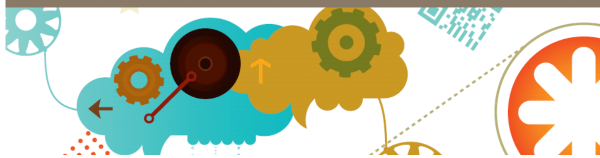
Health Overview and Scrutiny Panel

THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE

Homelessness

Prevention Strategy 2013/18



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INTRODUCTION

1. The model for homelessness prevention in Southampton has significantly reduced homelessness in the City over the last decade, reducing homeless applications and acceptances from the 1000s to around 200 in 2012/13. However, homelessness remains in the system with 520 people still on the Homeless Healthcare Team's register. Welfare Reforms and a heavy reliance on private sector rented properties, of which a high proportion is unaffordable to those on or below the average wage in the City, are making the cycle difficult to break for entrenched individuals with chaotic lives and complex needs. The way services are funded is also changing adding increasing pressures on these vital preventative public services.

2. For this Inquiry Homelessness was defined where an individual finds themselves sleeping rough, living in insecure or short-term accommodation or at risk of being evicted from their home.

3. The purpose of the Inquiry was to consider the impact of housing and homelessness on single people, a significant number of whom have complex needs, living unsettled and transient lives. The Panel examined the difficulties of delivering a preventative and planned approach to improve their health and wellbeing to reduce or minimise their health inequalities, supporting them to move into a settled and decent home. The Panel considered the quality and impact of housing that single homeless people are most likely to move on to.

4. The rationale to focus on single homeless people stems from the high demand for single person's accommodation in the City, with over half of the 15,000 people on the Housing Register in need of single units. Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need.

5. The objectives of the Inquiry were:

   a. To understand how the current model for homelessness prevention supports and promotes better health outcomes for single people.
   b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
   c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people.
   d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
   e. To explore the adequacy of single person accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, in line with any existing contract periods.
   f. To consider further collaboration or invest to save opportunities that would

prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

6. The Terms of Reference (TOR) and Inquiry Programme, agreed by the Panel, are shown in Annexe 1.

7. The Panel received extensive evidence from witnesses as the Inquiry meetings. A list of witnesses that provided evidence to the Inquiry is detailed in Annexe 2. Members of the Scrutiny Panel would like to thank all those who have assisted with the development of this review.

8. The findings and recommendations of the Inquiry have been divided into four key areas for improvement, for ease of understanding behind the Panel's rationale and where the recommendations within those sections were strongly inter-related to each other. The four main areas for improvement and recommendations identified by the Panel include:
   a) A strategic city-wide approach to homelessness
   b) Raising awareness and recognition of homelessness issues and protecting valued services
   c) Improving service delivery
   d) Monitoring and reviewing critical services

9. Recognising the current good practice alongside budget constraints and the challenges of the housing market, the Panel have identified 25 recommendations, which they feel are realistic and achievable through either a shift of current resources or by considering 'invest to save' opportunities. The recommendations related to each area for improvement are included at the end of each section.

10. Although the Inquiry's recommendations are all important to maximise access and improved health outcomes for single homeless people, the Panel identified that the following issues should be considered a priority for long-term sustainable improvements for single homeless people in the City:
    - Maximising the quality and availability of single units and shared accommodation for single people in the system through the Housing Strategy and working with landlords. (Recommendations iii, v, xviii, xx, xxi)
    - Continued transformation through early help, and improved outcomes for children who are looked after and care leavers. (Recommendations xii, xiii)
    - Review mental health support and services to ensure early intervention is a key focus and transition into adult services is aligned with substance misuse services. (Recommendations xvi, xvii)
    - Consider 'invest to save' opportunities including a 'dry' hostel option and 'Housing First' model. (Recommendations ii, xv)
    - Increase awareness and expand the Homelessness partnership. (Recommendations vi, vii, viii)

    The related **recommendations*** have been highlighted throughout the report.

11. The Panel recognised the difficulties of achieving a paradigm shift in the lifestyle choices of individuals and that a proportion of the remaining clients are entrenched in the system. Sustaining housing is the first and only outcome that can truly be achieved for a number of these individuals – any further transformation will ultimately only come when those individuals are ready to change which may take time and a great deal of resources to support this to happen.

CONSULTATION

12. The HOSP members undertook the Inquiry over six evidence gathering meetings between February 2014 and June 2014 and received evidence from a wide variety of organisations to meet the agreed objectives. The final Inquiry report and recommendations were agreed at the HOSP meeting on 25 September 2014.

13. During the Inquiry, many of the Panel members also visited a number of homeless providers to see the facilities and services first hand and talk directly to residents and staff about their experiences. The Chair of the Panel also attended the GP Forum and Southern Landlord Forum to obtain wider feedback on the issues and challenges being faced by homeless individuals and services. These visits were extremely insightful and highlighted the passion and commitment that exists to make a difference to homeless people. In addition, those who gave evidence were also invited to comment on the draft final report which received positive feedback from a number of contributors.

SUMMARY OF KEY FINDINGS AND ISSUES

14. The Inquiry concluded that the key findings and issues are:
    - An excellent and effective Homelessness Prevention Strategy, team and Partnership have dramatically reduced homelessness over the last 10 years;
    - The partnership has achieved significant outcomes within a framework of housing providers and support services with a common focus on prevention;
    - However, a group of entrenched and high cost individuals remain in the homeless system who have complex needs and behaviours;
    - Existing health inequalities and complex needs are exacerbated by difficulties in accessing the right services, especially mental health and substance misuse services which operate a high threshold due to limited resources and high demand;
    - There is a legacy of care leavers or people who were missed by the system in the past. However, Children's Services transformation is underway with some improved outcomes emerging;
    - The complex needs and comorbidity of many homeless individuals mean that it is often their immediate problem that is resolved rather than the whole person;
    - Staff in homelessness provider services show a passion and commitment to

their clients but their views are not always heard by the professionals making decisions about their clients;

- GP practices requiring valid identification documents may prevent homeless individuals accessing the health services they need, thus potentially missing opportunities for earlier intervention and integration into community services;
- Homeless individuals are frequent users of hospital Emergency Departments, despite being registered and using the Homeless Healthcare Team or GPs;
- Access to emergency out of hours facilities, mental health and substance misuse services can be challenging, especially with referrals and transition into adult services for young people;
- The high demand for single unit council housing has led to a high reliance on the private rented sector and Houses in Multiple Occupation (HMOs);
- Housing is often unaffordable for single homeless people who are ready to move on, which means they are likely to live in poorer quality shared housing that they can afford;
- It is still too early to see the impact of the HMO Licensing scheme that aims to improve the condition of shared houses;
- The Housing Strategy focus on new affordable single units and increased dedicated student accommodation may eventually reduce pressures on the single rental market in the city;
- Social letting agencies are working with landlords to sign up to leasing schemes for homeless clients however there are perceived / potential barriers and few incentives to encourage landlords to take up these schemes.

