

Homelessness Support Service for Vulnerable Adults in Kent Consultation

Family Support

Alcoholism
Crime

Isolation

Addiction
Substance Misuse

Help

Recovery

Homelessness

Belonging

Empowerment

Health

Depression

Prevention

Wellbeing

Safety

Have Your Say

www.kent.gov.uk/homelessnessconsultation

Consultation closes 4 March 2018



This consultation

Kent County Council is consulting on proposed changes to homelessness support services across the county. This document explains what those proposals are and how you can get involved.

If you want to share your views on the proposals outlined in this document, please visit the consultation page www.kent.gov.uk/homelessnessconsultation where you can fill in the online questionnaire.

Alternatively, there is a paper version of the questionnaire that you may want to complete instead, which can be downloaded from the website or requested by using the contact details below:

supportingpeopleteam@kent.gov.uk

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Equality Impact Assessment

An Equality Impact Assessment (EqIA) has been carried out to see if these proposals could affect anyone unfairly; this is available online at www.kent.gov.uk/homelessnessconsultation or upon request. If you have any comments about the EqIA, please include this in your questionnaire response.

Alternative formats may also be made available upon request by emailing alternativeformats@kent.gov.uk or calling 03000 421553 (text relay number: 18001 03000 421553). This number goes to an answering service which is monitored during office hours.

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1. Background

Housing and homelessness is the statutory responsibility of the District and Borough Councils across Kent. The rehabilitation of offenders is the responsibility of the National Probation Service (NPS) and the Kent, Surrey and Sussex Community Rehabilitation Company (CRC). However, Kent County Council (KCC) funds many homelessness support services for vulnerable young people (16-25), vulnerable adults who are over 18 and vulnerable offenders who need additional support.

There are three main types of KCC funded homelessness support services for vulnerable people, including offenders:

1. **Supported Housing:** where support is provided within a specific housing scheme or address; people have to live at this address to receive this type of support.
2. **Floating Support:** which is delivered to people, wherever they are, to support them to gain / maintain a tenancy, prevent eviction, claim benefits, access other support services etc.
3. **Rough Sleeper Outreach:** where support workers go out to meet people who are rough sleeping and work with them to access accommodation, access health care and support appropriate to their needs, to recover from homelessness.

Some areas benefit from a number of services, but this is not consistent across the county and has resulted in a 'postcode lottery', where the levels of service available varies; this can result in vulnerable people either missing out on support or having to travel to access services.

All current KCC contracts that support vulnerable homeless young people and adults are due to end in September 2018. This provides us with an ideal opportunity to review and improve services, to take into account local need and ensure good levels of access and provision across the county.

At the same time, KCC will be focussing its provision for young people on care leavers and 16/17-year-old homeless people, in support of the council's corporate parenting duty (this means the collective responsibility of the council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by KCC).

This will lead to a greater demand for housing related support services for vulnerable homeless adults aged 18 years and above, who will no longer be eligible to be supported in young people's services.

KCC will continue to meet its obligations under the Care Act 2014.

Specific services for offenders or persons from a minority ethnic background will no longer be commissioned. However, provision for vulnerable people with offending backgrounds and those from minority ethnic backgrounds will be included in the newly commissioned services.

2. What is provided now?

Supported Housing

There are 29 contracts (some contracts cover more than one scheme) for supported housing services for adults commissioned in various locations across Kent; of these, 9 services are for people with a history of offending.

Supported Housing provides a safe place to live while support is being offered to aid people in their journey to independence and recovery from homelessness. Lengths of stay in supported housing vary by scheme dependent upon the needs of the individual. Once people have gained the skills they need to live independently they are supported to move on to more permanent accommodation. The intended maximum stay in supported housing is two years.

The size of supported housing schemes varies from spaces for 6, to spaces for 84 people, and collectively they accommodate and support up to 412 people at any one time.

Included within those services, there are 9 that provide support for people with a history of offending, with spaces for up to 80 people at any one time.

Floating Support

There are four Floating Support services that cover the whole of Kent, offering housing related support to 1057 adults at any one time. The support is available for up to 1 year, and is delivered in the community to vulnerable people at risk of homelessness or people who are homeless, regardless of where they live. The service also helps people to settle into a new tenancy.

Of the 4 floating support services, 2 services are available for people from a minority or ethnic background who find it more difficult to access services; these services collectively assist up to 42 people at any one time.

Rough Sleeper Outreach

The Rough Sleeper Outreach service supports 74 people at any one time and is intended to help people who have a history of rough sleeping.

