Homelessness & Rough Sleeping Prevention Strategy 2023-2027

Exeter City Council

Exeter Homelessness & Rough Sleeping Prevention Strategy

2023-2027

Contents

1. Foreword

As Devon's capital city Exeter is an economically successful and highly productive city widely renowned as an attractive place to live. Alongside it natural setting between moorland and coastline, the city has earned a reputation in recent years as the regional lead in innovative growth and development particularly in new business opportunity, education and tourism.

However despite its many successes Exeter experiences significant challenges. High and increasing prices for buying or renting housing reflect the city's desirability as a leading place to live and settle. One unfortunate consequence is that the city's housing stock has become increasingly unaffordable for many local families especially those on below average incomes.

This is particularly putting pressure on the local rental market causing some residents to have to leave their homes due to affordability and over-crowding issues and / or notice from landlords. This is undoubtedly contributing to a rise in homelessness issues including higher numbers of presentations to the city council and its partners in recent years.

Whilst Exeter's homelessness issues are reflective of wider national issues around housing shortages and the increasing cost of living pressures the city council and its partners are working hard to reduce the current impact on local citizens and find sustainable ways of preventing and solving future homelessness.

However one organisation alone cannot resolve local homelessness. Addressing the numerous challenges requires long-term commitment and clear action from multiple partners including organisations and citizens ideally unified in one citywide approach.

This new strategy seeks to achieve two primary purposes. The first is to give a flavour of the current work and recent achievements undertaken by the Council and it existing partners over the years whilst conveying the key challenges and local needs. The second is to set out the direction of travel for the next steps in terms of the leading priorities for informing future delivery plans. Measures to maximise the prevention of homelessness alongside the necessity to increase the supply of affordable homes are fundamental to the strategy.

Equally crucial is the need to shape a new forum to drive and oversee homelessness reduction and broaden the opportunities for wider communication and participation in planning activities going forward. We are particularly keen to invite and support greater contributions from partner agencies, people with lived experience of homelessness and wider community stakeholders. We are committed to increasing the shared understanding of needs and issues and promoting the pooling of plans and resources in anticipation of seeing more of our vulnerable and at risk citizens being able to access and retain housing and support where needed.

Thank you to all those who have contributed to date to this strategy and to the work that underpins it on a daily, weekly and monthly basis. It is testament to your effort and ongoing commitment that Exeter continues to positively tackle homelessness for individuals and families helping citizens old and new to maintain healthy lives and secure homes.

Councillor Martin Pearce
Portfolio Holder for Communities & Homelessness Prevention

2. Executive Summary

The document combines an overview of the **outcomes from the previous homelessness strategy** (Exeter City Council - 2016-2021) with a **review of current and profiling homelessness need in Exeter**.

Information and learning from the above exercises has been used in setting out the key priority areas for further service development and growth of resources needed to reduce current and future profiled homelessness in Exeter. A number of **working principles** and a proposed **governance structure** are included with a view to improve strategic alignment and drive stakeholder engagement to consolidate service planning and delivery.

Set within the context of current economic and policy challenges the strategy fundamentally proposes **five priority work areas with the following key objectives:**

1 **Ending Rough Sleeping – by end 2024**
   o through further tackling "flow" onto the streets with closer working protocols and prevention activities with landlords, prisons, hospitals etc
   o by increasing bespoke supported housing option e.g. housing first, themed peer supported shared housing, crash-pads / respite, host schemes, private rented and social housing
   o by increasing health and treatment interventions and support aiding recovery from mental ill-health and / or harmful substance use
   o Increasing opportunities for positive life changes in education, training and employment

2 **Increasing Homelessness Prevention**
   o Increasing engagement with community services / partners especially in areas of high deprivation and homelessness risk
   o Pro-active working with partners in early identification of homelessness risk
   o Increased community in-reach including schools, children and family services

3 **Progressing Health, Wellbeing & Recovery**
   o Increase levels of support to people needing health treatment interventions e.g. substance use, mental and physical ill-health, social care needs
   o Maximising household income, money management and self-sustainability including opportunities in training and employment
   o Building more trauma-sensitive service delivery across all partners

4 **Growing Inclusion and Enablement**
   o Increasing opportunity for engagement and input from people with lived experience of homelessness in service design and delivery, policy leadership and progressive employment
   o Increasing outreach services to specific vulnerable groups e.g. domestic violence victims and perpetrators, persons with complex and / or multiple need, young persons
   o Widening accessibility for housing advice and homelessness support through diversifying engagement options e.g. in person, online information, digital access and self-assessment and increasing contact / service opening hours

5 **Optimising Systems and Partnerships**
   o Forming and maintaining multi-agency homelessness partnerships including a strategic homelessness reduction board and management partnerships for ending rough sleeping and integrating treatment and recovery services

- Aligning strategy and commissioning agendas to increase co-commissioning / multi-disciplinary funding opportunities and joined-up business planning
- Increasing shared and flexible resources across services including policies, staff and budgets, training etc
- Increase workforce support and development resources to retain knowledge and skills and improve sector stability and resilience

These strategic priorities and their respective objectives will form the basis of action planning to be undertaken with stakeholders in order to maximise joined up engagement and delivery of services to reduce and minimise all forms of homelessness within the next five years.

3. Introduction

The last five years has seen some of the most significant impacts upon homelessness for a generation. It has included the introduction of revised homelessness legislation in England, major cross-party strategic and financial investment in rough sleeping reduction, and a national health pandemic that transformed aspects of homelessness services across the country; the lasting impact of which is yet to be fully determined.

Homelessness is often primarily envisaged in the form of a person or group of individuals living on the open street in doorways or in a tent or makeshift bed amidst undergrowth or buildings. This is of course the visible form of homelessness and sadly the tip of the iceberg when it comes to wider homelessness. Homelessness also encompasses people in overcrowded or temporary accommodation, people leaving institutions such as hospitals or prisons with no fixed abode, households threatened with eviction.

A wide range of social and economic factors can lead to the state of being homeless. The contributing factors can be multiple or single and range from early childhood experience (e.g. neglect, trauma) to issues such as unemployment, economic and / or social poverty, poor physical or mental health, poor education, loss, addiction and relationship breakdown. Homelessness is something that can happen to anyone at any time in their life.

In accompaniment to specific causality are the wider national conditions increasing the risk and impact of homelessness. The substantial national housing shortage continues to leave demand for homes far outstripping supply resulting in ever-rising house prices and rents. The current cost of living crisis combined with the prevailing pressure on services resulting from high demand and the reduced public purse is putting many more people at risk of becoming homeless. The impact of this is likely to be of far greater cost not only in terms of the emotional and physical distress to individuals and families. But in many cases the impact and cost to society and the state as a whole is much higher. This particularly applies where homelessness requires high cost interventions from emergency services e.g. police, ambulance, hospital, criminal justice services and health, housing and social care services.

Within this strategy the Homelessness Review section (6) illustrates the current rates of local homelessness and patterns of household need. However it is incumbent on those creating and contributing to this strategy to "look behind the lines" to further advance the upstream detection of potential homeless cases and develop more improvements in joined up early intervention work. Early assessment and intervention is repeatedly shown as the most efficient and effective way of preventing homelessness.

It remains a prevailing challenge for services to maximise early assessment and prevention work when many are faced with addressing homelessness at emergency and crisis intervention stages. This strategy aims to encourage a greater spread of the help and local resources available at both ends of this spectrum, and in between. It will seek to build on these resources and maximise opportunity to tackle the multiple complexities of homelessness. With a pro-active approach of cross-collaboration and shared common-goal responsibility local services can continue to build on their commitments to end homelessness and eradicate the misery and inequality experienced by those living with it.

4. Purpose and Function

Purpose

The Homelessness Act (2002) asks all local housing authorities to look at how homelessness affects residents in its local area and to develop a new Homelessness Strategy every five years. The new strategy document sets out what Exeter City Council and out partners plan to do to prevent homelessness and support people who are homeless in the city to be housed at the earliest opportunity.

Whilst the need for a continuing strategy to address homelessness is somewhat self-explanatory it is important to clarify the intent and therefore purpose of this strategy. It is a strategic plan of direction to achieve long-term aims by setting out the strategic goals around homelessness reduction and prevention.

This strategy seeks to review the inputs and views of existing local services directly and indirectly contributing to reducing homelessness. The purpose is for assessing how current and future need can be best met and where to best expend efforts and resources.

This exercise naturally involves an ongoing review of current and emerging need against the landscape of existing services and will endeavour to seek a balance between:

- maintaining (and improving) existing effective services
- re-designing / changing existing less-effective services
- introducing new resources and shaping new services
- sharing and combining resources towards more effective services

Function

There are multiple and varied organisations and individuals working in Exeter on a daily basis supporting people to resolve their homelessness in a variety of different ways. Similarly there is a multiplicity of local strategies directly and indirectly relating to homelessness service provision. Any joining up of strategy and re-calibration of services requires time for both planning and implementing change. This is particularly the case when seeking strategic join up in such areas as joint commissioning and high-end system change. However it is also the case that good quality information and sufficient time is needed in order to develop and process change. And it must not be overlooked that all stakeholders, including the end-receiver or user of homelessness services, need time and engagement in order to inform, lead, learn from and adapt to change.

It is therefore imperative that this strategy is designed and regarded as a dynamic and organic tool. By that it is purposed with both the ability to develop and morph into new directions in response to emerging and changing need and to avoid becoming "fixed", especially without consensus partner agreement.

It is intended to aid planning and collaboration as an agile five-year strategy underpinned and updated through a process of rolling review and consultation across all stakeholders. This will ensure the document and its subsequent action plans are both "live" and relevant. It is also in recognition of the fluctuating funding landscape which predominantly determines the realistic ability to deploy resources towards meeting need.

5. Vision

Corporate Strategy

Exeter City Council's Corporate Plan 2022-2026 outlines a shared "Exeter Vision 2040" which states that *"by the time they are an adult, a child born in Exeter today will live in a city that is inclusive, healthy and sustainable. A city where the opportunities and benefits of prosperity are shared and all citizens are able to participate fully in the city's economic, social, cultural and civic life"*

Within this vision a key condition is that the city must be "Healthy and Inclusive" where *"Every resident will have a home that is secure affordable and healthy in a balanced and connected neighbourhood that supports wellbeing and reduces social isolation".*

Addressing housing need and tackling homelessness sits squarely under this key agenda. Furthermore one of the Plan's key five strategic priorities "Housing and Building Great Neighbourhoods and Communities" incorporates within its challenges the need to address:

- Shortages of social and affordable homes
- People sleeping on the streets on any given night
- Households in temporary accommodation
- Renters facing high rents, insecurity and eviction
- Unaffordable house prices and rents

The revised homelessness strategy endeavours to help build solutions to these needs accordingly:

- Building great neighbourhoods - By tackling social inequality through maximising homelessness preventions and reliefs and through developing sufficient levels of housing options with suitable bespoke help and support for households.

- Healthy and Inclusive - Supporting households to access key health and advocacy services in primary and secondary healthcare including mental health support, physical and social care, and mainstream education, training and employment opportunities.

Ending Homelessness

The Council's Housing Needs service has a more specific vision statement directly relating to homelessness:
"For Exeter to be a place where no one has to spend a night without shelter. Where homelessness in the city is permanently ended, enabling everyone to have a place to live that is safe and that they can call their home."

The City Council remains committed alongside its partners within the wider Exeter Homeless Partnership, formed in 2019, in her drive towards a straightforward joint purpose *"to end homelessness in Exeter".*

Turning these visions into reality over the forthcoming years will require concerted long term partnership focus and effort. Resolving homelessness can feel a long way off from now. But the vision sets out the direction of required travel and this strategy sets the key priorities for the journey ahead. The vision recognises the need for a citywide approach in not only tackling homelessness at face value and its underlying causes but in also combatting the deep-rooted inequalities, misconceptions and prejudice that often accompany "the homeless".

Over time this strategy aspires to develop the conditions and the resources required in order for Exeter to reach a position whereby the city as a whole is resolving its own homelessness issues. And is doing so with less reliance on crisis-focused services but with a fully supportive and holistic infrastructure that prevents homelessness from becoming a long-term reality.

6. Challenges – National, Local & Strategic context

The leading issue in terms of national context is that of demand and supply in the housing market. The severe shortage of affordable homes in the UK is comprehensively viewed by many as the prevailing challenge to resolving the nation's homelessness crisis. However encompassing this are a number of wider issues around social and economic infrastructure including poverty, social care and health support, all of which significantly affect homelessness levels. The ongoing yet unclear impacts of post-pandemic recovery, Brexit and the growing cost of living crisis all contribute to an unstable economy within which poverty levels are likely to rise.