KEY FINDINGS FROM THE INQUIRY

A A STRATEGIC CITY-WIDE APPROACH TO HOMELESSNESS

15. The Homelessness Act (2002) requires local authorities to carry out a review of homelessness every five years, and use the findings to develop a strategy for preventing homelessness locally. The Council has recently published its third Homelessness Prevention Strategy, which sets out the current context for homelessness provision, achievements since the previous strategy, trends and priority actions going forward. The strategy has been developed in partnership with stakeholders, who have made a joint commitment to deliver the plans set out in the strategy.
16. The Southampton Homelessness Prevention Model supports clear and distinct pathways for young people, adults and older people, focussing on prevention and early intervention. Its effectiveness relies on established relationships and strong partnerships.
17. The Panel heard from Homeless Link, the national membership charity for organizations working directly with homeless people in England, that

Southampton operates a best practice Homelessness Prevention Model. It ensures that Supporting People budgets, which are no longer ring-fenced, and homelessness prevention resources are being used to good effect. The Southampton Homelessness Services Model is attached at Annexe 3.

18. The Panel recognised that the partnership requires the current elements to be in place for the future to ensure the most effective and efficient use of resources. These include: early assessment, emergency provision, high/intensity support, case management approach (through the Street Homeless Prevention Team), young people's services and support for those with longer term needs.

19. The Panel acknowledged the progress achieved through the Homelessness Prevention Strategy and praised the dedication and commitment of the whole partnership. However, the Panel were particularly impressed by the following innovative projects, which have seen excellent results or provided exceptional support to vulnerable single homeless people:

- The needle exchange has reduced infections from blood-borne viruses
- The Naloxone programme (which can reverse the effects of a drug overdose) has saved the lives of overdose victims
- Two Saints introducing 'Psychologically Informed Environments' in hostels
- Breathing Space hospital discharge homelessness project providing medical support in a domestic setting
- End of life support to enable homeless people to die with dignity in partnership with the Homeless Health Care Team and Patrick House
- The Vulnerable Adult Support Team (VAST) set up in the Emergency Department of the University Hospital Southampton Trust to give extensive support, time and signposting to appropriate services to people who present at the Emergency Department with no fixed abode.

20. Southampton's Homelessness Prevention Model has been effective in dramatically reducing the number of homeless applications and acceptances and reduced the use of temporary accommodation in the City over the last 10 years, providing a clear route for many homeless people to move into and stay in settled accommodation.

21. Despite these best efforts and results an entrenched group of 'revolving door' clients remain who have complex needs and chaotic lifestyles who struggle to make progress or 'revolve' in and out of the system. These are primarily individuals who are expensive for public services often needing 24 hour care or supervision, frequent users of emergency services, lack a sense of personal care / space and are regularly involved in crime or anti-social behaviour.

22. It should be noted, however, that the Panel did not receive any evidence during the Inquiry from South Central Ambulance Services.

23. The Panel heard from Adult Social Care that it is difficult to find cost-effective solutions for these clients. A number of housing providers cited the 'Housing First' model, where homeless clients are housed first in their own home and then given intensive support, as achieving dramatic results in the USA and Camden. When targeted at their most chaotic clients they have seen

reductions in visits to the Emergency Department by a third, hospital admissions down by two thirds and nearly 75% were still in their own home after 2 years.

24. The Southampton Homeless Prevention Model, is delivering a form of Housing First. When someone is assessed as homeless, they are housed first within a hostel, whilst an appropriate support package is determined. The Panel recognised that generally this works for most single homeless people but they believed that consideration should be given to whether a more intensive Housing First model could provide a more effective route for the entrenched group of individuals who have not progressed significantly or move on over a long period of time. The Panel recognised that this model would require the allocation of single units and resources for this specific purpose. However, the potential benefits of reducing high costs of 'revolving door' clients may outweigh the investment required.

25. Pressure on single housing units in the City is extensive. The Panel noted that 50% of the council's housing waiting list are for single units, with the cost of buying a home prohibitive for around 50% of residents who would be unable to enter the market without help. The Welfare Reforms are adding to the pressure on the housing. Changes to the Local Housing Allowance are creating pressures at the lower price end of the private sector rented market. The City's heavy reliance on private sector rented accommodation is unlikely to diminish in the medium term and the Panel recognised the importance of continuing the Housing Strategy's emphasis on affordable single units. The Housing Strategy has reprioritised its focus to increase the number of single affordable units in developments.

26. The Panel heard a consistent message from witnesses that the main triggers for homelessness include the loss of a home, job or benefits, offending, a mental health episode or other significant crisis. Clearly not everyone who experiences these issues will become homeless. However, where someone does become, or is at risk of homelessness, the Panel supports the principle and evidence that early intervention and prevention are crucial to avoid an individual becoming entrenched in the system. Support mechanisms are in place to provide homeless clients access to skills and employment when they are ready, although many single homeless people will be the most removed from the work place and face significant barriers to entering employment.

27. Evidence to the Panel highlighted the desire that many homeless clients want to get (back) into work. The Panel recognised the importance of existing links for homelessness providers with employment and skills based projects in the City such as Adult Community Learning, City Limits and services to be provided under the new City Deal. These services concentrate on increasing individual skills and on getting long term unemployed young people, disadvantaged people or those with mental health issues into work. With seven out of ten homeless people having at least one mental health condition, which often makes it slower for them to progress and move on to paid employment. The Panel felt that further consideration should be given to ensure the connections are in place.

