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A response to Hampshire County Council Future Services Consultation 2024

27 March 2024

Executive Summary:

The response provides evidence and policy recommendations to the Homelessness Support Services. (Page 15 in the form)

Policy recommendations:

- **The closure of May Place will result in a significant tenancy loss, potentially costing Basingstoke and Deane Borough Council more money than has been saved.**
- **Alternatives around Community involvement in homelessness need to be explored.**
- **Closure of services will have significant impact on other services, such as those in health and social care.**

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We are from the Centre for Homelessness Research and Practice, which includes the University of Southampton and Outcome Home (see chrphomeless.co.uk). As part of our practice, we work in Basingstoke with those who are homeless and at risk of becoming homeless, providing psychological support, intervention and training to staff in the homelessness sector. We have a unique insight into the psychological impacts that service provision, and reduction, can have on such vulnerable individuals and hope that this well help you in considering the proposed funding cuts to homelessness services and how to manage the inevitable impacts.

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Possible impacts from proposed cuts and your duties to homelessness

1. It is clear that those who are homeless face multifaceted problems, such as ill health, mental illness, addiction, interpersonal issues (Aldridge et al., 2018). This requires significant specialist support. However, staff in the homelessness workforce are primarily trained on tenancy support and do not receive relevant knowledge around the psychological support that people experiencing homelessness need, resulting in feeling ineffective, increased burnout, and ultimately leaving the role (Homeless Link, 2022). Studies conducted in homelessness services have found a number of influential factors with regards to the development of compassion fatigue, specific to working with the homeless population. The amount of time spent face-to-face with clients, setting appropriate professional boundaries, personal and organisational support, job satisfaction and belief in their work, and the internal coping strategies used by the support worker, all affect the onset of compassion fatigue (Barboza 2016; Handran, 2015; Howell, 2012; Smith, 2019; Wilkins, 2020).

2. It is within the context of national calls for the homelessness workforce to receive significant and high-quality training (e.g., NHS Long Term Plan, 2019, National Framework for Inclusion Health (NFIH), 2023) that OutcomeHome (a not-for-profit social enterprise attached to the University of Southampton) now offers specialist training to staff in homeless services in Basingstoke, such as May Place.

3. We know from research that the impact of staff burnout in homelessness services is twofold. Not only is it costly to the organisation but it is also costly to the individual who is homeless. TwoSaints reported their staff turnover was 30% in 2019/2020 and 26% in 2021 (TwoSaints, 2021). This is costly for the organisation, but also costs the individual. Disruptions to care and losing someone that supports them contributes to psychological distress and can prolong meaningful recovery, since to work with someone new it can take a long time to build trust and a following trusting relationship. We are concerned that the proposed cuts to staff within May Place (Basingstoke direct access hostel service) will have a detrimental impact to those who reside their and will ultimately lead to increased costs in other sectors of the council due to the disruptions of their supporting relationships already built.

4. We know that there are extensive costs associated with homelessness and lack of support. People experiencing homelessness are more likely to use costly emergency healthcare. The Royal College of Emergency Medicine (2020) found that they are 60 times more likely to use A&E than the general population. Further, there are increased contacts with criminal justice system which can cost £11,991 per person (Pleace & Culhane, 2016). It is probable that disruptions to care could see increases in these aforementioned areas.

5. Those who are under the care of supported accommodation, such as May Place, are getting some of their basic health and social care needs met by the 24-hour support provided. If these services are gone, then those people will end up rough sleeping where their vulnerability will increase, and their health and social care needs will only then be met by HCC/social services. We will see higher rates of homeless mortality as more people end up on the street and social services are unable to locate them and provide support. This will end up costing HCC more money fulfilling their legal duty of providing social care to vulnerable people.

6. We have reason to believe that your estimates for the number of homeless people affected by your proposed cuts are inaccurate. You suggest 197 people will be affected. However, according to Kenna-Sian Young, Regional Director of Two Saints said the following: *'We provided approximately 350 clients with accommodation in 22/23 via the social inclusion service which is now under threat. That's 350 vulnerable clients who would be at risk of rough sleeping and not getting support they need. This is certainly a short-term financial plaster that will have long term impacts for vulnerable clients and public services who we know are already struggling to meet demand.'*

7. We know that under the Homeless Reduction Act (2017) local housing authorities have a duty to take reasonable steps to prevent any eligible person who is threatened with homelessness from becoming homeless. The proposed cuts would therefore put individuals residing in stage one and stage two supported accommodation at risk of homelessness, of which you have a duty to prevent. Furthermore, this legislation requires housing authorities to provide housing for people who are homeless who have priority needs. One such category of a priority needs is: a person who is vulnerable as a result of old age, mental illness, learning disability or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside (see paragraphs 8.14–8.19). As we have already outlined, it is known that those who face homelessness have higher rates of mental health, therefore many of the residents within stage one and stage two supported accommodation likely fall into this category of a person who is vulnerable as a result of mental health, making them people you have a duty to house.