Local authorities and services are also dealing with significant budget pressures amidst rising demand for public services as a whole. New strategies with specific resources have been recently targeted at aspects of the anticipated surges in homelessness e.g. the local domestic abuse strategy and the national "ending rough sleeping for good" strategy. These welcome initiatives exist alongside a broad framework of national policies that influence and alleviate the impact on homelessness; the primary ones being:

- The Housing Act (1996)
- The Homelessness Reduction Act (2017) and Homelessness Code of Guidance (2018)
- The Rough Sleeping Strategy (2018)
- The Domestic Abuse Act (2021)

Other key pieces of legislation under domains such as health and social care and children and families services also impact at both national and local levels. Alongside the Council's Corporate Plan the homelessness strategy seeks to align with:

- Devon County' Council's Healthy Lives, Vibrant Communities, Housing Choices strategy (2020-25)
- Devon Strategy for Domestic Abuse support in Safe Accommodation in Devon (2021)
- Happy & Healthy Communities – Devon Health & Wellbeing Strategy (2020-25)
- Exeter Community Safety Partnership Action Plan (2021)
- Exeter City Council Housing Strategy (2023 pending)

From a resource-led perspective Exeter is no different when it comes to nationwide issues that playout at a local level and influence local priorities and capacity to manage and reduce homelessness. Those key to Exeter are:

Social and Affordable housing

Exeter has a shortage of social and affordable housing, particularly one and two bedroomed homes. Social housing only constitutes 17% of the city's total housing stock (national average is 18%). There are over 2,800 households (individuals or families) waiting for social housing allocations (November 2022). However the number of social lets to Exeter households in the 12 months of 2021-2022 represents less than a fifth of that number (18%). Although the waiting list fluctuates throughout the year it has gradually been climbing in number over the last few years at an average rate of 185 households per annum (over 15 per month on average) to its current level. Unfortunately social housing development is not resourced to keep up to this growing rate of demand with only a limited number of new tenancies delivered in the Exeter boundary in recent years. New housing development has not yet matched the over-riding need for one-bedroom homes or the need for more housing to meet larger family need (four bedrooms or more).

Rough sleeping and Supported housing

Despite recent reductions in the number of people rough sleeping in Exeter numbers have recently increased (as at November 2022) to a current fluctuating 20+ people sleeping on the streets of Exeter on any given night, the majority of whom are homeless. "Flow" onto the street from loss of short-term accommodation (eviction, abandonment etc.) coupled with discharge as NFA (no fixed abode) from hospitals and prisons remains significant, especially in the case of a short term remand prison such as HMP Exeter.

Exeter has a supported housing homelessness pathway to which the Council and partner organisations have been growing capacity over the last few years. Approximately 215 accommodation units are commissioned through varying means and multiple organisations. This includes a growth of 123 additional units over the last two years. A further 70 units (minimum) are scheduled to be added over the forthcoming 18 months. Nevertheless a key challenge alongside the growing demand for supported housing units is move-on from this type of accommodation due to the very limited availability and unaffordability of social and private rented housing.

Temporary Accommodation and the "hidden homeless"

Over 600 households (individuals and families) are homeless in Exeter in temporary accommodation with insecure licences-to-occupy including those in homelessness hostels, shared accommodation plus hotels and bed and breakfasts. An undefined number of additional households also live in insecure and / or unsuitable accommodation such as those staying with friends ("sofa surfers") or in overcrowded dwellings. This includes those likely to be of no fixed abode upon leaving institutions such as hospitals and offender-based accommodation (prisons, secure or approved premises etc.)

Private Rented housing

In the face of competing residential property demands and the absence of market rent controls accessibility to the local private rented sector is becoming increasing more difficult for households on middle to lower incomes. Despite recent government legislation limiting fees and targeting no-fault evictions market forces have consistently driven rents up above inflation rates to a point where the majority percentage of the private rented market has been rendered inaccessible for the purposes of relieving homelessness. The Exeter area local housing allowance further exacerbates the unaffordability issue with typical average market rents being between 25%-30% higher than LHA rates. Added to this as a city with a strong business economy and leading central-based university there is significant competition for existing former private rented housing to be let as higher rent professional or student accommodation. There has also been significant numbers of purpose-built student housing developments in recent years on city-centre brownfield sites.

Health and Social Care

Although by no means applicable across all cases of homelessness and homelessness risk a significant proportion of households requiring homelessness assistance experience health or social care challenges such as mental or physical ill-health, social care issues, learning difficulties and harmful substance use. Many of these issues go undiagnosed and untreated primarily due to service capacity issues and assessment or eligibility thresholds. Whilst the prevalence of individuals having one or multiple health

issues is not reflective of the majority of homelessness cases in Exeter it is nevertheless a significant area of high impact unmet need for which the social and financial cost to communities and the public purse remains dis-proportionately high.

Household Income / Employment

In 2021 an Exeter home typically cost an average of 9.1 times average local earnings; an upward rise from 7.9 in 2020. Annual house price inflation is up to 13.4%; the strongest quarterly growth (3.5%) of any region in the UK (average house price just under £294k). Private rents paid by tenants in the South West rose by 3.5% in the last financial year ending March 2022. In contrast to these rising housing cost indicators income for households drawing welfare benefits remains subject to restrictions such as the benefit cap which places larger families at higher risk of unaffordability and therefore potential homelessness. Similarly the reduction in housing benefit for those households with one or more spare bedrooms ("under-occupation charge" or "bedroom tax") continues to put families at risk if down-sizing is not a promptly achievable option. The impact of cost of living increases is also already beginning to show in the rising number of households falling behind with rent and other essential living payments. Coupled to this regular and reasonably paid employment is not often unachievable for many households already homeless or at risk of becoming so. This can be as a result of skills and education deficits and / or the negative health impact of homelessness rendering employment not achievable or practicable.

Refugee and Asylum Seeker need

Over the last few years the need for both temporary and settled housing for refugees from war-torn countries has added a degree of new demand in the national housing market. Alongside the majority of local areas working with the Home Office and immigration partnerships Exeter has committed to assist individuals and households in emergency and resettlement housing need. These and other national programmes supporting humanitarian asylum and resettlement add a significant but hard to predict additional need upon the housing and homelessness work of Councils, partners and local communities.

Immediate Aim

In acknowledgement of the above challenges it is important that the strategy recognises the existing national and local landscape and tailors ambition and existing capacity accordingly. Hence the following aim derived from the national rough sleeping strategy is presented as the attainable shorter term interim goal:

"For the short term wherever possible homelessness in all its forms should be prevented, and if it cannot be prevented, it should be rare, brief and non-recurring".

7. Homelessness Review – summary findings

Exeter City Council closely monitors homelessness trends and a comprehensive review of homelessness demand and key performance indicators was undertaken prior to this strategy development. The following information is primarily based on data collected by the Council including reporting information from partners, e.g. rough sleeper data. At present the input datasets are not fully representative of all partners involved in wider homelessness prevention and relief work. It is anticipated that in pursuing a citywide single strategy a wider range of stakeholder data will be included in further informing future need analyses. The key findings from the recent homelessness needs review are summarised below.

Homelessness Approaches

The graphs below show the number of households (individuals and / or families) where Exeter City Council ("the Council") has taken a formal homelessness application i.e. where there is assessed homelessness risk (statutory or otherwise) or the household is already homeless. It should be noted that this is a proportion of the total number of households referred to the Council for homelessness need. For example these figures do not include households receiving advice only or assistance from other Council services that mitigates the risk of homelessness (3,441 total recorded approaches for housing/homelessness enquiries in 2018-19; 2,558 in 2021-22).
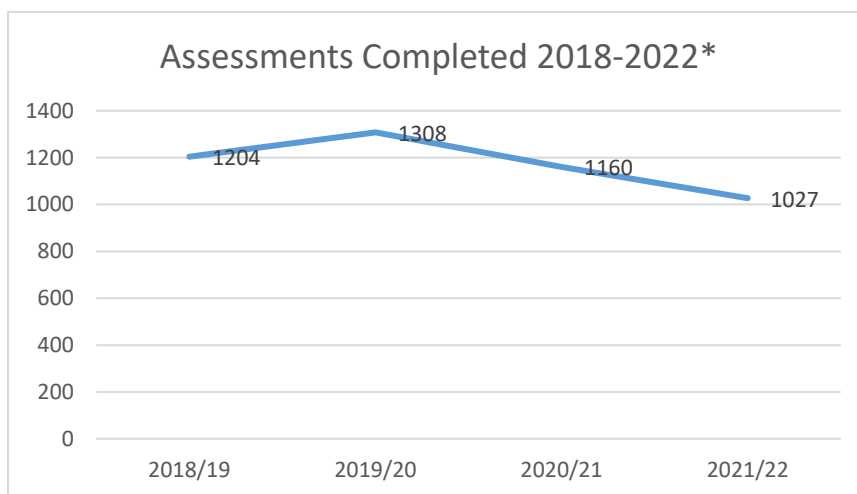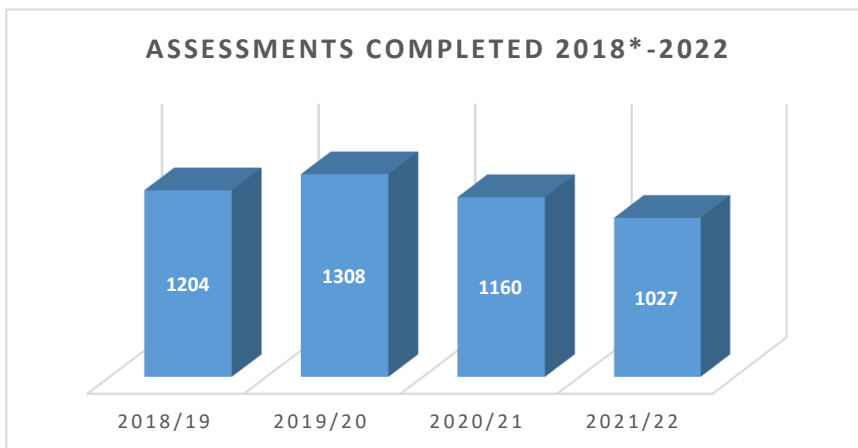
* Data is taken from 2018 onwards as pre-Homelessness Reduction Act (prior to 2018) indicators and collection methods differ.

The number of homelessness applications taken and completed has fallen in the last two years although this is highly likely to be due to the Covid-19 pandemic which resulted in a 4% reduction in the number of assessments undertaken nationally by March 2021. Exeter's rate also dropped by 4% that year. Prior to 2020 approaches and assessments had been on a four year upward profile averaging an increase of 3.5% demand year-on year from 2016.

INITIAL DUTIES OWED 2018-2022

■ Households owed a prevention duty   ■ Households owed a relief duty

470	590	497	478
612	657	651	536
2018/19: 1082	2019/20: 1247	2020/21: 1148	2021/22: 1014
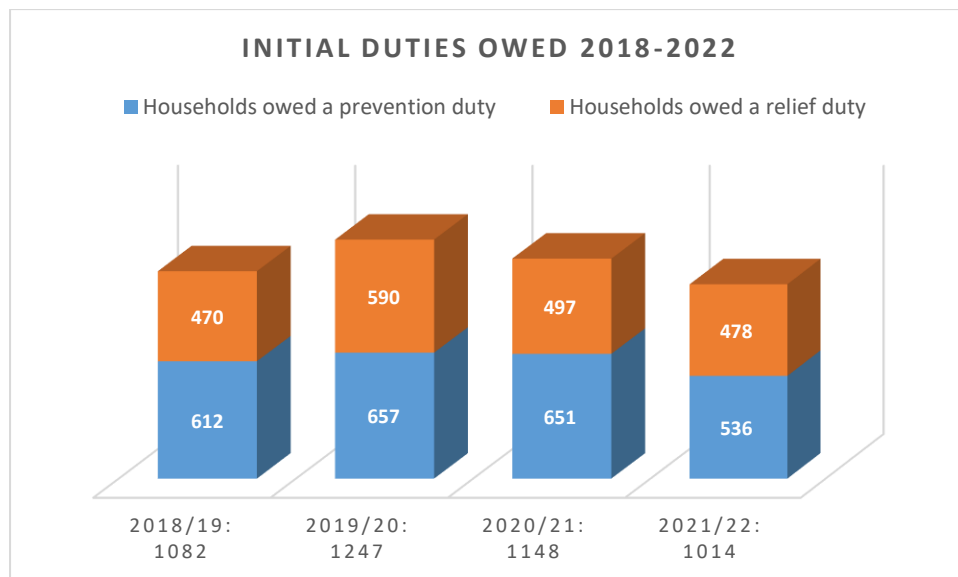
The above chart shows the determination of completed homeless applications as to whether a prevention duty was owed (to support households to prevent losing their home) or a relief duty (to support a homeless household to find a home). Whilst a similar last-year (2021-22) reduction is again showing as a result of the pandemic the number of households with homelessness prevention needs was increasing to 2021. These figures also demonstrate that an increasing proportion of the completed assessments resulted in the household being owed a statutory (prevention or relief) duty; rising from 90% in 2018-19 to 95% the following year and 99% in 2020-22.

Primary Reasons for Homelessness

The primary reason recorded for households needing homelessness advice and assistance over the past five years in Exeter is:

- Breakdown of a family household where the parent(s) or relatives are no longer willing to accommodate (t.214; 21% of overall cases in 2021-22)

The second most common reason is:

- Ending of a private rented tenancy (t.195; 19%)

The third most common reason for local homelessness is:

- Relationship breakdown with a partner (t.134; 13%)

Whilst these presenting factors do not necessarily convey all the underlying issues Exeter reflects the national picture of homelessness attribution.