Enabling homeless clients to have good access to support into employment, will bring homeless clients closer to the work place, increases their life and health chances, and increase the likelihood of staying in their own home.

28. Although there are relatively few rough sleepers in the City, numbers have increased in recent years alongside national trends. A higher proportion of rough sleepers are from European Union Accession States with no recourse to public funds. However, although they may access services and support at Cranbury Avenue Day Centre they are fearful of the UK Border Agency and may avoid accessing essential support services as a result. The Panel heard that most want to stay in the country and find work. However, where these individuals have no recourse to public funds they may find themselves on the street or in other unsustainable situations. The Panel supported the work of the EU Welcome Project, which is funded to support migrants into work so that they do not spend a second night on the street.

<u>A: Recommendations</u> **(*HOSP agreed priorities)**

29. With this evidence in mind the Panel has recommended that:

i. The Homelessness Prevention Strategy continues to support city-wide commitment for continued funding of the existing flexible and innovative partnership model of homelessness in the city.

ii. Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive 'Housing First' model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation.*

iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new developments.*

iv. Links are maintained and strengthened between homelessness prevention and employment projects such as City Limits and the new City Deal to increase the skills and employment opportunities for homeless and vulnerably housed individuals.

B RAISING AWARENESS AND RECOGNITION OF HOMELESSNESS ISSUES AND PROTECTING VALUED SERVICES

30. Southampton has historically had a high demand for shared private sector rented housing due to the number of students in the City. There is also a short supply of affordable single units. The average house price is out of reach for a higher than average level of low paid workers. In addition, as prices are cheaper in the City than surrounding areas this has added pressure on the demand for single units and shared housing. Welfare Reforms, including the changes to the Local Housing Allowance for private sector rented and the 'under occupation of social housing', is also adding to the strain on housing needs.

31. The South Hampshire Strategic Housing Market Assessment forecasts that an increase in dedicated student accommodation and higher targets for single affordable units may reduce the pressure on shared housing. But even if more affordable shared accommodation becomes available, many homeless clients may face additional barriers as they may be perceived as unreliable tenants due to their chaotic lifestyles and low or unstable incomes.

32. The Panel heard evidence from No Limits and Two Saints Real Lettings Agency who are working with landlords to offer a more stable package for homeless clients. They are brokering deals with landlords, offering pre-tenancy training with a period of support, leasing accommodation for longer periods, guaranteeing rents, and acting as a single point of contact for landlords if their tenants have any concerns or problems. This route is proving effective for single homeless people who are ready to move without support services such as a number of ex-offenders or those subject to a supervision order. The Panel believe this approach should be expanded; more social lettings would increase the housing options for single homeless people in the City.

33. Furthermore, the Panel felt that landlords have a social responsibility to view their tenancies as an ongoing relationship rather than a simple cash transaction. They acknowledged that a number of landlords already provide additional support to tenants, especially single tenants who are less likely to have a support network.

34. The Panel agreed it is important that the Homelessness service continues to build bridges with landlords to increase their awareness of the risks of becoming homeless and take a more long term approach to support tenants who have been homeless. A better mutual understanding of the barriers to social letting should ultimately lead to more stable tenancies for single homeless clients in future.

35. As highlighted above, the Homelessness Prevention Strategy and Partnership have achieved excellent results for homeless people in the City and provide exemplar services to support single homeless people into a settled home. However, a number of the witnesses highlighted the stigma that homeless people, and their case workers, experience accessing mainstream services.

36. The Panel noted the work that has been undertaken to promote the Homelessness Prevention Strategy, however, they felt that awareness and understanding of the excellent support services available was still patchy across public sector organisations. Understanding of the issues and potential positive impacts of early intervention through homelessness referral services was potentially not as strong amongst other public services.

37. Agencies who play an important part in the health and wellbeing of homeless people such as Jobcentre Plus, Police, GPs and hospital ward and A&E staff were not very aware of their role to support homeless people or the referral services available. Improving awareness and understanding of homelessness issues with these agencies would ensure better early

intervention and community responses through more effective referrals to the right services.

38. Homeless people can experience barriers to accessing services. Case workers reported that barriers are often increased where they are not always enabled to effectively advocate on behalf of individuals or they were not listened to, despite having permission from their clients. The Panel heard that many single homeless people have underlying health problems but they may fall below the threshold criteria or present well on assessment. Case workers will often have a more informed view of their clients. This may lead to missed opportunities for early diagnosis leading to exacerbated symptoms if clients do not receive help.

39. The Panel felt that case worker's opinions deserved greater recognition with health professionals. Increased awareness of homelessness issues and services and involvement of wider public services in the Homelessness Strategy Steering Group could lead to better understanding and wider support mechanisms for homeless people.

40. Due to the high prevalence of poor health issues, often with co-morbidity, for single homeless people, the support of appropriate and early intervention of health services is crucial for the individual to reduce or limit health inequalities.

41. The Panel heard that homelessness can be a cause or a consequence of mental health issues, with an estimated 60-70% of homeless people having some form of mental health problem. Patients often have a dual need or complex issues that may delay the management of recovery making the partnership between mental health and homelessness services essential to ensure adequate and ongoing support. Having a stable environment is critical for mental health patients and therefore the availability of adequate and safe housing when discharged from secondary care services is an important part of their recovery.

42. The Partnership in Southampton is well established with Southern Health's Mental Health Housing Coordinator and Mental Health Accommodation Panel considering appropriate options for move on. However despite this the proportion of patients in contact with mental health services in stable accommodation is very low at 28.5% for 2013/14, amongst the worst in the country.

43. The Panel also heard that mental health services are seeing more young people being admitted with accommodation issues. Young people's homelessness provider case workers highlighted they are finding it increasingly difficult to tackle the mental health issues of their clients, particularly where they are not receiving the mental health support they need whether due to the stigma of mental health illness or perception of mental health services. Mental health patients often fall out of the system whilst managing the transition to adult services.