Outreach workers look for those sleeping rough, either following a referral or through searching local areas, and begin talking to those they find. They will offer assistance to rough sleepers, and, once that offer is accepted, will work with them to help them access accommodation, health care and support appropriate to their needs, in order to recover from homelessness.

Other Homelessness Support Services

A range of other homelessness support services are funded by local District and Borough Councils, Community Rehabilitation Companies (CRC's) and various charities or churches in Kent and nationally.

These other support services are often funded via grants and charitable donations. Their location varies and knowing about them and how to access them can be difficult. In future, KCC would like to work even more closely with those organisations funding other homelessness support services, such as the District and Borough Councils, to network these resources and work in partnership with those organisations.

3. Intentions for the future

The council's historic approach of contracting and funding services individually has meant that services are not always joined up and it can be difficult for vulnerable people to move between them. Sometimes individuals have to go through multiple referrals and assessment processes, which can delay the time it takes to start receiving support, and have to repeat their story to a number of professionals. This increases the risk of them 'slipping through the cracks' and not being able to access support because they aren't seen quickly enough or do not know how to get the help they need.

Professionals have told us that it isn't always clear where services for vulnerable people are located and how they work; this can result in duplication of effort in some cases, and in others the absence of much needed support.

People who work in current services have told us that the numbers of people who are homeless and rough sleeping have increased in recent years; this is supported by government figures¹, demand for their services is increasing and the needs of the people they support are becoming more complex. Figures published by Homelessness Link² show that 80% of homeless people report a mental health issue and that 39% state they misuse drugs or alcohol. 73% report a physical health problem and 35% report attending Accident and Emergency departments. Many people become homeless as a result of trauma such as violence or abuse. This means that people need much more support than they did before.

The intention is to bring all these services together, ensuring that they wrap-around the person and work for them to address their recovery from homelessness and unique needs, rather than funding individual services which aren't always linked together. By joining up services, the council anticipates better outcomes for people and more efficient service delivery.

4. The proposed Commissioning Options

The three commissioning options below are being considered within the redesign of homelessness support for vulnerable adults:

Option 1: Recommission services in the existing configuration when contracts expire

This option would have the benefit of a simple commissioning process and minimal disruption to service delivery.

Current services deliver good outcomes, helping many people into more permanent accommodation, gaining further support from mental or physical health teams, with claiming benefits, accessing work and / or education.

Following this option means that existing quality would most likely continue. However, this option lacks flexibility and would not address the current issue for those who have complex needs and would benefit from a range of support.

The type of help and support available for KCC funded support available for vulnerable homeless people from the services in Kent varies, and each delivers a range of different outcomes. There is sometimes an overlap between those services.

This option does not present any opportunities to gain efficiencies through combining administration and assessment processes (such as a single point of access and referral).

The focus on recovery from homelessness is not as strong through this option and some areas still lack enough or any service provision at all.

Option 2: Integrate services on an area basis

This option could see services in local areas (either district or a group of districts) brought together to help and support people in a more joined up way.

¹ [Homelessness Statistics](#) - Department of Communities and Local Government

² [The unhealthy state of homelessness 2014](#) – Homelessness Link

Integrating services could provide the opportunity to pool budgets in a locality with other funding partners such as housing, health, community safety and criminal justice agencies. With a shared budget, it would be possible to commission an integrated service in one area, networking current provision to deliver a wrap-around service to clients.

A single point of access and assessment, in collaboration with other Kent agencies, would be developed to identify risk, support needs and divert service users to the most appropriate element of the service for them. This will give clients and referring professionals the benefit of a single access route and smoother pathways through services. It would eliminate the current arrangements where clients often have to undergo multiple referrals and assessments in order to access the support they need. A 'no wrong door' approach would allow people to present at any area of the service and be assured that they will benefit from the full range of support available to them, with simpler administrative processes. They will not be passed between multiple service providers, as has been the case previously and would mean a more efficient process and less resource required.

Services would be able to focus on local priorities and tailor the support available to local communities, using local assets e.g. community centres, responding swiftly to the changing needs and demands of individuals in that area, using the resources available in that area.

However, by commissioning smaller, local solutions, funding will be clearly linked to specific areas and there will be no flexibility to move resources around the county, from area to area, to address shifting levels of overall need and demand.

Collaboration and partnership working would be written into contract documents and assessed regularly to ensure services are joined up and there are improved pathways for people who use services, with a clear, single referral route.

Resources could be flexibly deployed across the locality, depending on demand, to minimise waiting times in busy areas and maximise use of resources in the area that have additional capacity.

Collaboration and partnership working will help services to deliver improved pathways for those that use services, with a clear, single referral route. This option would also put services on a more sustainable long-term footing, with provision secured for the duration of the contracted period.