Key Demographics (Based over the period 2018 to 2022)

Age

Households in the age banding of 25-34 form the highest number of cases owed an initial duty (prevention or relief) in Exeter, accounting for around 30% households owed an initial duty each year since the Homelessness Reduction Act 2017 (HRA) was implemented.

Age of main applicants owed a prevention or relief duty:	2018/19	2019/20	2020/21	2021/22
16-17	39	40	49	37
18-24	264	285	293	221
25-34	311	372	342	300
35-44	220	235	203	223
45-54	140	195	154	136
55-64	74	84	69	80
65-74	26	21	28	14
75+	8	15	10	3
Overall % 18-24	24%	23%	26%	22%
Overall % 25-34	29%	30%	30%	30%
Overall % 35-44	20%	19%	18%	22%

The above table also demonstrates that households in the combined three age bandings from 18 to 44 year-olds represent the majority homeless age group, at three quarters (consistent 73% to 74%) of all homelessness cases across the four year period.

Priority Need

The main reason for establishing priority need for statutory homeless cases in Exeter 2018/19 – 2021/22 has been mental health problems. Nationally since 2018 "household includes dependent children" has always been the main reason. Alongside physical impairment and ill-health this nevertheless represents the secondary reasons behind priority need.

MAIN REASON FOR PRIORITY NEED 2018-2022

Category	Value
VULNERABLE WITH CHILDREN	9
OTHER***	71
HOMELESS BECAUSE OF EMERGENCY**	2
OLD AGE	3
YOUNG APPLICANT*	15
DOMESTIC ABUSE	27
HOUSEHOLD INCLUDES A PREGNANT WOMAN	18
PHYSICAL DISABILITY / ILL HEALTH	76
MENTAL HEALTH PROBLEMS	90
HOUSEHOLD INCLUDES DEPENDENT CHILDREN	74
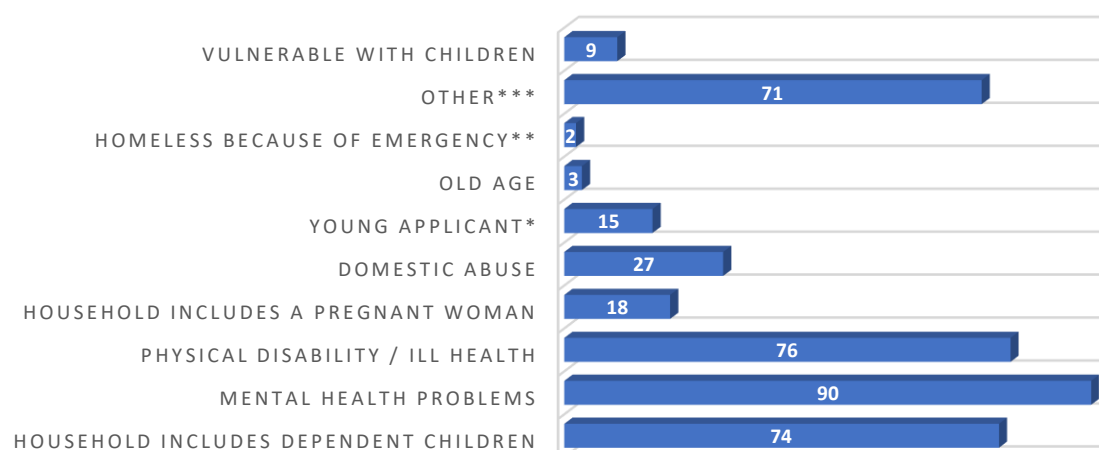
Exeter	2018/19	2019/20	2020/21	2021/22	TOTAL 2018-2022
Household includes dependent children	9	20	21	24	74
Mental health problems	14	45	13	18	90
Physical disability / ill health	10	11	29	26	76
Household includes pregnant woman	4	8	0	6	18
Domestic abuse	0	9	5	13	27
Young applicant*	1	5	5	4	15
Old age	0	2	0	1	3
Homeless because of emergency**	0	0	0	2	2
Other***	13	21	18	19	71
Vulnerable with children	1	1	6	1	9

*16-to17 year-olds and 18-to 20-year-old care leavers
**Incorporates alcohol / drug dependency, learning difficulty, time spent in care, in custody, in HM forces or as former asylum seeker, those fleeing home because of violence other than domestic abuse
***Applicants who are accepted as homeless because of an emergency, for example fire or flood

Young Persons

The number of young persons (16-17 year olds) approaching the Council as statutorily homeless has remained high averaging 31 per year (34 and 33 in 2020 and 2021 respectively). This equates to more than 1 new homeless young person per fortnight.

Families

The number of families (adult plus at least one child) approaching the Council as homeless has remained high over the period averaging 182 per year. Approaches by families with one child increased in 2021 by 10% above the period average or 93 per year. Approaches by families with two children in 2021 have increased by 5% compared to the period average of 46 per year.

The number of households with children in Council temporary emergency accommodation has increased between 2020 and 2022 by 26%. In comparison the number of households with children in temporary accommodation recorded nationally has decreased by 6% during the same time period.

Households with children in temporary accommodation at financial year end	2019/20	2020/21	2021/22
England	62970	59300	58910
Exeter	19	16	24

Rough Sleeping

The last five years has seen significant investment in reducing rough sleeping nationally and locally, both to valuable effect. However rough sleeping has been and continues to be one of Exeter's more visible symptoms of acute homelessness need over the years. The below table shows the official rough sleeper figure over the years of the last homelessness strategy.

Year	No. recorded rough sleeping	Method	No. in night-shelter on relevant night
2016	41	Estimate	None (no service)
2017	35	Estimate	None (no service)
2018	17	Count	28
2019	31	Count	17
2020	37	Estimate	5 (restricted due to CV-19 pandemic)
2021	14	Count	6 (restricted due to CV-19 pandemic)

The number of people verified as rough sleeping on a consistent (November) example night is shown alongside the number accommodated overnight in emergency winter shelter provisions. The significant reduction in the annual count figure in 2021 in tandem with the reducing combined number over the last few years is testament to the investment and commitment of partners across the city.

Whilst partners continue working towards the aspiration of ending rough sleeping by the close of 2024 the level of demand and intervention remains challenging. Over the twelve months to end October 2022 the number of people sleeping out in the city averages 18 on any given night. The number of people verified as rough sleeping over the course of a year is also concerning.

For example the twelve months ending March 2022 recorded a total of 176 individuals contacted and supported by the outreach service. Not only is this level of need representative of recent years the number of females rough sleeping was 20% of this total. This reflects a growing prevalence of women in acute homelessness need in the city during the last few years (compared to 10% rolling average in previous years).

Temporary Accommodation
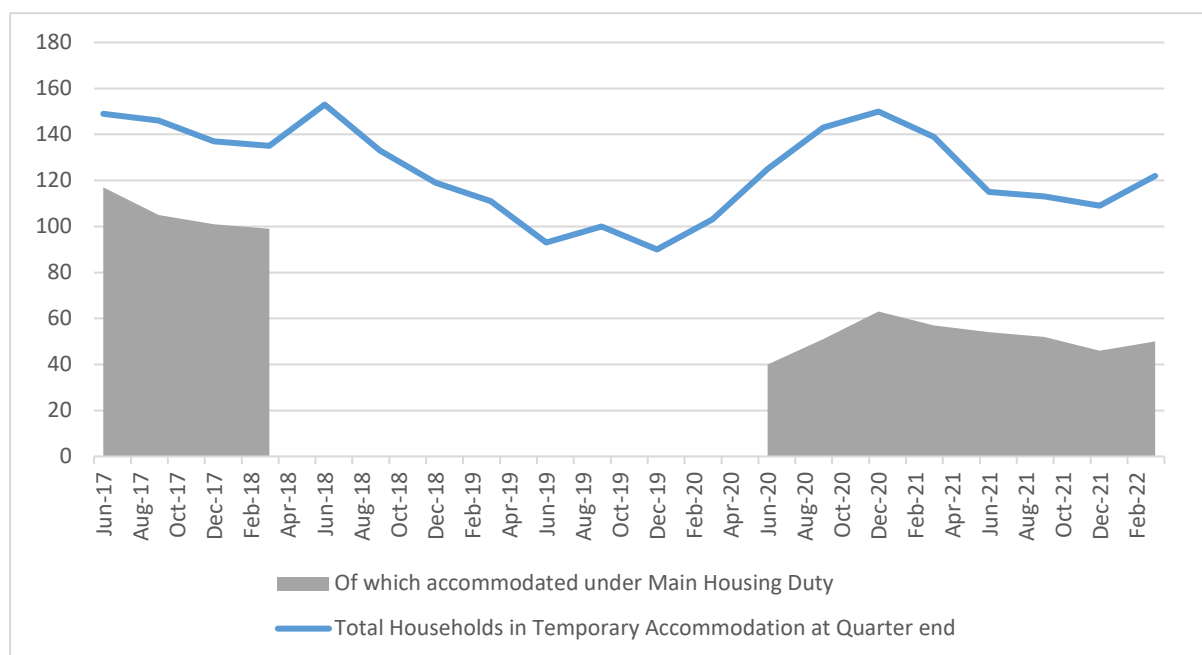
The above chart shows the high though fluctuating number of households in temporary accommodation in Exeter at the end of each reporting quarter. 2017 continued to demonstrate a marginal downward trajectory in numbers (reducing from an average of 155 households per quarter over the preceding three years from 2013 to 2016). The introduction of the Homelessness Reduction Act in April 2018 saw numbers further decrease due to increased early intervention and prevention work. This is also reflected in the reduced number of households accommodated under a main housing duty.

The 'Everyone In' rough sleeping relief directive in March 2020 and follow-on impacts of the Covid-19 outbreak caused numbers to increase to a peak by the end of the year before falling again as many individuals successfully moved on to more settled accommodation. However numbers have unfortunately been on the increase again through 2021 into 2022 and continue to exert pressure on the Council's resources.

The average length of time households spent in Council temporary accommodation was 14.5 weeks. However the average length of stay has increased year on year:

- 2018 = 7 weeks
- 2019 = 13 weeks
- 2020 = 15 weeks
- 2021 = 23 weeks

The number of households in temporary accommodation for more than a year has also increased year on year to a 2021 total of 39 households, nearly 6 times the total in 2019. This is due to the reducing level of affordable move-on into the private rented sector and lack of adequate growth in housing generally but including social housing.

Social Housing

The graph below shows the increasing level of registered housing need (77% increase over the last five years) indicated in the Exeter register (waiting list) for social housing.
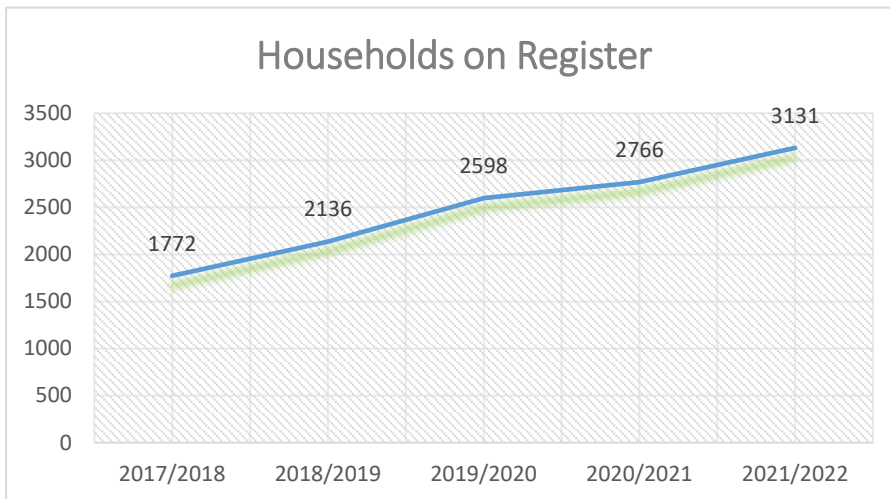
With average waiting times (below) across all household sizes showing no signs of significant change over the last five years Exeter's social housing demand looks set to increase beyond 2022.
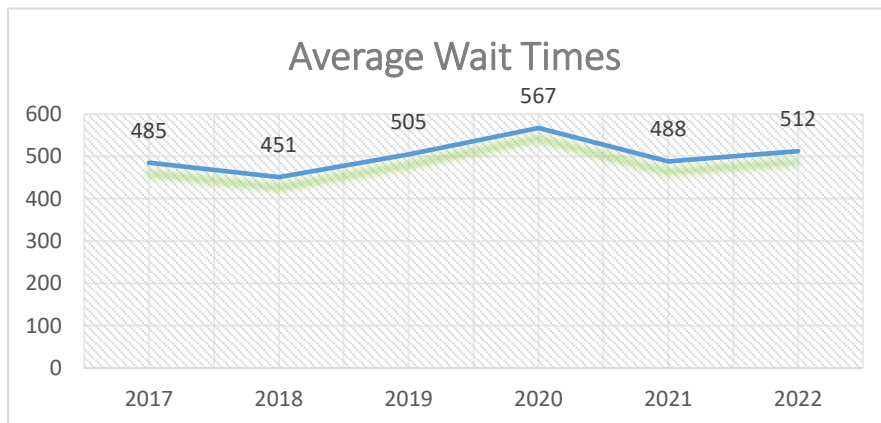
Further detail of the need analysis information is provided in appendix 2 including benchmarking data with comparator areas to Exeter.