44. The Panel recognised limited resources and a high demand for mental health services meant the threshold for treatment is set high and that others who need help do not access the services as early as they could. Support

and access to appropriate mental health services as early as possible, however, is crucial to prevent or minimise the impact of homelessness.

45. The Panel expressed serious concerns that the links between community support and acute mental health services are not as effective as they could be with a significant number of referrals being made through acute and urgent care services. Homeless patients are less likely to receive early intervention or treatment where relationships are not built with a GP. In addition, younger patients may be reluctant to access services, especially where transitioning to adult services.

46. The Panel was hopeful that the Better Care Southampton Plan will improve links for homeless people within communities through the GP clusters. However, in the meantime work needs to continue to reduce the stigma and raise awareness of the need for extensive support in the community for homeless mental health patients and where possible, reduce the demand for acute levels of care for those at risk of homelessness through earlier intervention.

47. Southampton's Substance Misuse Services are developed in partnership and coordinated through the City's Integrated Commissioning Unit through transferred funding from Public Health and the Police. It was reported to the Panel that people with substance also have a high risk of housing problems which in turn leads to a high risk of relapse.

48. The number of opiate users is increasing in the City and evidence suggests that stable accommodation can support their chances of successful treatment. Following a high number of overdoses in hostels, Naloxone (which is a special narcotic drug that reverses the effects of other narcotics) has successfully reduced harm and death. The Panel heard that for every pound invested in drug and alcohol treatment the public purse can save £2.50 and £5 respectively and supported the continued funding for substance misuse services, recognising the benefits this can bring to the life chances of homeless individuals.

49. The Panel acknowledged the central role of the Homeless Healthcare Team, delivered by Solent NHS Trust, in reducing health inequalities for homelessness people. It offers general health services alongside those more tailored to homelessness needs, operating from the Cranbury Avenue Day Centre. The co-location and effective partnership of these services has been critical in tackling the health needs of homeless people in the City, as well as providing essential outreach services to hostels. The Homeless Healthcare Team resources are limited however and with over 500 homeless patients on their register the service is overstretched.

50. GP registration can be difficult for homeless people who may not have valid identification papers where requested by GPs to avoid the risk of duplication and over-subscribing to patients. For many homeless individuals the cost of having, or risk of losing, a passport for example can be prohibitive or appear unnecessary. This issue prolongs the reliance on the Homeless Healthcare

Team rather than integration within community services when clients have moved on.

51. The Panel urged GPs and practice managers to recognise the benefits for the wider health system of enabling homeless patients. This is to register without ID and work to find alternative ways of checking the identification of individuals, particularly, homeless patients, to ensure they can continue to access healthcare in the community and avoid the risks of continued exposure to the drinking / drugs culture of homelessness services.

B: Recommendations **(*HOSP agreed priorities)**

52. To address the above issues the Panel recommend that the Homeless Strategy Steering Group work with partners to prioritise and deliver the below actions given current resources and capacity:

- **v. Continue to build relationships with landlords to raise awareness and common understanding of the issues and barriers of homeless tenancies and increase social letting with relevant support agencies. This includes bringing together the current range of city approaches for social lettings to the private sector housing rental market.***
- **vi. Raise awareness of good practice and successful outcomes in homelessness prevention services as a means of reducing the stigma for homeless clients and encourage wider partnership involvement of other agencies including the Police and National Health Services including GPs and the University Hospital Southampton Trust.***
- **vii. Expand the partnership to wider health services to reduce inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.***
- **viii. Raise the awareness of healthcare professionals of the role of homeless healthcare provider case workers and the value of their support of the single homeless, particularly through advocacy.***
- ix. Maintain an overview of the cost benefit of key valued services within the City's Homelessness model, including the Homeless Health Care Team and dedicated specialist services supporting substance misuse and mental health problems.
- x. Consider outcomes from the Southampton Healthwatch review of GP registration and continue to work with GPs to improve access and integration to support homeless clients to move on from homeless health care to primary care services.

C IMPROVING SERVICE DELIVERY

53. The Panel heard from homeless service providers and the University of Southampton's Psychology Department that services can be driven by targets to move someone on within a given timescale. However, while this is the case in the City, there are adequate safeguards to ensure that people are not moved on too quickly. However, for homeless people, changing behaviours (e.g. incidences of antisocial behaviour, drug and alcohol use etc.) are the most tangible of outcomes for many homeless individuals.

54. Commissioning of services according to realistic and meaningful outcomes is essential. Service providers need to be clear what will change as a result of what they do. In this way, providers may be encouraged to think creatively about their areas of expertise in delivering tangible and measurable change. Monitoring these outcomes could contribute to a culture of evidence-based commissioning, where services are clear with commissioners about expected outcomes, and commissioners then hold the services to that contract.

55. The Panel supports an evidence-based approach to homelessness provision as this enables a mixed economy of housing providers to sustain additional projects to support vulnerable homeless people alongside council funded services.

56. The Panel noted that research at the University of Southampton identified that a key factor of homelessness links to childhood neglect and abuse. This can lead to difficulties in managing emotions, and partly explains the high level of mental health problems and addictive behaviours of homeless people. Housing support services for young people reflected that their support workers are not trained to provide support for mental health needs of their clients and are finding it increasingly difficult to meet their needs.

57. The Panel also heard that Southampton homelessness services have seen increasing numbers of a younger aged clients, although they tend to sofa surf rather than sleep rough. There are clear separate pathways established to avoid young people entering adult services where possible.

58. Historically, the proportion of care leavers in suitable accommodation and employment has been low but following a priority focus to address this performance has improved, through signing up to the Care Leavers Charter and Staying Put arrangements but the position needs to continue to improve. The Panel recognised the benefits of increased support to care leavers up to the age of 24 and support the continued priority to improve outcomes and life chances for care leavers to break the cycle of homelessness and ensure they are better prepared for independent life.

59. The Panel, however, were concerned about vulnerable children and young people under the radar now, and in the future, who need to be prevented from escalating into the homeless system later in life due to a lack of support network, increasing risks of poor mental health or substance misuse.

