustained long-term. With the encouragement of the navigator he enrolled on a number of training courses including a fork-lift driving assessment.

**Case Study – Single mother suffering from poor mental health**

This positive case study focuses on the increased resilience and confidence of a single mother after being supported by a Community Navigator in Oxford. The mother and her daughter were able to stay in their existing home despite struggles with depression and anxiety.

At the point of referral the individual had a social tenancy with rent arrears of approximately £2,500. She was in receipt of a valid eviction notice and a possession order with a looming court hearing. The rent arrears had accrued following a period of poor mental health and the threat of losing her home had only exacerbated the problem. The mother was currently working 20 hours on minimum wage whilst caring for her young daughter, but had recently completed a degree at Oxford Brookes University. She did not know how to manage this situation and sustain her tenancy.

Working collaboratively with the community navigator they drew up a plan that would build on her assets and attempt to resolve the threat of eviction. Perhaps most importantly the mother was supported to take ownership of her finances to have a much better understanding of income and expenditure. The community navigator put the individual in touch with Turpin & Miller to ensure that she had representation in court and also completed a DHP application with Oxford City Council. The plan also encouraged the individual to seek full-time job opportunities using her degree and based on the fact that her daughter had moved in to full-time education.

The individual was successful in applying for a role at the University of Oxford and based on her estimated earnings she was able to negotiate a repayment plan with the housing association. This in turn meant that the court order for possession was suspended. The mother and daughter were able to stay in their home and subsequently she has continued to pay her rent and keep up with the repayments. Her feedback at the end of the process was that she has grown more confident as a result of her interaction with the community navigator, and that being able to work full-time and take control of her finances has had a positive impact on her general well-being.

**Children’s Social Services Case Study**

This case study involves a grandmother caring for three of her grandchildren after they were removed from the care of their parents due to neglect. The grandmother had permanent custody of the eldest child, but the other two children were placed on a temporary arrangement, awaiting the court to award permanent custody. They were living in a one bedroom social tenancy flat.

The placement was at risk of breaking down due to inadequate accommodation and overcrowding; potentially leading to the children being taken into the care of social services. This was a difficult situation as the court would not award permanent custody of the remaining two children until they were adequately accommodated; and housing not recognise the overcrowding as the two children were not in the permanent custody of the grandmother.

The embedded worker supported an application to the exceptional circumstances panel at the Local Housing Authority so that they could be moved up the social housing waiting list. The panel awarded a two bed need and the family were allocated a home quickly as a temporary arrangement. They were subsequently awarded a three bed need but are waiting for appropriate housing to become available.

The placement has therefore been made permanent and the three siblings have been kept together without the need for placing any of the children in care. Using the New Economy Manchester model Unit Cost Database it is estimated the total saving to the public purse exceeded £50,000 (mostly to the benefit of children’s social services) when considering that two of the children may have needed to be placed in care. Based on our estimates of net spend and net saving, the cost benefit ratio of this case suggests that for every £1 spent, somewhere in the region of £13 - £14 was saved. An added benefit is that this case improved the partnership working between the LHA and children’s social services based on the positive and swift outcome.