8. Core Working Principles

This strategy is underpinned by a set of working principles that are anticipated to be actively committed to by all stakeholders and integrated across all aspects of the formulated work plans going forward.

i. Person centred and Holistic – Taking a bespoke individual-led approach to people using homelessness services and fostering personal ambition. This includes progressive recovery-planning accounting for individual needs and the cycle of change.

ii. Trauma-informed – Seeking awareness and responding with understanding and focus on strength-based solutions.

iii. Expert-led - Involving people with lived experience of homelessness as equals and optimising engagement and self-enablement.

iv. Early Intervention and Prevention – Maximising intervention with households at risk of homelessness at the earliest identifiable stage, alongside reducing crisis-focused responses.

v. Evidence-based – Using clear data to identify and understand current need and trends and projections of future need.

vi. Partnership and Collaboration - A commitment to joint-working and co-production given no one service can single-handedly address and resolve homelessness.

vii. Challenge - A need for, and a willingness to participate in challenging conversations whilst minimising assumptions and neutralising traditional power dynamics.

viii. Value for Money – Ensuring that available resources are optimised towards achieving the most cost-effective sustainable solutions and outcomes.

These principles include the three driving objectives committed to by the founding partners of the Exeter Homeless Partnership (2019 onwards) and those of the subsequent homelessness charter. The strategic objectives that follow incorporate continuations of the priority work streams undertaken within the partnership.

It should also be noted that a conceivably natural but nevertheless vital commitment to be undertaken in this strategy is to best align with existing and emerging local resources and strategies pertaining to homelessness. This is for the purpose of jointly complementing direct or indirect homelessness prevention or relief. It is also for targeting better alignment of service reviews and commissioning timeframes and the combination of resources through future joint-commissioning.

9. Strategic Priorities

Exeter's joint homelessness strategy 2016-2021 was constructed around four themes reflecting the primary resource deficiencies underpinning homelessness:

- A Place to Live – housing and homes are needed*
- Access To Services – information and support needs to be client-oriented
- Health & Protection – illness, abuse and neglect needs to stop
- Money Matters – income for having a home needs to be available and sustainable

These themes remain fundamentally relevant and are therefore embedded in the following five strategic priorities For each of the priority areas an action plan will be co-created to detail the specific work streams with target outcomes, interim milestones, resource requirements and lead accountability.

*Housing
It should be noted that whilst naturally key to any homelessness strategy housing in terms of physical bricks and mortar is also core to the sustainability of this and Exeter's future homelessness strategies. Exeter is at present some way off from achieving the critical mass and range of housing options needed for meeting existing and future need. Key to this strategy will be the action plan and resourcing for the next phase of housing acquisition dedicated for local homelessness need. This may be met through a mix of leasing, purchase and build schemes. But it will need to be met with creative solutions in order to provide the cornerstone or accommodation and sustainable funding underpinning most of the following priorities.

The Priorities are:
1) Ending Rough Sleeping – by end 2024
2) Increasing Homelessness Prevention
3) Progressing Health, Wellbeing & Recovery
4) Growing Inclusion & Enablement
5) Optimising Systems & Partnership

Priority 1 – Ending Rough Sleeping – by end 2024

All forms of homelessness are best averted but in its most acute form homelessness in Exeter in the form of rough sleeping as a result of there being no available housing option is unacceptable. This has to end. Whilst Exeter has successfully further developed services over the last few years resulting in reduced rough sleeping the issue still prevails. Ending rough sleeping means preventing it wherever possible and where it cannot be prevented making it a rare, brief and non-recurrent experience. This means:

- Prevention - Stop people from being forced to sleep out in the first place
- Rare - Reduce numbers to a measurable indicator which is as close to zero as possible
- Brief - If a person sleeps rough, the episode should be as short as possible
- Non-recurring - No one should experience multiple episodes of rough sleeping

Exeter has recently established a new operational housing pathway forum ("Access to Accommodation") to maximise access to accommodation for rough sleepers. Partners are in the process of developing a supporting management group for further reducing and then ending rough sleeping.

Key Objectives

1.1 To further halve rough sleeping by the end of 2023 and end rough sleeping (as a norm) by the end of 2024. This is to be achieved by further tackling flow onto the streets and by delivering more housing for rough sleeping relief.

1.2 To maximise the level of state-funded housing services signed up to ending rough sleeping and fully commit to practices of duty to refer, tenancy sustainment (minimal eviction) protocols and tenancy rescue schemes. This includes community housing (social and supported) and institutions e.g. prisons, general and specialised hospitals including mental health wards.

1.3 To ensure the same for supporting services such as health and social care, children and young person's services, and services working with households with specific homelessness risk such as ex-military and persons experiencing domestic violence and/ or abuse.

1.4 To optimise housing capacity at all tiers of the rough sleeper supported housing pathway. This includes emergency crash-pad accommodation such as night chairs/beds, host schemes, No second night out / off the streets schemes through to supported housing placements tailored and specialised to specific or cohort need (e.g. gender-based, health recovery-based, DVSA). This includes growing the number of housing-first dedicated accommodation.

1.5 To support Health & Wellbeing services (with sufficient capacity and appropriate remit) to provide more bespoke, timely interventions with homeless households providing ongoing care and support where needed. This includes treatment for health issues such as substance use (building services on the rough sleeper drug and alcohol treatment grant), mental ill-health regardless of formal diagnosis and / or fluctuating need, "dual non-diagnosis" illness, and social care or learning difficulty needs.

1.6 To evaluate and re-map cross partner multi-agency priorities to increase resource committed to supporting complex, severe and multiple need that contributes to repeat rough sleeping. This entails dedicated frontline services with remit to work "under the thresholds" where barriers to ongoing work and rough sleeping resolution are addressed by a resources creative solutions panel.

1.7 To develop personal and progressive recovery capital with a particular focus on enabling clearer established routes to employment, new relationships and "exiting the system". This includes opportunities for current and former rough sleepers to access dedicated occupational and vocational services (supporting self-esteem and confidence) with local services and businesses as stepping stones into mainstream education, training and employment services

Priority 2 – Increasing Homelessness Prevention

Exeter's homelessness services deploy their limited resources across the working spectrum of homelessness. This ranges from early indicators and early prevention through to crisis intervention and follow-on recovery and ongoing support functions. However it is widely accepted that the earlier a service can identify and proactively intervene in homelessness risks the more successful the intervention is likely to be i.e. homelessness is often averted.

"Upstreaming" resources requires careful balance to avoid a "cover-all" approach at danger of rendering potential effect and impact too thinly spread. Proactive targeting of the highest homelessness-risk characteristic groups in the local population can act as effective early intervention. Working to complement and join up existing partner initiatives in this area will be a key goal.

Key Objectives

2.1 To raise the levels of homelessness awareness in terms of risks of homelessness as well as the challenges of the housing market. This will be in the form of increased information and material distributed amongst all existing homelessness stakeholders. Also to reach out to those services in closer contact with the potential homeless of tomorrow e.g. church and community groups, schools, colleges, health centres, youth centres and libraries. The use of creative messaging and social media channels will be vital especially for connecting with the younger population.

2.2 To develop a programme of tenancy sustainment support across the system and partnerships including tenancy rescue interventions. Tenancy support will ideally need to be available from the start in terms of practical household living skills in order to minimise the need for short term and emergency tenancy rescue.

2.3 To increase early identification of homelessness cases by identifying and targeting local potential need for information and advice. This includes local hotspots such as the lowest income / socially deprived wards. Also those groups with higher risk characteristics e.g. troubled families, recurrent offender / criminality issues, households with assessed high adverse childhood effect ("ACE") need and / or health needs.

2.4 To continue building meaningful information exchange with existing early intervention services e.g. Early Help, Children's' services, Youth Offender Team, Police. This will include a pro-active programme of promoting duty to refer responsibilities as well as building opportunities for joint budgeting and pooled / devolved spend to save funds.

2.5 To expand the number of targeted outreach-based / co-location housing advice in the community (including the above closer contact services) with statutory agencies such as DWP (Job Centre Plus) and voluntary services such as Exeter CAB and other local service hubs.

2.6 To deliver home-based advice and assistance through visits to household homes either at early referral stage or early risk (e.g. 2 month notice on a tenancy). This would also include home assessment for those with accessibility issues and also for a number of households in priority need on the social housing register.

2.7 To train and increase mediation and relationship training skills, knowledge and experience within the sector. This will be to better equip staff to negotiate with partners, parents and landlords of potential homeless individuals or families. This will include maximising assistive prevention tools such as money services (income maximisation), debt advice, supporting payments and follow-up tenancy rescue and sustainment support.

Priority 3 – Progressing Health, Wellbeing & Recovery

Exeter's homelessness services are composed of a multi-stakeholder mix of housing partners alongside partners from the likes of health and social care, primary care, offender management, and community-building and engagement. Close multi-agency for "wraparound" support services has been key to the

successes achieved in local homelessness over the past five years. However more needs to be done at all stages of prevention, intervention and recovery in order to reduce "flow" of new homelessness including rough sleeping but also to reduce "returners" i.e. households with repeat episodes of homelessness.

The prevalence of significant health inequalities amongst homeless individuals and households is a well-documented fact. Some health and well-being issues lead to homelessness whereas others arise or further develop as a result of having no home. Typically these are physical and / or mental ill-health and substance misuse. Aside from critical resource levels core themes in this priority area of need often include issues such as high service access and complex eligibility thresholds, engagement issues such as consistency, expectations, lead worker turnover, diagnostic-centric design, range and availability of treatment offers and service waiting lists.

For homelessness to see reductions that are achieved and sustained by the individual or household wraparound services need capacity and flexibility. This is particularly relevant for statutory services, including housing, where multiple services often hold their piece of the intervention and treatment jigsaw but do not always put them together in a sequenced and user-informed way. The end result can sometimes create a scenario of "hand-offs" rather than a joined up recovery pathway. People experiencing homelessness could also benefit more from early access through screening opportunities and health education as a way of reducing crisis service contact of high cost (human and money) access routes.

Key Objectives

3.1 To develop leading strategy and operations multi-agency groups across housing, health and recovery partners with homelessness reduction as the key term of reference and primary objective. Work will include growing a trauma-informed network with inclusive service policies and operating models with sub-threshold accessibility and outreach-based practice, connecting with a significantly higher number of individuals and households than currently afforded.

3.2 To mobilise a growth in substance misuse health and wellbeing care and support for rough sleepers including those with severe and multiple / complex need. This will include access to both psychological and psychosocial services and continuing to build of local primary care health outreach with rough sleepers and particularly when moving into housing when engagement is more likely to be needed. One indicator of success will be a significant reduction in the number of homeless people not in receipt of active wraparound support, including those in temporary and supported accommodation.

3.3 To increase and optimise early referrals from health services including hospitals, mental health housing and community wards, expanding the existing in-reach homelessness prevention service if necessary, to reduce the number of NFA discharges and also those without post-discharge timely community-follow up.

3.4 Maximise household income for the purposes of averting homelessness (e.g. eviction for rent arrears and associated affordability issues) through increase welfare and benefits advice and support, access to relief funds, added discretionary benefits including spend to save monies, plus individual budgets and creative solutions packages. To include the development stages of earnings from employment. To support fundraising and awareness raising initiatives such as continuing

alternative giving plus developing a financial welfare package targeted towards the homelessness impact of the cost of living crisis.

3.5 To develop and deliver a wider range of means to achieving income and reducing reliance on (sub-market rate) welfare benefits. This is via a focused programme in ETE (Education, Training and Employment) which will also contribute to personal achievement and social learning. A foundation of the ETE work should include "soft occupation" such as leisure and early vocational opportunities to enable growth of self-esteem, confidence and resilience. Employment engagement will aim to include volunteering and paid employment opportunities within partner agencies plus apprenticeships across a portfolio of local employers and businesses.

Priority 4 – Growing Inclusion & Enablement

The homelessness review affirms the position that many of Exeter's homeless households are excluded from a variety of services. Inequalities exist amongst the service landscape and there is more work to do to tackle elements of discrimination, exclusion and stigma around homelessness. This priority will continue to build upon the progress made under the preceding strategy theme regarding eligibility and accessibility to services and will seek to grow the opportunities for individual self-enablement, involvement and empowerment.

Inclusion and enablement is particularly an ongoing issue for those more marginalised cohorts of people who find themselves homeless and struggling to integrate or be integrated into society and / or local community. People rough sleeping can often fall into this category especially where underlying causes are enduring poor mental health or drug or alcohol addiction. Embedded rough sleeping and "street attachment" can reflect an individual's loss of connectivity with general societal norms and signal disenfranchisement with services and the system. Complexity or multiplicity of need can often further compound this effect.

Neglect or limited family structure or dysfunctional upbringing may also play out resulting in relationship loss and traumatic breakdown for young people in particular (e.g. adverse childhood experience; "ACE"). The risk of developing a lifestyle of homelessness is often high in such cases especially where schooling has been affected and education limited. Evidence shows the drawing effect of gang culture and associated anti-social behaviour that acts as the precept for criminal behaviour e.g. substance use and enrolment into illicit drug supply networks such as County lines.