60. The Panel noted that Children and Families Services are going through substantial improvement and transformation and through the establishment of Early Help Team and the new Multi-Agency Safeguarding Hub (MASH). The Panel recognised these services aim to provide an effective team and expertise, connecting to both public sector and voluntary services, in a timely and effective manner to ensure that children do not fall through the system

or that dangerous individuals are not hidden. The Panel will continue to monitor the progress of these new services to ensure that they achieve the desired outcomes for future generations of vulnerable children.

61. The Panel heard from Hampshire Probation Services that access to stable accommodation can be a significant barrier to avoid repeat offending. However, Homelessness Prevention Services often find release dates are on a Friday which means their accommodation needs are difficult to resolve. They have also been working to secure better health outcomes for ex-offenders and in considering the general wellbeing of clients alongside access to accommodation and benefits they have already seen successful outcomes.

62. Although drinking and drugs are monitored and managed in hostels, the Panel were concerned that a lack of a 'dry house' in the system can cause problems for homelessness people who want to detox. All the Southampton hostels allow alcohol consumption on the premises and although residents can exercise their own free will, it can often be too much of a temptation for someone with an addiction, especially if coupled with mental health problems. Dry houses have proved effective in the Integrated Offender Management Scheme and the commissioners should learn the lessons from these services and consider if an alternative similar option is currently feasible within adult homelessness services, to reduce the harm to those homeless clients who want to be sober.

63. The Panel heard repeatedly from witnesses of the problems experienced by homelessness clients accessing mental health services either due to long waiting lists for services, especially Cognitive Behaviour Therapy (CBT). They will often fall below the threshold criteria for services, present well on assessment or are refused treatment whilst under the influence of alcohol or drugs due to potential conditions such as Korsakoff's Syndrome.

64. The University of Southampton have undertaken extensive research over the last 8 years with the Society of St James, Two Saints and the Booth Centre (Salvation Army) to evaluate effective psychological interventions to treat their clients' issues. Their research has found that behaviour therapies that take a skills approach to the treatment of emotion management can be very effective in increasing functioning of people experiencing complex mental health difficulties. These interventions have enabled them to operate better in a structured 'hostel' environment and move on in a more sustainable way.

65. They found that with training, housing providers can enable hostel staff to establish 'psychologically informed environments' where they can better understand and support behaviours more effectively, enabling the process of real change. Although it is recognised that these outcomes take time to embed, Two Saints, who have been working to establish this within Patrick House, are already seeing positive results with their clients.

66. Despite this potential improved support for the mental health of homelessness clients the Panel remained concerned about the overall capacity of the current Mental Health provision to deal with the growing mental health needs of the City. There was particular concern for young

people accessing mental health services, where early signs of mental health issues are most likely to occur and services have the best chance of responding effectively to intervention.

67. Where homeless people remain untreated it is clear that their mental health can deteriorate, often with increasing psychotic episodes. If this pattern of poor access to mental health services is being replicated across the City, given that Southampton has one of the highest anti-depressant prescription rates, there is clearly an underlying issue for mental health commissioning that needs to be addressed.

68. The Panel therefore supports a fundamental review of mental health services in the City to identify better ways to manage current demand and provide earlier help to avoid escalating health problems in the future, which may need a more acute response.

69. The Panel also remained concerned that the support available for young people with mental health problems was not meeting the demand, given that problems are most likely to occur at this stage and treatment is most effective through early intervention. The Panel heard that the transition into adult mental health services can be very difficult for young people, with many not progressing into the system but resurfacing later with more acute mental health problems and often at high risk of homelessness. To reduce this escalation of need for mental health support, and ultimately homeless prevention services, the Panel would like to see the age threshold for mental health services raised in line with the Integrated Substance Misuse Service and Staying Put model for care leavers. This would provide a more effective and consistent early intervention model for young people to a later age of at least 24 years.

70. The chair of HOSP and two social letting agencies attended to the Southern Landlord's Forum to gauge the interest in expanding opportunities for social letting in the City. Although there was an enthusiastic response to the opportunities for increased social letting, landlords raised some concerns about the legality of signing up to long term leases and that the limits of the HMO Licensing Scheme might restrict opportunities in certain areas. The Panel, however, were optimistic that social letting could expand if the barriers could be removed or incentives provided in the scheme to enable more private sector tenancies and HMOs to be used as social letting for specific vulnerable groups such as single homeless people.

C: Recommendations **(*HOSP agreed priorities)**

71. To address the above issues the Panel have recommended that:

xi. The Homelessness Strategy Steering Group continue to support commissioners as they progress towards an evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.

xii. **Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub (MASH) and Early Help Team to ensure children in need are not falling through the gaps.***

xiii. **Children in Care continue to be a priority, particularly in preparing those in care to lead an independent life and that care leavers have access to suitable accommodation and maximise opportunities for employment, education and training.***

xiv. Homelessness Services work with National Probation Trust and the Hampshire Community Rehabilitation to support more pre-release planning to ensure emergency bed spaces are being used appropriately and to include looking at possibility of avoiding Friday prison releases.

xv. **Commissioners of Homelessness services should consider the option of providing a 'dry' environment within the homelessness prevention model in the City to support those who want to become or stay sober.***

xvi. **Homelessness providers and commissioners should work towards developing 'psychologically informed environments' in hostels and develop a staff training programme as appropriate. Partnerships between the psychological support from the University of Southampton and local housing providers are essential to achieving this.***

xvii. **Undertake a fundamental review of Mental Health services for the City, specifically including improving access to behaviour therapies for homeless clients and considering raising the age for transition for young people into adult services to 24 years in line with the thresholds for the Integrated Substance Misuse Service. Early intervention should be prioritised alongside improving access to services from primary to acute care to ultimately reduce and better manage demand.***

xviii. **Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.***

xix. Expand training on homelessness services / welfare services to community first responders and primary care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses.

D MONITORING AND REVIEWING CRITICAL SERVICES

72. The Panel heard repeated evidence of the clear link between good housing and good health. Regulatory Services undertook a Stock Condition Survey in 2008 which identified that 38% of the 25,000 private homes in the City did not meet the Decent Homes Standard, primarily due to overcrowding or inadequate facilities. The service also investigates complaints and carries out risk based inspections to ensure that private housing in the City is safe, warm and secure.