This option would also put services on a more sustainable footing, with provision secured for the duration of the contract period.

This model would not completely eradicate the fragmentation of service provision and could pose challenges for clients who need to move between areas in Kent.

By bringing together services within a locality, smaller providers, who often have specialist skills and approaches, could be included; this would allow the current market diversity, and therefore the number of options for meeting an individual's needs, to be maintained.

Option 3: Integrate services into single county-wide provision

This option would deliver a joined-up, consistent support offer to clients, regardless of their location in the county, thereby eliminating the 'postcode lottery'.

Clients would receive consistent standards of support wherever they live in Kent and will be able to move around the county, confident that service will continue seamlessly, without the need to navigate complex referral routes in order to continue receiving support.

By bringing together a range of services, it would be possible to identify areas of good practice and roll this out across all areas, to drive up performance and quality where necessary.

A single point of access and assessment, in collaboration with other Kent agencies, would be developed to identify risk and support needs and divert service users to the most appropriate element of the service for them. This will give clients and referring professionals the benefit of a single access route into support. It would eliminate the current arrangements where clients often have to undergo multiple referrals and assessments in order to access the support they need. A 'no wrong door' approach would allow people to present at any area of the service and be assured that they will benefit from the full range of support available to them, with simpler administrative processes. They will not be passed between multiple service providers, as has been the case previously.

Resources could be flexibly deployed across the county, depending on demand, to minimise waiting times in busy areas and maximise use of resources in other areas that have additional capacity.

Collaboration and partnership working will eliminate fragmentation in services and deliver improved pathways for those that use services, using a clear, single referral route. This option would also put services on a more sustainable footing, with provision secured for the duration of the contracted period.

However, this option does present the possibility that the contract is awarded to a single, large organisation, which could impact the work of smaller local organisations.

5. The Future Vision for Services

KCC will continue to meet its obligations under the Care Act 2014.

Having carefully considered the different commissioning options open to KCC, it is proposed that option 1 is not commissioned as it will not achieve a more networked, flexible, recovery based models of support, as described in options 2 and 3.

Through a more integrated model, with service providers working collaboratively, a coordinated community response to homelessness services for vulnerable people across Kent could be introduced. This would allow vulnerable people and their families to benefit from joined up support to recover from homelessness and live successfully within their local communities.

Vulnerable people would benefit from flexible, tailored, recovery-focussed provision(s), which respond to their needs, and a service able to deliver more joined up community support to clients, regardless of their level of risk and need.

As KCC will no longer be commissioning specific services for offenders or persons from a minority ethnic background, there will be a requirement, written into the tender documents and service specification, for provider(s) to meet the needs of all people who are eligible for services.

KCC recognises the potential risk that options 2 and 3 could pose to smaller voluntary and community services and plans to mitigate against this risk through mandating collaborative and partnership working.

The tender process will have a clear focus on local knowledge and the capacity to network well with local communities; KCC recognises that this is needed to ensure that the specialist knowledge and expertise of local organisations is captured and that these organisations are supported and have the opportunity to be involved in the model(s). Retaining specialist knowledge is expected to be particularly beneficial to those clients who are considered 'hard to reach', such as those from lesbian, gay, bisexual and transgender communities and people from minority ethnic backgrounds.

Bringing together a number of services would also minimise the administrative burden on service providers and reduce the costs to the council in contract management. This will enable more of the resources available to be used on front line support of clients, rather than lengthy and costly 'back office' functions.

6. Key Service Outcomes

It is proposed that, through various ways of networking and the development of partnerships, bringing several organisations together, a service type is created that will deliver key outcomes, aiming:

- To support vulnerable people threatened with homelessness or to prevent homelessness
- To support vulnerable homeless people to secure appropriate tenancies/occupancies
- To provide resettlement support after spending time in a care/institutional setting

The aim is to empower people to recover from the effects of homelessness, with consideration to the following:

1. Improving physical health
2. Improving mental health and wellbeing
3. Previous trauma suffered (working through and moving forward)
4. Improving links and relationships with family, friends and children
5. Facilitating access to education, skills and employment
6. Engagement with appropriate drug and alcohol agencies
7. Improving outlook, attitudes, motivation and taking responsibility
8. Improving links to social networks and relationships
9. Consideration for the benefits of pets
10. Improving self-care and daily living skills
11. Personal financial administration and maximising income
12. Staying safe
13. Being active
14. Helping others
15. Caring for the wider environment

By supporting people in these areas, it is hoped that this will lead to:

- A reduction in the need for interventions by social care and health services including admissions to Accident and Emergency departments
- A reduction in offending/re-offending and improved community safety
- A reduction in homelessness/repeat homelessness.