In circumstances where victims of anti-social / unlawful behaviour are put at risk of homelessness Exeter has similarities with other largely rural counties. A regular number of households approach the city's homelessness services as a result of feeling violence or abuse. It is imperative that the necessary emergency and specialist supportive housing settings are established in the city with longer term funding than present. It is equally important that services work better together to understand the triggers and profiles of tomorrow's victims as well as the perpetrators and continue to grow the capacity for effective prevention.

Key Objectives

4.1 Services to increase outreach-based delivery to reach out to "where people are at" (as opposed to expecting people to come to services) to increase contact with excluded high risk of homelessness populations in the city. Similar to prevention activity this will include campaigning work around

homelessness awareness and skills training for those most at risk in these communities (e.g. through Wellbeing Exeter work). It will also include increasing the capacity for in-situ / home visits to households at most risk of homelessness.

4.2 Homelessness services to develop a common set of individual (client) engagement tools and opportunity based on the participation ladder concept which includes consultation, service co-production and key individual governance and employment opportunities. This work must start with building dialogue and opening more effective communication channels with clients. And for services to engage with clients as equals and experts by their own experience. Opportunities for volunteering and paid consultancy work will be developed in recognition of expertise, knowledge and participation.

4.3 To assess need and develop / grow targeted accessibility points for specific cohorts of excluded / marginalised household need e.g. specialist advice, support and housing (where necessary) for people with complex need, victims of domestic abuse, young persons.

4.4 To review and extend accessibility of homelessness information, advice and assistance. This will include online platforms, digital media and non-digital (in person) access, and specialist information and ensure access and signposting to services is extended to include weekends and maximise provision 24/7, 365 days per year.

Priority 5 – Optimising Systems & Partnerships

Partnership working and "the system" are common phraseology often espoused by services but not always broken down to component parts in order to identify, engage and amplify connectivity and working practice in key issues such as frontline and management / strategic connectivity, and mainstream homelessness organisations and the "peripheral" partners (e.g. business community, faith networks, local community hubs etc).

Numerous services and agencies work within the sphere of homelessness and their contribution to preventing and resolving homelessness is acknowledged as high value work. There have been many recent examples of effective partnership work delivering positive impact for homeless households in Exeter, some examples being:

- Co-location and multi-agency working within the Colab community
- New interventions co-ordinated and delivered under the Exeter Homeless Partnership
- Health interventions and service co-ordination under the Homelessness Groundswell partnership including Public Health
- Design and commissioning of new services under the new Domestic Abuse Partnership, Homelessness Prevention Taskforce, Ending Rough Sleeping group, Mental Health Alliance, Rough Sleeper Drug & Alcohol Task Group

However there is more to do and build upon especially in the co-designing of services to align target objectives, develop shared outcomes and pooled resources and budgets for optimising and maximising joint impact.

Key Objectives

5.1 To establish and embed the Ending Rough Sleeping collaboration as a mandated strategic partnership with clear terms of reference and designated resources to drive the further reduction towards an ultimate ending of rough sleeping in the city. This will include the establishment of clear reporting and governance oversight for this work (including that of the equivalent drug and alcohol targeted rough sleeper grant programme) from an existing or new oversight board taking lead responsibility for prioritising homelessness prevention.

5.2 To develop more strategic alignment whereby homelessness is central to commissioning agendas. Homelessness and ensuing mitigating activities to be clearly cited in all partner lead plans and strategies given that it is a near universal risk factor / outcome associated with the work of each respective service. Partners to have an identified ending homelessness champion suitably equipped with the mandate and resources to make an extra difference with positive change. The former Devon County Council led Creative Solutions partnership could act as a seed model for this work.

5.3 To develop modelling and scheduling for strategic and funding alignment. This is to increase the join up of local strategies and their supporting resources in order to deliver more clearly targeted and shared service delivery on the ground. This includes activities such as identifying each partner contributions to preventing and resolving homelessness, developing shared job descriptions, enabling more flexibility around working practices (to reduce unhelpful practices and minimise risk aversion) and eliminating duplication and counter-active or conflicting inputs. Barriers to more positive or pro-active working with homeless (or at risk of) households to be challenged and overcome at levels including attitudinal or cultural, organisational, policy and process-driven and where possible, resource-led.

5.4 To promote and deliver a landscape for closer shared resource modelling within frontline partner organisations e.g. consortium structures, alliance commissioning practices. Seeking to spread responsibility and risk management and effect greater flexibility and transferable skills and knowledge within the workforce.

3.6 To maintain and improve the network of support for staff working in and around the "homelessness sector". To better identify and understand the impact of repeat exposure to trauma and distress (including dysfunctional or harmful responses from individuals) and to generate greater workforce care and capacity including pooled supportive services to aid well-being and resilience. To build a shared network of opportunity for the workforce (paid and unpaid) to develop and maintain resilience, knowledge and qualification. The latter would include developing trauma-informed skillsets and excellence in standards of personalised communications, expertise. Learning and best practice.

10. Governance - Ownership, Delivery, Monitoring & Review

As with any strategy planning the process of action planning, implementation, review and evaluation requires planning and resourcing. For expedience and sector efficiency it would be advantageous to integrate the priority work areas into existing structures wherever feasible. This acknowledges however that much of the existing strategic landscape does not explicitly cite homelessness and its reduction amongst the target priorities.

Whilst improving the existing position is an objective in the Systems and Partnership priority the planning, implementing and reviewing of the work will inevitably depend on ongoing multi-agency collaboration. Co-ordination of this can sit with the Council under its statutory responsibility with bi-annual monitoring and review structures to be established for the strategy launch in 2023. The following is the proposed new structure:
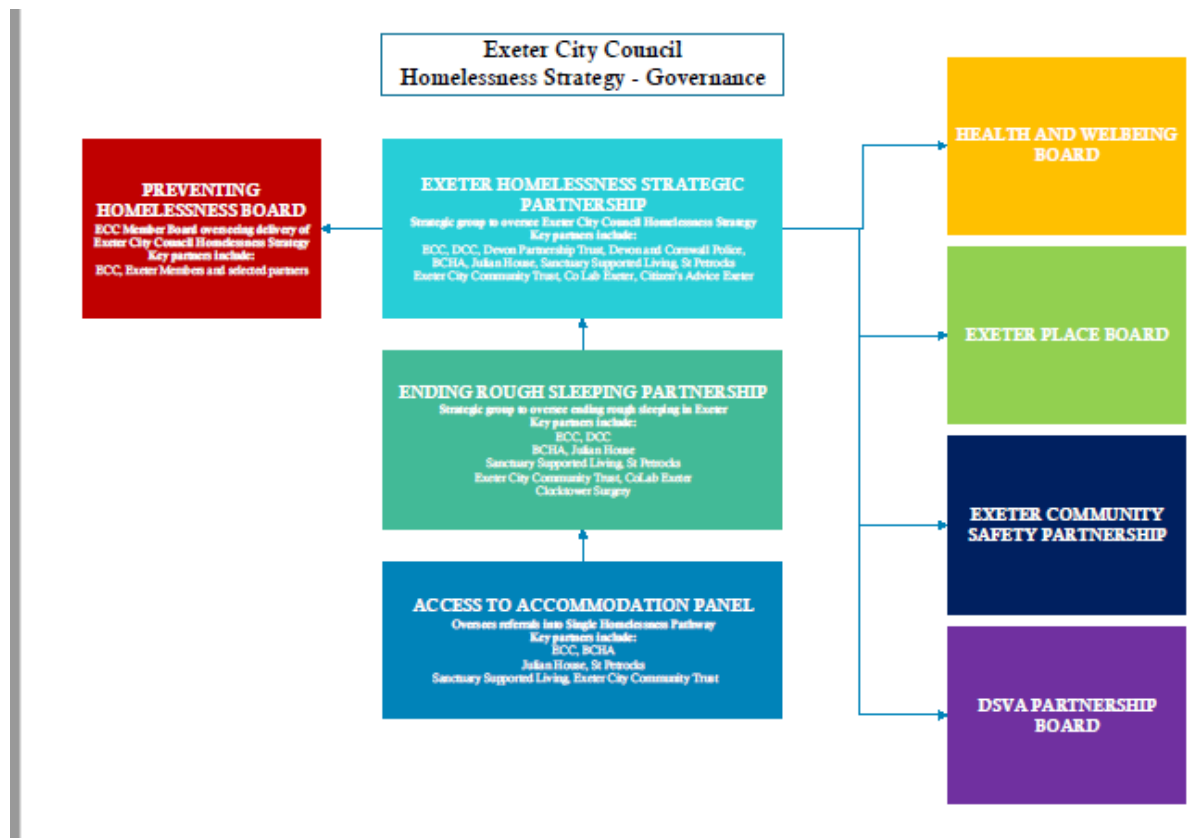
Ownership & Review

- A new Preventing Homelessness Board – for oversight purposes - including Council officers and members (councillors) and leading stakeholders. 6 monthly progress monitoring.

- A new Homelessness Strategic Partnership – merging the abeyant Exeter Homelessness Forum and Exeter Homeless Partnership – including key stakeholders at strategic level. Reviewing and mapping resource to need and local agendas and service development and system advancement.

- Strategic Partnership to propose two-way feed and read across to other relevant strategic forums e.g.
    - Health & Wellbeing Board
    - Exeter Place Board
    - Community Safety Partnership
    - DVSA Partnership Board
    - Other Boards & Partnerships e.g. Integrated Care Board

- 6 monthly progress reporting and action plan developments to be published via newsletter and social media feeds

Delivery

- Delivery via Operational Steering groups:
    - RSDATG – Rough Sleeping Drug & Alcohol Task Group (working title "STAR")
    - EERSP – Exeter Ending Rough Sleeping Partnership
    - EHP - Exeter Homeless Partnership

These steering groups would potentially constitute a prevention and recovery-driving coalition.

Monitoring & Reporting

- Working sub-group of members of the Preventing Homelessness Board and Strategic Partnership meeting quarterly to prepare and plan agendas and feedback reports etc.

11. Appendix 1: 2016-21 Homelessness Strategy – Overview of Progress and Outcomes

Over the last 5 years the Council and its partners have worked tirelessly in delivering to the key priorities of the Homelessness Strategy 2016-2021. That strategy, initially joint for the first three years with neighbouring Teignbridge District Council, had twelve specific aims (see below), the leading four of which were a continuation of priorities of the predecessor Exeter City Council Homeless Strategy (2008-2013).

The aims were set out under four primary themes; A Place to Live, Access To Services, Health & Protection and Money Matters. Within these themes the specific aims of the 2016-2021 strategy were:

- Increase access to good, safe and affordable accommodation
- End the use of bed and breakfast for families and young people
- Bring rough sleeping to an end
- Work together to put clients first
- Offer help at times and places where clients need them most
- Make sure help is accessible for everyone
- Improve the health and wellbeing of homeless people
- Help protect the vulnerable from violence and abuse
- Support people who are released from prison, hospital, or leaving the armed forces
- Help people manage household finances when faced with homelessness
- Target investment to reduce homelessness
- Maximise opportunities with partners and provide better value for money

2016-2018

Alongside the challenges and opportunities afforded by a cross-district strategy blending urban and rural agendas some examples of key achievements made in the first three years were:

- The launch of a dedicated Tenancy Rescue referral service for private landlords with failing tenancies. 55 tenancies were successfully supported to avoid homelessness
- Significant reductions of cases reaching crisis intervention stages. e.g.
  - 58% reduction in the numbers of rough sleepers on the streets
  - 32% reduction in the number of families in temporary accommodation
  - 58% reduction in the numbers of young persons in emergency bed and breakfast placements
- Launch of "Safe Sleep" winter night shelter and support service for rough sleepers and people at risk of rough sleeping. This built on the success of Exeter's "No Second Night Out" scheme and 143 people accessed the service during its three and a half month timeframe with nearly 50% moving to more settled housing
- Launch of Integrated Care Exeter pilot forming a dedicated team to work with the city's most complex and vulnerable homeless people including outreach-based assessment of housing and health need
- Re-design of Housing Advice access information with suite of client self-help guides including specialised guides for protected charactersitics and vulnerable groups
- New resettlement pathway for prison release from HMP Exeter and other SW prisons

- The raising of over £2M additional funds towards reducing homelessness in the city through successful bids to government for Trailblazer and Rough Sleeping projects and Rapid Re-housing and Private Rented services
- Implementation of housing advice and assessment services in community settings specialised to vulnerable persons either homeless or at high risk of rough sleeping
- Successful out-sourcing of local authority funding targeted to homelessness and increase in joint-working multi-agency services e.g. rough-sleeping outreach services, homelessness healthcare, debt advice and welfare services, resettlement from institutions, private rented housing access.

2019-2022

Following the introduction of the Homelessness Reduction Act 2017 (live from 1st April 2018) areas and Councils refocussed action plans to help deliver the new legislation and develop additional services under the newly launched national government Rough Sleeping Inititative.

Significant progress has been made on both fronts in Exeter and notwithstanding the impact of the two-year Covid-19 national health pandemic from March 2019 the following are some of the key examples of progress over the last four years to 2022. It should be noted that the vast majority have only been achievable through the commitment of partners and multi-agency partnership working across the city.