73. The Stock Condition Survey is now six years old, and concerns were raised, by the Panel and landlords, over the reliability of this data. The Panel felt that the timing was right to undertake a new Stock Condition Survey, and to renew the survey at least every 6 years. The Panel acknowledged the resources implications of undertaking this survey, however, they felt that

reliable information on the quality of the City's housing stock was crucial, given the reliance on the private sector market in the City.

74. 7% of the City's homes are estimated to be Houses in Multiple Occupation (HMOs), which is 5 times the national average. HMOs are usually shared houses of 4 or more people averaging between 16 and 34 years old. With the high reliance on HMOs for moving homeless clients on and given changes to the Local Housing Allowance, the Panel accepted that people who have been homeless are more likely to rent at the lower end of the market and experience poorer quality housing, exacerbating any existing poor health conditions they may already have. The Panel recognised that there are good and bad landlords, however, they were concerned that tenants in lower quality housing are less likely to report issues for fear of the landlord increasing the rent or ending the tenancy.

75. The Panel heard that the HMO Licensing Scheme aims to work with landlords to improve overall conditions, management and basic health and safety for shared homes in the City. The scheme is currently being rolled out to 4 wards in the City (Portswood, Swaythling, Bevois and Bargate), where it is estimated that there are 4,500 HMO properties. To date just over a third of these properties have applied for a licence voluntarily; with the enforcement stage commencing in 2014/15 the service continue to gain a better understanding of the quality and compliance issues in these areas.

76. A number of witnesses highlighted the poor conditions that many ex-homeless people were living in and the Panel heard that the HMO Licensing Scheme would identify and deal with non-compliant landlords who let properties in a poor or dangerous condition or who have poor management arrangements. The Panel acknowledged that there may be merit in expanding the scheme across the City, to ensure all shared houses are of an acceptable quality. However, the Panel felt that how and when this expansion takes place should be based on the evidence and outcomes from HMO Licencing in the first four wards and supported by an up to date Stock Condition Survey.

77. Given the high level of substance misuse and dependency by single homeless people the Panel were encouraged to see the new Integrated Drug and Alcohol Substance Misuse Service is planned for 1 December 2014. Hostels were particularly concerned that they were not receiving as much outreach support and were sometimes finding it difficult to cope with the addiction of their clients and associated behaviours. The Panel believed that the new integrated service would enable resources to be placed more effectively. They were keen to see how it will offer better support to homelessness services in future, including outreach services and raising the age for young people to transfer to adult services.

78. The Panel recognised that monitoring systems were well established for the Homelessness Prevention Strategy. However, evidence to the Panel suggested that the full impacts of the Welfare Reforms may not have materialised yet in the City, particularly around changes to the Local Housing Allowance (LHA) and the under occupation of social housing. The Panel heard that homeless individuals, with complex needs and chaotic lifestyles,

were more likely to fail to comply with their claimant commitment resulting in an increased risk of having their benefits sanctioned. This is likely to have a devastating impact on their ability to cope. Further Welfare Reforms expected in the next 2 years, including the continued transition from Disability Living Allowance (DLA) to Personal Independence Payments (PIP) and the roll out of Universal Credit (UC), will have serious implications for homeless individuals.

79. Monitoring of the impacts of Welfare Reforms is underway with key agencies through the Welfare Reforms Monitoring Group. However, with major changes still to come housing providers and the Homelessness Prevention Team need to ensure that they are continuing to assess, record and share the impacts on their clients and services. This will ensure that the Local Welfare Provision can respond to these changes and provide an evidence-based response to commissioners, the Jobcentre Plus and Department of Work and Pensions.

80. Although access to homelessness assessments and referrals is relatively straight forward and well understood during the week, some referral agencies found it difficult to access beds for discharge from hospital out of hours. This can cause significant problems for single homeless people who will have limited support mechanisms to turn to.

81. The Panel also heard that there can be a concentration of Prison Service releases on Friday. If there is no pre-release liaison, the individual is less likely to settle and will be more likely to reoffend over the weekend where access to the services they need can be difficult. Conversely, an emergency bed may be reserved in a hostel for an ex-offender which does not get used, blocking it from other potential clients. The emergency bed situation was cited as particularly difficult for young people services, where bed spaces are more limited. The Panel felt that the availability of emergency bed spaces needed to be reviewed with referral partners. A better understanding of the issues being faced by all services and increased planning with offenders in advance of their release would ensure a more effective ‘out of hours’ service can be provided and used.

82. The Panel heard that a number of best practice services have time limited funding or are under threat of funding being withdrawn. However, it was clear that these services are making a tangible difference to the lives of homeless people. These services include:

- The Vulnerable Adult Support Team in the hospital Emergency Department who have reduced frequent attendance and supported over 200 patients to homelessness services that would otherwise have been back on the streets. Short term funding was agreed by the University Hospital Southampton NHS Trust but is due to end in September 2014.
- The Breathing Space Project was established through funding from the Department of Health and works with the University Hospital Trust to provide medical support in a domestic setting. The project has seen dramatic life changes with entrenched homeless individuals who have

been given time to recover in a safe environment. This funding is due to end in October 2014.

- The Cranbury Avenue Day Centre, run by Two Saints provides an established and effective central homeless hub for the City. The Homeless Link transition funding and Council funding ends in March 2015.

83. The Panel felt that a city wide review should be undertaken to identify the cost benefit of these services to key public agencies to ensure that a sustainable funding plan is developed to keep them operating. This may include the need for short-term funding while this is being evaluated.