7. Methods of Service Delivery

In order to deliver an improved service to vulnerable homeless adults in Kent, the following methods of service delivery are proposed for consideration:

1. Flexible support which is able to change and respond quickly to the changing needs of people who use services and their families
2. A single point of access and referral, in collaboration with other Kent agencies, to identify risk and support needs
3. Targeted engagement with 'hard to reach' groups, including, but not limited to those from lesbian, gay, bisexual and transgender communities, those from minority ethnic communities and gypsy travellers
4. Outreach support to rough sleepers in the community
5. The use of access community facilities, such as community hubs, for people to access services
6. Supporting individuals and their families in their own accommodation setting
7. Providing basic household items to help individuals setting-up home
8. A private sector rented access scheme (including deposits and guarantees) to support people moving on from temporary/hostel accommodation to move on to more suitable accommodation
9. A programme or pathway of volunteering and paid work opportunities

8. 'How it currently works' vs 'How it could work'

To help explain the improvements we seek to achieve through commissioning an integrated service, we have prepared the hypothetical case studies below that set out how services operate currently and how we expect the service to operate differently in the future.

Scenario 1	
<p>Jim used to serve in the armed forces and is a rough sleeper with mental health issues, physical health conditions and a reliance on alcohol. The rough sleeper outreach team know Jim and offer him help and support, which he accepts.</p>	
<p>Current Service Experience</p>	<p>To progress his need for support, an assessment is completed and an outreach worker visits him to help him meet his needs. The support worker manages to find a place in a supported housing scheme nearby run by a different organisation. Jim goes in to have a look round and speak to the staff working there. They tell Jim that they will need to assess him and develop a support plan with him. After being supported for just over a year, Jim is able to move out of the supported housing scheme into a privately rented flat; however, he needs support to settle into the tenancy and with benefits, etc. so he is referred to a floating support service, run by a third organisation, who conduct another assessment and develop another support plan with him.</p>
<p>Proposed Service Experience</p>	<p>A support worker from Kent Integrated Homelessness Support Services meets Jim on the street. An assessment is completed and the worker visits him regularly to help him meet his needs. The support worker manages to find a privately rented flat for Jim and ensures an intensive package of support is built around him to address all his recovery needs.</p>

<p>Benefits of the proposed model</p>	<p>In the case study of the current experience, Jim undergoes 3 separate referrals and assessments – initial outreach, supported accommodation and move-on floating support; this involves him telling his ‘story’ to a number of different professionals during his time receiving services.</p> <p>The proposed model has the benefit of being fully joined-up; meaning that Jim is able to undergo a single, wrap-around assessment, which then directs him to the areas of support that he requires.</p> <p>Jim would go to a supported housing scheme that meets his unique needs, not just whichever has a current vacancy.</p> <p>Due to the nature of people who are homeless, their whereabouts and the challenges they face can vary hugely in a short space of time. Because Jim has already been assessed for support, he does not have to go through a separate referral process every time something changes, and there is continuity in the support that he receives.</p> <p>By bringing together the key elements of support provision, Jim is able to receive information about the full range of support available to him, and has greater choice about what suits his needs best, rather than being limited by the remit of individual support providers.</p> <p>The flexible, integrated model is better able to respond to Jim’s changing needs, focus on recovery and there is less time and money spent by support providers repeating assessments and referring on to alternative services. This builds efficiencies into the service, increasing the number of clients that can be helped.</p>
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<p>Scenario 2</p>	
<p>Hugh left prison believing that he would be returning to the family home. Under these circumstances, there had been no requirement for the prison service to help him access accommodation. Unfortunately, his relationship had broken down and he found himself without a roof over his head. He was able to sofa-surf with friends for a couple of weeks but a lack of permanent address makes accessing benefits, accommodation and other assistance difficult. He ends up rough-sleeping regularly, and, as a result, his whereabouts and the daily challenges he faces can vary hugely. In addition, he has learning difficulties and sometimes has trouble communicating effectively with people; this puts him at risk when dealing with less empathetic members of the general public and fellow rough sleepers. The stress of the situation has caused him to start drinking excessively again.</p>	
<p>Current Service Experience</p>	<p>In the current way of working, Hugh’s probation officer may be able to help him apply for supported housing; however, Hugh would need to complete separate application forms and attend interviews for each supported housing scheme, then be added to their waiting lists; this involves him telling his ‘story’ to a number of different professionals. He could approach his local council to apply for accommodation, but his lack of experience with online applications and his limited understanding of how the system works, along with inexperience in managing appointments, means there are several additional barriers to him accessing accommodation.</p>