- Successful roll out of the Homelessness Reduction Act including new case recording system, duty to refer processes and online client-accessible platform
- Significant development of homelessness prevention services across partner agencies including targeted advice, welfare benefits and money management services key to a sustained uplift in homelessness preventions averaging 23 per month over the last 18 months
- Creation of online housing advice service providing 24/7 all year round client access to housing and homelessness advice and assistance averaging 873 users per year between 2019 and 2022.
- Increase of online self-help by 18% between 2019 and 2022.
- Launch of a Private Rented digital referral service plus enhanced "Housing Access Together" tenancy set up and support package resulting in over 50 new landlord offers in the first two years (2019-2021)
- Launch of a charitable social lettings agency "Fairlets" – 19 new tenancies set up in its first year
- Launch of Housing First Service for the most entrenched rough sleepers – 15 homes plus dedicated tenancy and life-skills support
- Creation of the Exeter Homeless Partnership achieving:
    o delivery of the City's first successful alternative giving scheme
    o belongings storage for people with no fixed abode
    o active education and homelessness awareness campaigning
    o lead-consultation and service design with people with lived experience
    o learning / training opportunities for homeless persons citywide
- New service and venue for winter night shelter for rough sleepers – 183 people accessed the service in its first winter period (5 months to March 2019); of which 56 moved to more settled accommodation. The service currently continues as an emergency housing project

- Management of Covid-19 pandemic through multi-agency approaches to vulnerable cohorts including primary healthcare treatment and testing, the "Everyone In" accommodation drive for rough sleepers, vaccination and resettlement of rough sleepers and vulnerable households
- The establishment of a successful Rough Sleeper Partnership which has co-producing funding bids and service design and implementation resulting in a reduction in rough sleeping to the lowest recorded number in a decade (14 in Autumn 2021)
- Roll out of new tiered Single Homelessness Pathway incorporating delivery of 123 new units of supported housing. Also the launch of a supported housing pathway dedicated to homelessness vulnerable women
- New housing and support pathway for young persons (including over 30 additional housing units)
- Over £5 million of additional grant funding towards services to prevent and relieve homelessness and rough sleeping including
  - a new prison resettlement service
  - multi-agency Navigator team working with rough sleepers with complex and multiple need
  - winter rough sleeper services including new emergency bed spaces and creative funds for essential provisions including travel, resettlement and accommodation set up costs
- Additional funding secured towards the purchase of twenty-five one-bedroom flats as "meanwhile" homes for single homeless rough sleepers.
- Significant advances in client-led client-involved services including:
  - rough sleeper strategy service user consultation
  - Client co-production and Trauma training
  - Council homeless client access survey

12.Appendix 2: Homelessness Need Review – Exeter detail and comparator local authority information

2.1 Advice-only cases

EXETER ADVICE ONLY CASES 2021/22

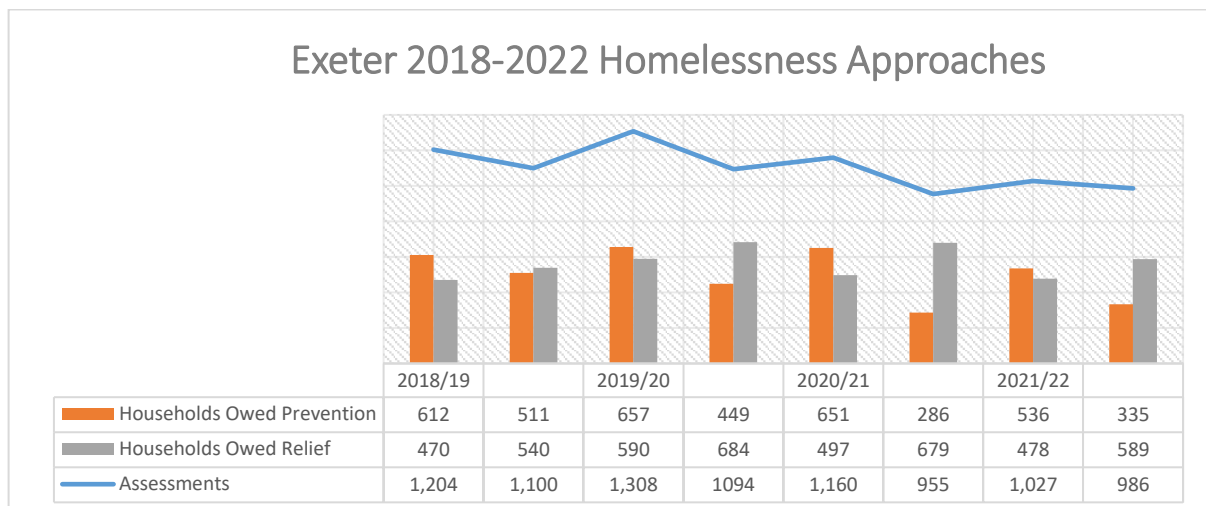| 2018/19	2019/20	2020/21	2021/22
1410	1478	1567	1339
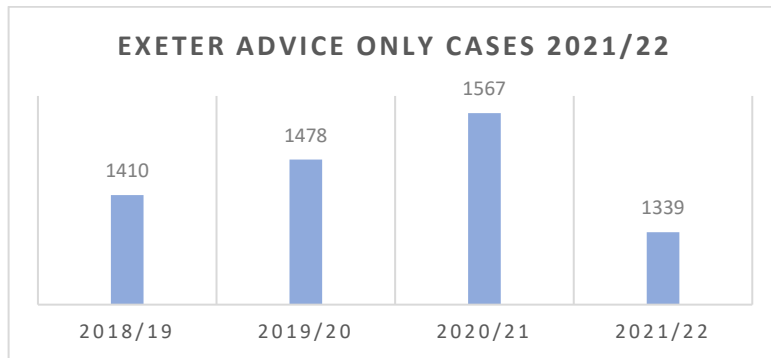
"Advice only" are where households approached the Council's Homelessness team regarding potential risk of homelessness but where the case either did not reach homeless application status (i.e. within the 56-day at risk of homelessness) or the household did not return to make a homeless application.

The above graph shows an increasing profile of advice need which peaked in 2020-21 and has since curtailed. The peak was attributed to the number of households approaching as a result of the pandemic; threat of S21 notices (though suspended), affordability (mainly due to job loss) and people without secure tenancies being asked to leave households due to alleged health risks (Covid-19). The reduction during 2021-22 is on account of the increased availability of online advice combined with reduced capacity for drop-in advice.

NB: National and Local Authority specific "Advice only" data is not published data due to it not being a statutory reporting requirement.

2.2 Homelessness Approaches

Exeter 2018-2022 Homelessness Approaches

|	2018/19		2019/20		2020/21		2021/22	
Households Owed Prevention	612	511	657	449	651	286	536	335
Households Owed Relief	470	540	590	684	497	679	478	589
Assessments	1,204	1,100	1,308	1094	1,160	955	1,027	986

"Homelessness Approaches" records cases that reached the status of a homeless application either at prevention stage (where the household is currently housed) or relief stage (where the household has no available accommodation).

"Assessments" is the total of cases where a Housing options case officer has taken a homeless application. Not all assessments reach a prevention stage or relief stage as a result of circumstances such as further information or verification issues arising or the application being withdrawn.

The assessment totals increase year on year from 2018 to 2020 remaining high in 2020-21 but reducing by 21% across 2021-22. This profile correlates with that of the advice-only cases in reaching a peak across 2020-21. This signifies that the risk or threat of homelessness was comparatively high across the first 12+months of the pandemic. However the number of households at both prevention and relief stages reduced across the following 12 months of 2021-22. Aside from suspended S21 notices other notable key risks driving assessment numbers were the increase of presentations as a result of household income reductions (e.g. through wage loss, benefit reduction) and changed eligibility under the Domestic Abuse Bill.

The overall reductions into 2021-22 most likely reflect the ongoing preventions of homelessness as a result of various household support schemes and the deployment of short-term government grants e.g. Household Support Fund, Vulnerable Renters Fund. It is too early to determine the sustainability of these "arrested" cases, especially as many may only be postponed evictions given tenancy sustainability pressures such as the cost of living and affordability crises.

2.2.1 Young persons
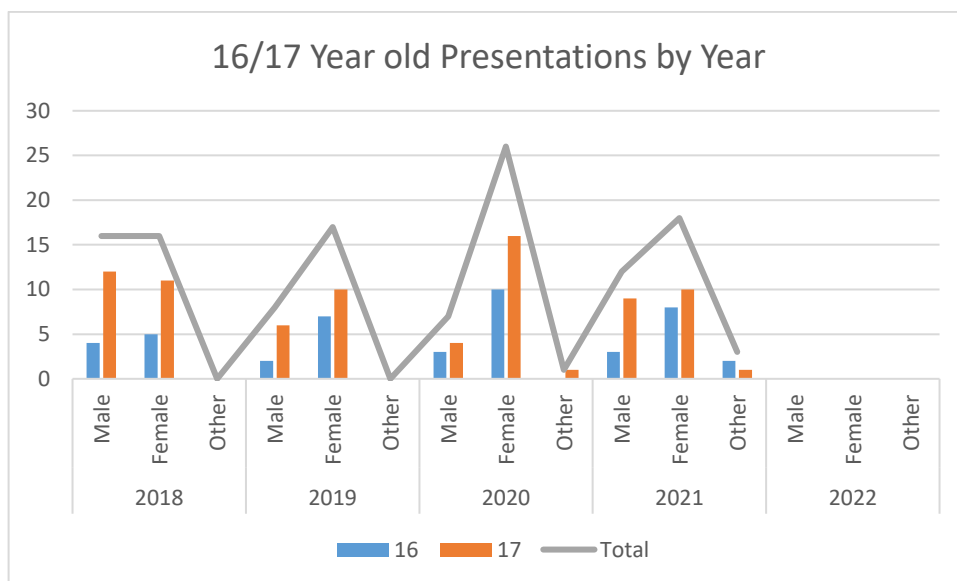
The data shows a peak in homelessness approaches in 2020 with the highest recorded figures for approaches by females. (Data for 2022 not yet verified). Datasets do not illustrate the numbers where statutory homelessness was prevented as a result of an alternative solution being found.

	2018			2019			2020			2021		
Age	Male	Female	Other	Male	Female	Other	Male	Female	Other	Male	Female	Other
16	4	5	0	2	7	0	3	10	0	3	8	2
17	12	11	0	6	10	0	4	16	1	9	10	1

	2018			2019			2020			2021		
Total	16	16	0	8	17	0	7	26	1	12	18	3
Annual Total	32			25			34			33		

2.2.2 Families

Family Approaches by Size
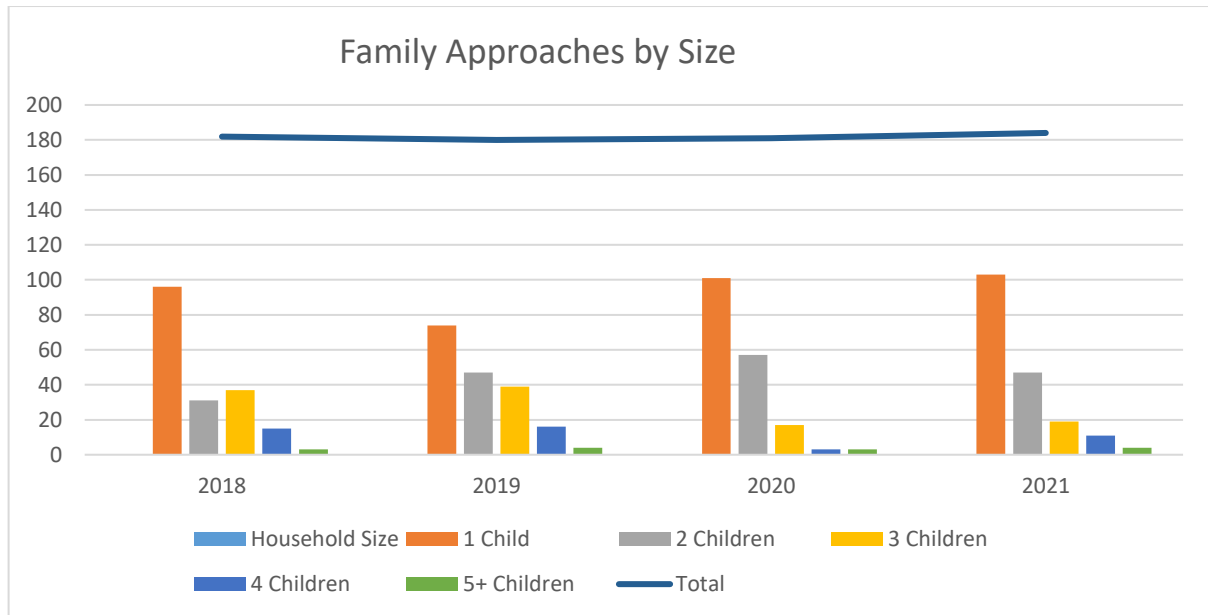
	Year	2018	2019	2020	2021	Total
Household Size						
1 Child		96	74	101	103	
2 Children		31	47	57	47	
Total 3 Children		37	39	17	19	
4 Children		15	16	3	11	
5+ Children		3	4	3	4	
		182	180	181	184	727

The data shows a relatively consistent profile of household size over the four year period with households with one child presenting as the most common family size at risk of homelessness. This area of need can be seen to be steadily increasing over the last 3 years.