D: Recommendations **(*HOSP agreed priorities)**

84. To address the above issues the Panel have recommended that:

xx. Regulatory Services undertake an evidence based review of the effectiveness of the HMO licensing scheme to ensure that standards of quality are maintained for all private sector tenants in the City and to support the decision making process for whether to expand the scheme to other wards in the city. It should be recognised that those who have been homeless will be moving on into the lower cost / quality end of the market where risks to their health remain high.*

xxi. Regulatory Services consider options to undertake a new stock condition survey to gain a better understanding of the quality of the City's private housing stock and establish mechanisms and resources to secure an up to date survey at least every 6 years.*

xxii. Integrated Drug and Alcohol Substance misuse service to report to the Health Overview and Scrutiny Panel on how changes to service delivery will support homeless people more effectively, particularly in relation to raising the age of transition into adult services.

xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to enable an evidence based response to adapt the Local Welfare Provision where necessary and report the impacts of Welfare Reforms to commissioners, the Jobcentre Plus and the Department of Work and Pensions.

xxiv. The Homelessness Strategy Steering Group review the number, use and awareness of emergency weekend bed schedule for adults and especially for young homeless referrals and discharge from hospital or custody.

xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due to lack of funding. Immediate consideration should be given to determine their value to the city's Homelessness Model and health outcomes for individuals for The Two Saints Day Centre and 'Breathing Space' project and the Vulnerable Adult Support Team in the University Hospital Southampton NHS Trust's Emergency Department.

CONCLUSION

85. There is an established and effective Homeless Prevention Strategy with a strong Partnership delivering good services for the City. This Partnership, however, needs to expand to wider health services and other agencies working with homeless people such as the Hospital, Police, the National Probation Trust and the Hampshire Community Rehabilitation and Prison Release Service to be more effective.

86. There are many excellent services in operation across the City but single homeless individuals continue to suffer health inequalities and remain amongst the most marginalised residents, suffering many barriers to accessing the services. Increasing the understanding and awareness of other agencies who refer and deal with single homeless people should lead to more effective support and signposting and referral for individuals. Dealing with the mental health and substance abuse of homeless individuals, especially with earlier intervention for young people, is critical to them moving on. In addition, the lack of any 'dry' houses in the City can limit the options and willpower of those who want to be sober.

87. A large proportion of homeless clients have been through the care system or suffered abuse or neglect at a young age, which will impact on their behaviour and emotions. Work underway to transform the life chances of care leavers and multi-agency approach to providing early help will hopefully reduce the homelessness of future generations of children in need through early intervention.

88. There remains an entrenched group of individuals in the system who are hard to move on or relapse frequently who due to their complex needs and behaviours. These clients are expensive to the public purse and consideration should be given to whether more intensive Housing First model would make a difference for these individuals.

89. The Panel recognises the difficulties of achieving a paradigm shift in the lifestyle choices of individuals. The Homelessness Prevention Model in operation enables many homeless people to move on but for many move on from homeless services needs time and access to the right support mechanisms and treatment. Sustaining housing is the first and only outcome we can truly achieve for a number of these individuals – any further transformation will ultimately only come when they are ready to change.

ANNEXE 1

INQUIRY TERMS OF REFERENCE AND PROGRAMME

1. **Scrutiny Panel:**
   Health Overview and Scrutiny Panel

2. **Membership:**
   a. Councillor Matthew Stevens (Chair)
   b. Councillor Matthew Claisse
   c. Councillor Carol Cunio
   d. Councillor Georgina Laming
   e. Councillor Brian Parnell
   f. Councillor Sally Spicer

3. **Purpose:**
   To consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and wellbeing and access to a settled and decent home.

5. **Background:**

4.1 This Inquiry will focus on the health of homeless single people. The definition of homelessness for this Inquiry will be those who are sleeping rough, living in insecure accommodation such as a squat or sofa-surfing, in short-term accommodation such as a hostel or recently moved into to private rented accommodation for the first time after a period of homelessness. It will also examine the quality and impact of accommodation that homeless people move on to, which is likely to be either a shared home or a single unit.

4.2 The rationale to focus on single homeless people stems from the high demand for single person's accommodation, with over half of the 15,000 people on the housing register are in need of single units. Evidence suggests that a high proportion of homeless individuals having complex health needs, requiring significant and intensive support from specialist services. The Southampton experience, through the 2013 Homelessness Strategy Review identified homeless single people are:

- More likely to be marginalised or isolated, with limited support networks
- Less likely to be in priority need for the council to house them but likely to have aggregate needs that will make their life more chaotic
- Experience barriers to accessing mainstream primary care
- More likely to have no recourse to public funds
- Significantly affected by the Welfare Reforms, particularly changes to the local housing allowance, migrant benefits rights and Universal Credit

4.3 Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need and are the key focus for other current initiatives such as the Families Matter and the Better Care (Integrated Transformation Fund) programmes. Therefore these groups will not be included as part of this Inquiry.

4.4 The model for homelessness prevention in Southampton is delivered and commissioned by a wide range of public and third sector providers and has a strong history of collaboration and good practice through the Homeless Prevention Strategy. Despite preventing a large number of single households from becoming homeless in 2012/13 there were still 520 people on the Homeless Health Team's register. However, increasing trends of homelessness are adding pressures on services for homeless people.

4.5 The national picture of funding these services is also changing with financial pressures in the public sector. Nationally, the ring-fence for Supporting People grants has been removed and across the country councils are reducing spend on Supporting People services. Additional budget pressures also prevalent in the public and third sector are placing further pressures on the services that support homeless people.

4.6 There is much evidence published that homelessness and poor quality housing can have a significant and negative impact on an individual's health and wellbeing. Those who are who have slept rough have significantly higher levels of premature mortality. Homeless Link undertook a national audit of over 700 homeless people which demonstrated the inequality in the health needs of homeless people:

- **Mental Health** – 7 out of 10 homeless people have one or more mental health needs, although they may not be diagnosed, it is estimated that 30% of the general population experience some form of mental distress; over a third of homeless clients said they would like more support. It is estimated mental health costs £9.7 million in Southampton, with £1.3 million worth of anti-depressants prescribed in 2011/12.
- **Substance misuse** – Over half of clients in the audit use one or more types of illegal drug, with around a quarter engaged is some form of treatment or support. 3 out of 4 clients consume alcohol regularly, with 1 in 5 drinking harmful levels. Alcohol misuse in hospital admissions and primary care treatment is estimated to cost £12 million per annum in Southampton.
- **Physical health** – 8 out of 10 homeless people had one or more physical health needs including:

Condition	Homeless People	General Population
Musculoskeletal problems	38%	10%
Respiratory problems	32%	5%
Eye complaints	25%	1%

- **Tuberculosis** – TB rates have doubled in the UK in the last 10 years. The homeless population is particularly vulnerable to the disease, and more likely to present with advanced forms. However, even if diagnosed and being treated a homeless patient is also more likely to discontinue treatment given their chaotic lifestyle.