<p>Proposed Service Experience</p>	<p>A support worker from Kent Integrated Homelessness Support Services meets Hugh following a referral from the local CRC and offers him help and support, which he accepts. An assessment is completed to help him identify and begin to meet his needs. The worker manages to find a supported housing scheme, and using local networks ensures that a package of support is built around Hugh, to address all of his recovery needs.</p>
<p>Benefits of the proposed model</p>	<p>This model benefits from being fully joined-up; meaning that Hugh is able to undergo a single, wrap-around assessment, which then connects him to the support he requires within his local community. The support worker ensures that the right assistance is available to meet his physical and mental needs, substance misuse problems and help him feel included in his local community.</p> <p>Hugh goes to a supported housing scheme that meets his needs rather than just one that has a vacancy.</p> <p>As Hugh has already been assessed for support, he does not have to go through a separate referral process every time something changes, and there is continuity in the support that he receives.</p> <p>By bringing together the key elements of support provision, Hugh is able to receive information about the full range of support available to him locally, and has greater choice about what suits his needs best, rather than being limited by the remit of individual support providers.</p> <p>The flexible, integrated model is better able to respond to Hugh's changing needs, focussing on recovery, and there is less time and money spent by support providers repeating assessments and referring on to alternative services. This builds efficiencies into the service, providing a clearer pathway of support for Hugh and increasing the number of clients that can be helped.</p>

9. The Consultation and Engagement approach

Conversations with key stakeholders, including service providers, District and Borough Councils, criminal justice agencies, voluntary organisations and healthcare agencies, began in January 2016 and are on-going. A series of events was arranged in November 2017 to discuss the potential redesign of homelessness services. 96 individuals from over 48 organisations attended the events, each contributing towards creating a list of requirements for a new service. Further meetings with stakeholders were held in January 2018. Workshop sessions are scheduled to be held as part of the consultation to develop a model and incorporate the views of everyone involved.

Those who attended the events in November 2017 were invited to feedback to us afterwards. This feedback has been used to ensure that proposals have been developed in partnership with key stakeholders from the very start, with all views captured and incorporated where possible.

This public consultation will be open for 6 weeks, during which time the questionnaire will be available for anyone to complete and return, either using the online form or posting back a paper copy to the advertised postal address, to share their views on future homelessness services for vulnerable people in Kent. During that time, KCC will also be directly engaging with service users, stakeholders, service providers and members of the public, aiming to explore the options available and incorporate their views into the development of the service specification.

A number of drop-in sessions have been planned as part of the public consultation and KCC representatives will be available to discuss this consultation on the dates/times indicated below at the following locations :-

DATE	DROP-IN	LOCATION	DISTRICT
01/02/2018	Public consultation (Drop-in 10:00 – 13:00)	Health living centre St Edmunds Church Living Well St Edmunds Road Dartford DA1 5ND	Dartford
05/02/2018	Public consultation (Drop-in 10:00 – 13:00)	Ashford Gateway Plus Church Road Ashford TN23 1AS	Ashford
01/02/2018	Public consultation (Drop-in 10:00 - 13:00)	Tunbridge Wells Library Mount Pleasant Road Tunbridge Wells TN1 1NS	Tunbridge Wells
06/02/2018	Public consultation (Drop-in 14:00 – 16:00)	GAP Project Queens Rd Broadstairs CT10 1NU	Thanet
08/02/2018	Public consultation (Drop-in 10:00 – 13:00)	Dover Gateway 69-71 Castle Street Dover CT16 1PD	Dover
08/02/2018	Public consultation (Drop-in 10:00 - 13:00)	Folkestone Library 2 Grace Hill Folkestone CT20 1HD	Shepway
15/02/2018	Public consultation (Drop-in 10:00 – 13:00)	Gravesham gateway Civic Centre Windmill Street Gravesend DA12 1AU	Gravesham
28/02/2018	Public consultation (Drop-in 10:00 – 13:00)	Lily Smith House 15 Knight rider Street Maidstone ME15 6LP	Maidstone

After the consultation has closed, all responses will be analysed and the feedback will be used to decide how to progress our approach to commissioning homelessness support services for vulnerable people. The consultation responses will also be used to create the service specification.

After the service specification has been agreed, the service will then be competitively tendered, to ensure the establishment of a quality, value for money offer which meets the needs of local people.

An update on the outcome of this consultation will be published on www.kent.gov.uk/homelessnessconsultation

Please visit the consultation page and come along to one of our drop-in consultation sessions and/or go to www.kent.gov.uk/homelessnessconsultation where you can fill in the online questionnaire and make sure your views on these proposals are heard.