37

2.2.3 Domestic Abuse

April 2020 to Mar 2021

Number of approaches by gender
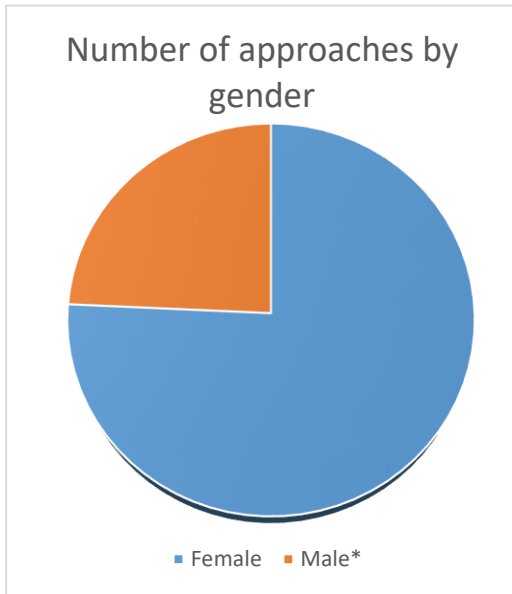
Female   Male*

Gender of Main Applicant	Number of approaches
Female	78
Male*	25
Total	103

- Includes alleged perpetrators

Total number of households with Children	Total Number of Children
48	79

Breakdown of support needs
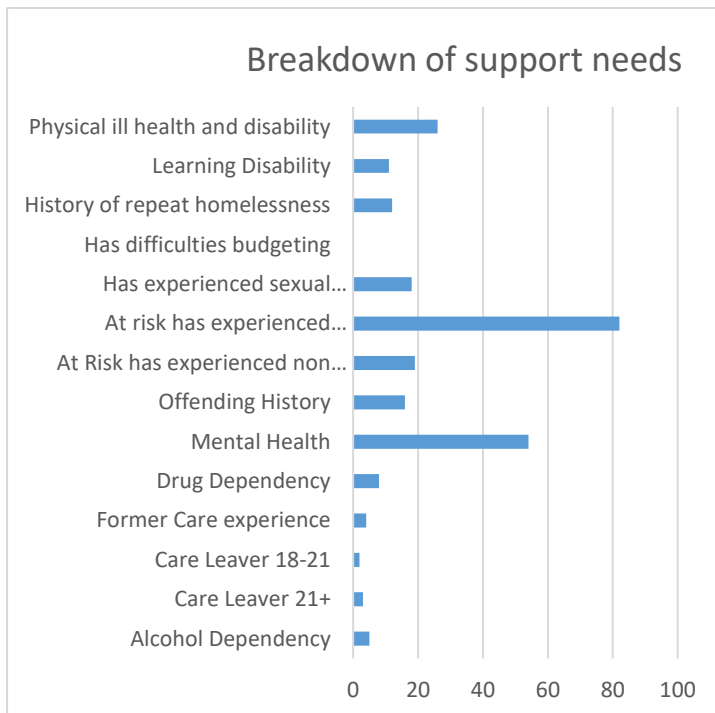
Support Needs	Number of applicants
Alcohol Dependency	5
Care Leaver 21+	3
Care Leaver 18-21	2
Former Care experience	4
Drug Dependency	8
Mental Health	54
Offending History	16
At Risk has experienced non domestic abuse	19
At risk has experienced Domestic Abuse	82
Has experienced sexual abuse/exploitation	18
Has difficulties budgeting	0
History of repeat homelessness	12
Learning Disability	11
Physical ill health and disability	26
Total	260

April 2021 to Mar 2022

Number of approaches by gender
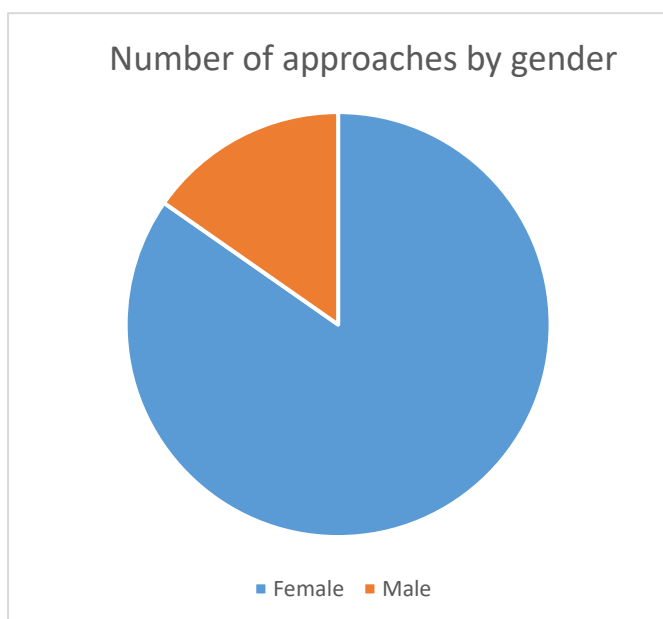
■ Female ■ Male

Gender of Main Applicant	Number of approaches
Female	72
Male	13
Total	85

Total number of households with Children	Total Number of Children
36	74

Support needs identified
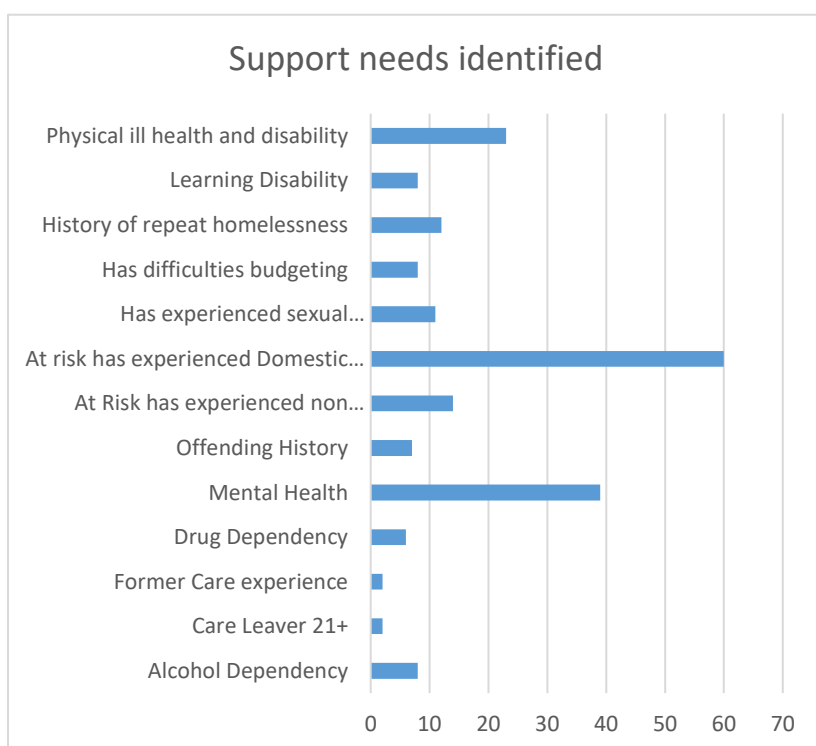
Support Needs	Number of applicants
Alcohol Dependency	8
Care Leaver 21+	2
Former Care experience	2
Drug Dependency	6
Mental Health	39
Offending History	7
At Risk has experienced non domestic abuse	14
At risk has experienced Domestic Abuse	60
Has experienced sexual abuse/exploitation	11
Has difficulties budgeting	8
History of repeat homelessness	12
Learning Disability	8
Physical ill health and disability	23
Total	200

In the 12 months from April 2020 to March 2021 a total of 78 households approached the Council with no alternative housing option due to domestic abuse. In 2021-22 approaches fell marginally to 72. Women accounted for 75% of the approaches in 2020-21 and 85% in 2021-22.

Households making homelessness approaches with children formed 46% of the total number in 2020-21 and 42% in 2021-22. Alongside the primary need for help and support for households experiencing
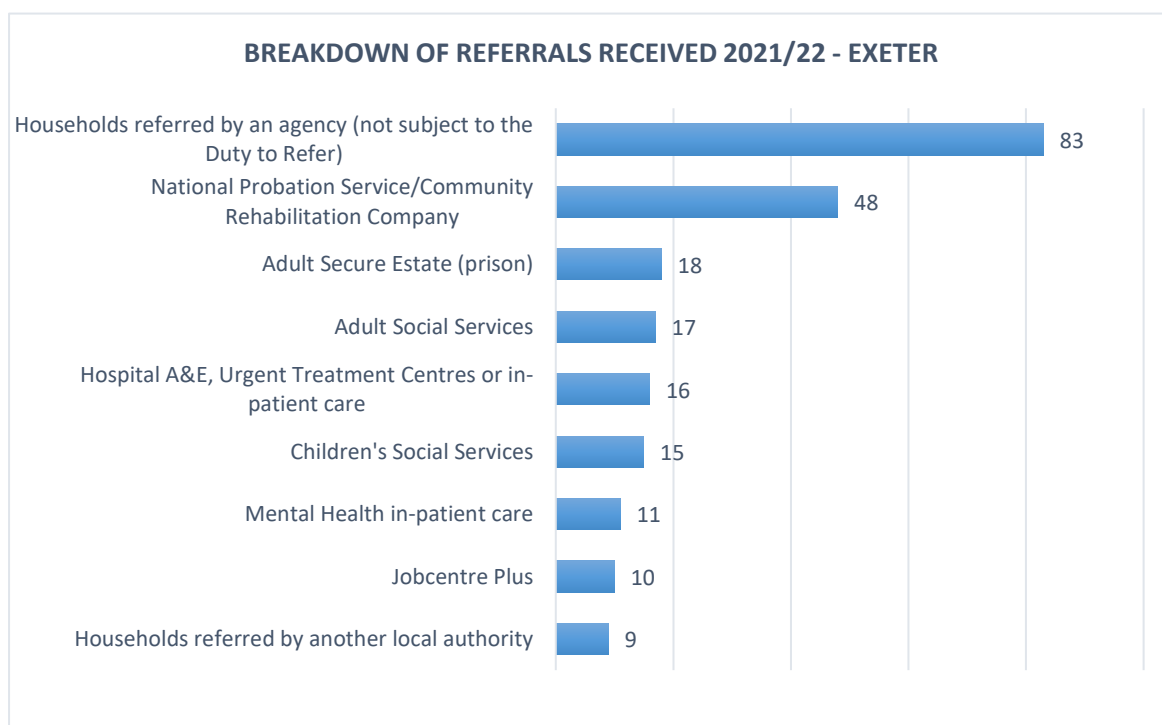
domestic abuse mental and physical ill health were cited in both years as the leading issues individuals needed support for.

N.B. The above data is limited to applicants who were defined as being in priority need and eligible for an accommodation offer. As a result, these applicants were more likely to have complex needs. Data collected did not include victims of domestic abuse who were not considered to be in priority need.

2.2.4 Referrals

REFERRALS INTO HOUSING NEEDS 2021/22
■ Statutory referrals ■ Voluntary referrals
41% 59%
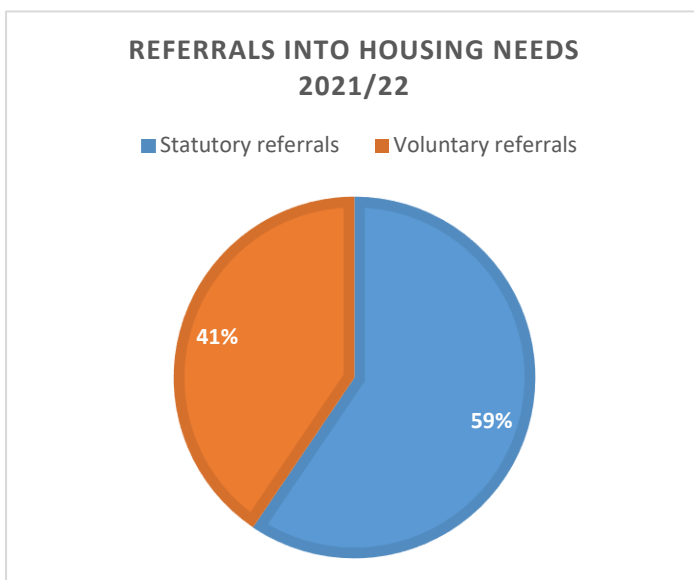
Overview of referrals into Housing Needs 2021/22 due to homelessness/risk of homelessness. Over 2/5ths proportion of referrals are from agencies with no statutory duty to refer. This is supporting the opportunity for early intervention/prevention work.