4.7 Primary care is the first point of contact for health services to respond to an individual's health needs. However, evidence in the national audit suggests that homeless people are more likely to access healthcare through emergency services, with their stay likely to be longer. Their lifestyles may also mean that they are more likely to seek medical help when their condition has significantly deteriorated. The review will examine the picture of homelessness access to health care service in the city.

4.8 Historically, single homeless people have predominantly been males over 30, anecdotally these are often people who have had traumatic or troubled life experiences including service men, care leavers and offenders; however, in recent years the trend has changed to reflect a larger proportion of women with the age profile getting younger. The interventions to support homeless people are generally split into those for young people, aged 16-25 and adults.

4.9 The pathway from rough sleeping to settled and suitable accommodation can be a long one and requires intensive support to help an individual to move on. It is estimated that it takes 7 attempts for an individual to make a real difference to their lives through intervention, equating to approximately 2 years for individuals with intensive support to turn things around. The panel will need to recognise the long term support needed to make a difference to these individuals and will examine the challenges and opportunities for the current homelessness support and health services delivery.

6. Objectives:

a. To understand the current model for homelessness prevention supports and how it promotes better health outcomes for single people
b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people
d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
e. To explore the adequacy of single accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, in line with any existing contract periods.
f. To consider further collaboration or 'invest to save' opportunities that would prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

7. Methodology:

a. Outline of current national policy and local activity including:
   - The service model for homelessness prevention and Supporting People
   - National and local data on health inequalities for single homelessness

b. Engage commissioners, public sector and third sector providers

c. Visit facilities to understand service provision and talk face to face with clients and frontline staff

d. Understand client needs through direct contact with service users alongside case studies

e. National and local health audit results and key data for Southampton

f. Identify and consider best practice and options for future delivery:
   - National best practice examples
   - Local success stories

8. Proposed Timetable:

Five meetings February 2014 – May 2014

ANNEXE 2

SUMMARY OF WITNESSES TO THE INQUIRY

MEETING 1: 20 FEBRUARY 2014
SETTING THE NATIONAL AND LOCAL SCENE

Sarah Gorton, South East Regional Manager Homeless Link
Liz Slater - Housing Needs Manager
Matthew Waters - Commissioner Supporting People and Adult Care Services
Pam Campbell - Consultant Nurse, Homeless Healthcare Team

The agenda papers for the Panel meeting can be found here:
http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=2826&Ver=4

MEETING 2: 20 MARCH 2014
SERVICE AND HEALTH PROVIDERS PERSPECTIVE

PART A: Accommodation and support services through the voluntary sector
Liz Slater - Housing Needs Manager
Guy Malcolm - Operations Director, Society of St James,
James McDermot - Regional Director, Two Saints
Alison Ward - Project Manager, No Limits
Tina Hill - Service manager, Chapter 1

PART B: Access to and discharge from health services
Pam Campbell - Consultant Nurse, Homeless Healthcare Team
Jackie Hall - Substance Misuse Commissioner, SCC Integrated commissioning Unit
Dr Shanaya Rathod - Director of Research & Development, Southern Health

The agenda papers for the Panel meeting on 20th March can be found here:
http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=2536&Ver=4

SITE VISITS IN MARCH
Two Saints – Cranbury Avenue Day Centre, Patrick House, Breathing Space
Homeless Healthcare Team
Salvation Army – Booth Centre
Society of St James – Southampton Street
Chapter 1 – Alma Road

MEETING 3: 2 APRIL 2014
ACCESS TO AND SUSTAINING LONG TERM ACCOMMODATION

PART A: Access to suitable long term accommodation for single homeless people

Sherree Stanley - Manager- Housing Delivery & Renewal
Mitch Sanders - Head of Regulatory Services and **Janet Hawkins**, Team Leader
Fred Knight - Southern Landlords Association South Hampshire Branch
Alison Ward - Project Manager, No Limits
Dominic Thompson - Real Lettings South, Two Saints

PART B Supporting people into sustaining long term accommodation:
Peter Walton - Booth Centre, Salvation Army, Operations Manager
Steve Curtis - Family Mosaic, Regional Manager

The agenda papers for the Panel meeting on 20th March can be found here:
http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=2828&Ver=4

MEETING 4: 29 APRIL 2014: TACKLING COMPLEX HEALTH AND OTHER NEEDS ASSOCIATED WITH HOMELESSNESS

PART A: Children and Adult Safeguarding.
Fiona Mackirdy & Mary Hardy - Children safeguarding Children Looked After
Carol Judge - SSAB Board Manager Adult safeguarding
Matthew Waters – Commissioner, Supporting People and Adult Care Services

PART B: Police and Probation - identification and support of homeless people
The Police perspective – Inspector **Sharman Wicks**, Portswood HQ
Probation Services - **Robbie Turkington,** Operations Manager, Southampton Probation

PART C Impacts of Welfare Reforms, migration and No Recourse to Public Funds
Sara Crawford - SCC Improvement Manager - Welfare Reforms
Liz Slater - Housing Needs Manager
Dave Adcock - Project Manager EU Welcome - Homelessness in Migrant workers

PART D Primary care and services connected with the hospital
Sara Charters - Consultant Nurse Emergency Care, UHS Emergency Department Vulnerable Adult Support Team (VAST)
Meriel Chamberlain, UHS Integrated Discharge Bureau
Nick Maguire – Senior Lecturer Clinical Psychology, University of Southampton
Dr Steve Townsend, Chair, Southampton CCG
Annabel Hodgson, Healthwatch Southampton HOSP representative

The agenda papers for the Panel meeting on 20th March can be found here:
http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=2829&Ver=4

MEETING 5: 15th MAY
Considering the key issues and potential recommendations

ANNEXE 3

Southampton Homelessness Services – Model of Provision and Services