BREAKDOWN OF REFERRALS RECEIVED 2021/22 - EXETER

Category	Value
Households referred by an agency (not subject to the Duty to Refer)	83
National Probation Service/Community Rehabilitation Company	48
Adult Secure Estate (prison)	18
Adult Social Services	17
Hospital A&E, Urgent Treatment Centres or in-patient care	16
Children's Social Services	15
Mental Health in-patient care	11
Jobcentre Plus	10
Households referred by another local authority	9

The above top referral number (by agencies with no statutory duty to refer) includes referrals from

supported housing providers including homelessness and mental health housing. Referrals from the National Probation service primarily reflect those coming from HMP Exeter and other SW prisons via the Homeless Prevention Taskforce (2020 onwards).
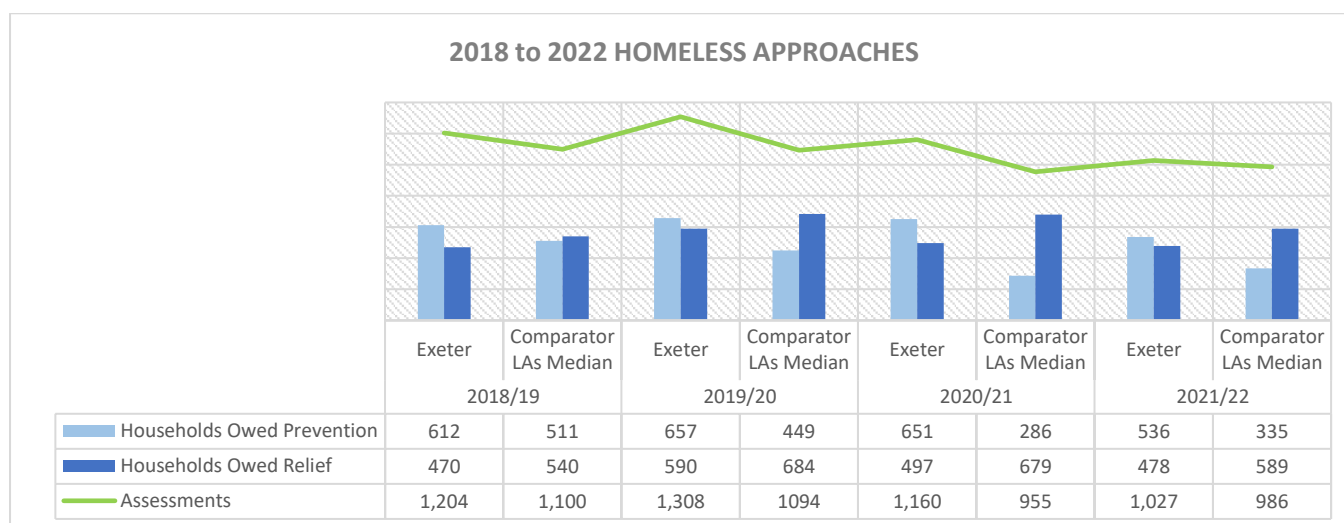
2.2.5 Online contacts

Duty to refer	Total	Within working hours	Out of working hours	Statutory	Voluntary	Statutory	Voluntary
2019/20	162	136	26	44	118	27%	73%
2020/21	225	199	26	99	126	44%	56%
2021/22	364	325	39	164	200	45%	55%
2022/23 - first 6 months	259	221	38				

Online form type	2019/20	2020/21	2021/22	2022/23 - First 6 months	2022/23 - Full year projection	% change
Self-help access information	1318*	623	738	413	826	+18%
Agency referrals (Duty To Refer)	162	225	364	259	518	+62%

*form launch - high volume of test forms included in this figure.

National & Comparator Authorities

	Exeter 2018/19	Comparator LAs Median 2018/19	Exeter 2019/20	Comparator LAs Median 2019/20	Exeter 2020/21	Comparator LAs Median 2020/21	Exeter 2021/22	Comparator LAs Median 2021/22
Households Owed Prevention	612	511	657	449	651	286	536	335
Households Owed Relief	470	540	590	684	497	679	478	589
Assessments	1,204	1,100	1,308	1094	1,160	955	1,027	986

2018 to 2022 HOMELESS APPROACHES
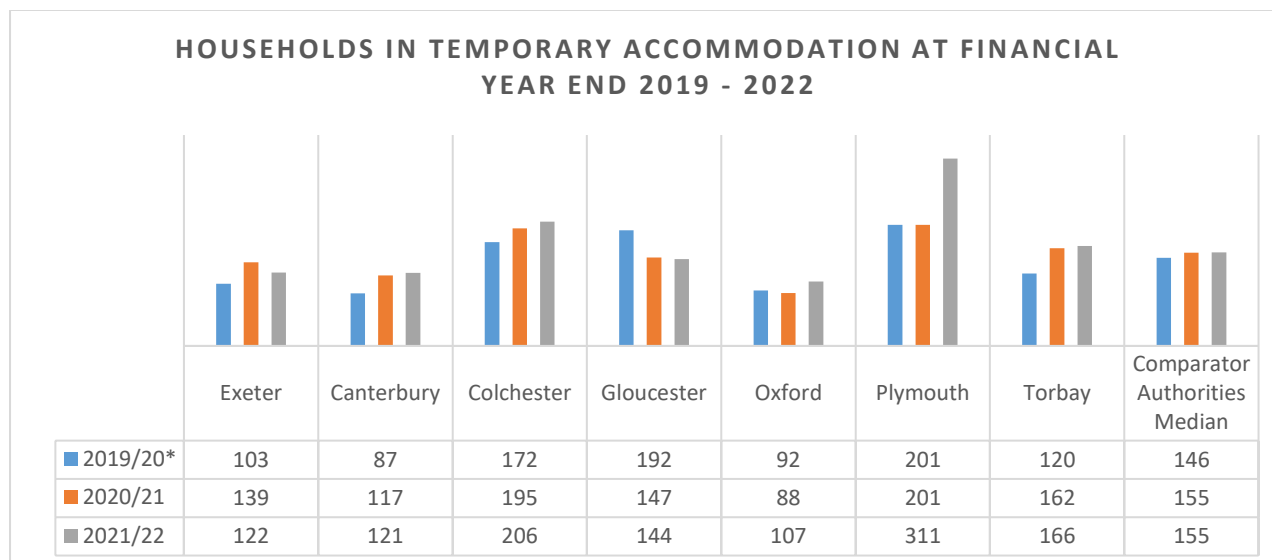
It can be noted that Exeter consistently undertakes more assessments than comparator areas.

Early intervention and prevention work is consistently higher in Exeter when related to the comparator median. This is particularly stark in 2020-21 where Exeter managed to maintain high rate of early intervention despite the challenges (Covid-19) of that year. Exeter continues to buck the comparator trend with less households reaching relief need as a result of successful homelessness prevention work.

2.3 Temporary Accommodation

HOUSEHOLDS IN TEMPORARY ACCOMMODATION AT FINANCIAL YEAR END 2019 - 2022

	Exeter	Canterbury	Colchester	Gloucester	Oxford	Plymouth	Torbay	Comparator Authorities Median
2019/20*	103	87	172	192	92	201	120	146
2020/21	139	117	195	147	88	201	162	155
2021/22	122	121	206	144	107	311	166	155

*2018/19 data unavailable.

Emergency temporary accommodation (TA) numbers in Exeter have been generally stable. The 'Everyone In' rough sleeping relief directive in March 2020 and follow-on impacts of the Covid-19 outbreak caused numbers to increase to a peak by the end of the year before falling again as many individuals successfully moved on to more settled accommodation.

However the number of households requiring emergency accommodation or a move-on offer (from emergency and / or supported housing) has increased over the last two years. The development of additional capacity in the city through various schemes has helped keep a lid on the Council's TA placements. These additional housing schemes include the Council's rough sleeper programme investment, Exeter City Community Trust housing, and developments under other 3rd sector partners such as YMCA Exeter, Julian House and BCHA. Despite the new capacity demand for emergency accommodation has unfortunately been on the increase again through 2021 into 2022.

Exeter's figures remain generally lower than those of its comparator authority areas. The below median number of households in TA in Exeter reflects the higher proportion of prevention cases successfully achieved.
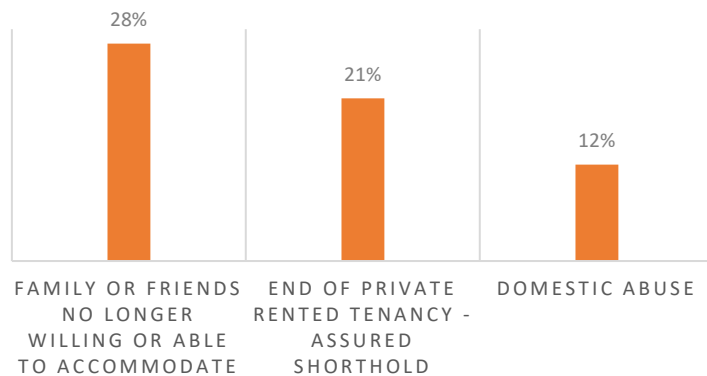
2.4 Causality

Exeter's top three primary reasons for homelessness approaches to the Council are:

1) Family or Friends no longer willing or able to accommodate
2) Private Rented tenancy loss / end
3) Domestic Abuse

TOP 3 APPROACH REASONS 2021/22
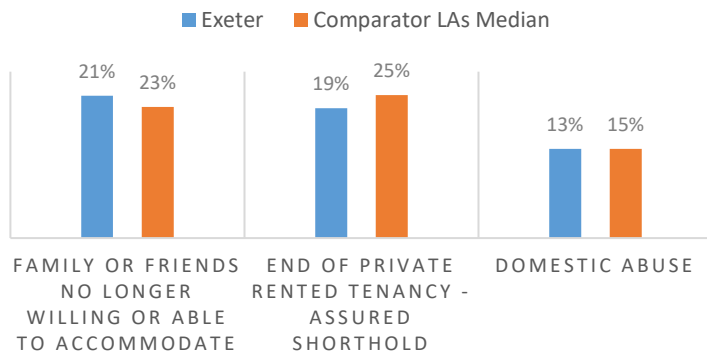
TOP 3 APPROACH REASONS - ENGLAND 2021/22

	Family or friends no longer willing or able to accommodate		End of private rented tenancy - assured short-hold		Domestic abuse	
ENGLAND	Figure	% of total	Figure	% of total	Figure	% of total
2018/19	66,250	25%	58,660	22%	22,980	9%
2019/20	74,490	26%	57,960	20%	26,650	9%
2020/21	88,070	33%	34,130	13%	31,620	12%
2021/22	78,270	28%	58,500	21%	34,710	12%

	Family or friends no longer willing or able to accommodate		End of private rented tenancy - assured short-hold		Domestic abuse	
EXETER	Figure	% of total	Figure	% of total	Figure	% of total

	Family or friends no longer willing or able to accommodate		End of private rented tenancy - assured short-hold		Domestic abuse	
2018/19	209	19%	181	17%	101	9%
2019/20	197	16%	191	15%	128	10%
	Family or friends no longer willing or able to accommodate		Domestic abuse		Non-violent relationship breakdown with partner	
2020/21	237	21%	137	12%	134	12%
	Family or friends no longer willing or able to accommodate		End of private rented tenancy - assured short-hold		Domestic abuse	
2021/22	214	21%	195	19%	134	13%

TOP 3 APPROACH REASONS Q1 2022/23 - EXETER

(Q1 2021/22, Q1 2022/23)
- FAMILY OR FRIENDS NO LONGER WILLING OR ABLE TO ACCOMMODATE: 60, 63
- END OF PRIVATE RENTED TENANCY - ASSURED SHORTHOLD: 28, 52
- EVICTION FROM SUPPORTED HOUSING: 20, 33
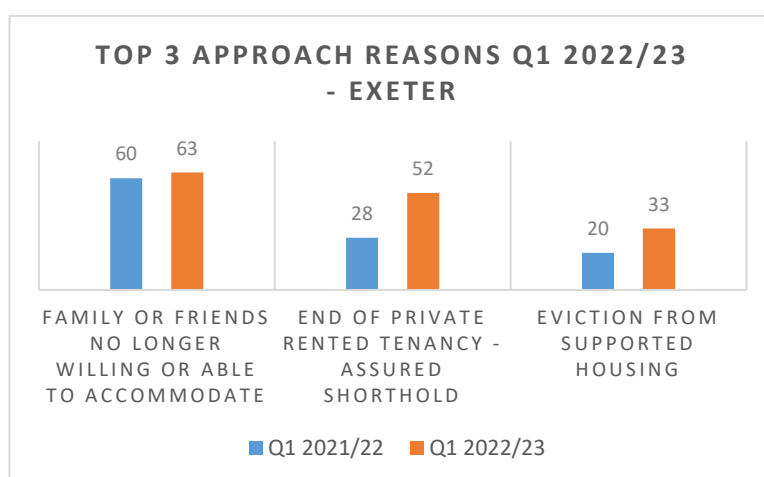
The same top three primary reasons are reflected in Exeter as they are nationally. However Exeter's comparator areas have the ending of private rented tenancies as their top cause whereas this is Exeter's second most common primary cause of homelessness.

Going into 2022-23 the gap in Exeter between the reasons of family no longer willing to accommodate and that of private rented tenancy loss is widening whilst there is a change in the third source issue being loss of supported housing placements.

Of note is that 17% of the approaches are due to the ending of a private rented tenancy relate to affordability (arrears). 63% are due to landlords wishing to sell or re-let the property. This is very likely to be a reflection of the cost of living crisis as well as the buoyant local housing market.