8. The Homeless Reduction Act (2017) also legislates that all housing authorities must have in place a homelessness strategy which must set out the authority's plans for the prevention of homelessness and for securing sufficient accommodation and support. A number of sections within the Rough Sleepers Strategy (2017) point the need for flexible, joined up services that are aimed at prevention of people sleeping rough, specifically prisoners, people leaving hospital, young people, asylum seekers and veterans. Removal of direct access hostels inhibits this preventative responsibility, thereby preventing local authorities from fulfilling their statutory and strategic obligations.

Possible impacts on our work from the proposed cuts

9. OutcomeHome operates a peer mentorship scheme, employing individuals who have lived experience of homelessness to support those who are homeless or face homelessness (Barker & Maguire, 2017). Due to shared experiences and personal knowledge, the peer support worker is able to form a unique bond with the client to help foster change. Peer support is valuable within homelessness services, as the peer is able to reach those who are socially excluded (Barker & Maguire, 2017).

10. When peer support programmes are developed adjunct to regular treatment, client outcomes improve. For example, clients have better outcomes in overall quality of life, increased social support, higher employment, and a reduction in mental and physical health issues (Felton et al., 1995; Barker & Maguire, 2017). Peer support use is an effective method for helping those with complex needs, such as homelessness.

11. Research has shown that the peer support model contributes to reducing hospital admissions, reducing relapses, increasing coping skills, and improving the quality of life for those with mental health issues – dependent on the severity of the mental health issue (Barker & Maguire, 2017). Role modelling, shared experiences, and social support are vital aspects of peer support within homelessness services (Barker & Maguire, 2017). Peer mentors with similar traits are seen as a figure of hope, allowing clients to have someone to measure themselves against. Shared experiences of homelessness, mental illness and addiction helped to build trust and prosocial relationships that facilitate recovery. Additionally, peers are a source of social support for clients, allowing them to feel like they belong, and help to integrate them into a new community. This can help to develop life skills, increase the clients' social network, and decrease homeless days (Barker & Maguire, 2017).

12. Peer support not only benefits the person seeking help but can also have positive effects for the peer (Barker et al., 2018; Mead, 2001). Findings have showed that working as a peer provider can

improve the individual's management of their mental illnesses and general health, enhance their emotional life and self-concept, give meaning to their life, help to build interpersonal relationships, and lead to career development (Moran et al., 2012). More specifically, within homelessness services, peers described benefitting from helping others, as it allowed them to redefine their experiences and drive positive changes (Barker et al., 2018).

13. As part of the Rough Sleepers Initiative funding that supported collaboration between Basingstoke, Hart, and Winchester Councils', we delivered psychological and peer mentoring support for clients across those boroughs. We ran an in-depth evaluation of the services from April 2019 to February 2022, across 115 referrals.

14. It was found that clients had positive changes in the following:

- Reduced psychological distress
- Increased wellbeing
- Reduced drug use
- Increased emotion regulation
- Reduced impulsivity
- Stronger working alliances
- Reduced anxiety

15. The assessment of client outcomes focused on key metrics encompassing wellbeing, positive behaviour, engagement, and social interactions, with each category further segmented into sub-scales for comprehensive evaluation. At the outset, baseline scores for wellbeing, measured on a scale of 1 to 10, were recorded at an average of 5.4 across the nine participants which were engaging in peer support at this time. Over the course of 12 months, a notable improvement was observed, with the average wellbeing score surging to 7.29.

16. Client outcomes also revealed significant enhancements in engagement levels over the same 12-month period. Engagement, which encompassed not only interactions with peer mentors, but other services, housing providers, and the transparency of communication, witnessed an increase in scores. At the onset, baseline engagement scores averaged at 6.80 out of 10, however, as a result of consistent engagement with peer support mechanisms, engagement levels soared to an average score of 8.83.

17. Positive behaviour increased from an initial 3.3 to 7.75, showcasing the transformative impact of peer support in fostering resilience, safety management, timely rent payment, and addressing arrears. Social interaction scores similarly increased, escalating from 3.62 to 6.45, signifying enhanced community integration.

18. We are concerned that the proposed cuts will eminently impact that valuable work that our peer mentors can carry out, due to the breakdown of working relationships across centres such as May Place. This could lead to a reduction in referrals to our peer mentors, limiting the number of people who can benefit from this invaluable support. Furthermore, without a familiar and safe base to operate from the engagement in this work could likely reduce. From our research we anticipate that this will see costs rising in other council areas.

19. Within Basingstoke and Winchester, our peer mentors supported 30 clients between 2020-2022, to provide peer mentoring support for their clients with the primary outcome of preventing evictions. Throughout this support there were multiple areas of improvements which would have reduced possible council costs, since it led to:

- Reducing 12 rent arrears

- Resolved 16 safeguarding / ASB's
- Avoided nine counts of eviction
- Avoided nine counts of court action

Research on the economic impacts

20. As mentioned above, homeless people use services such as A&E and hospital more often than housed people do. This type of emergency service use has an economic cost. Similarly, homeless people are more likely to have been involved with the criminal justice system, which also has costs. We asked participants to report the incidences of their service use in order to ascertain whether engaging with services at a supported accommodation would affect participants' use of public services and have an economic impact. Table 2. shows the frequencies at which participants used public services in the six months prior to being surveyed at each time point and the economic impact of such use.

Table 2. Frequency of Service Use at Each Time Point and the Associated Costs

	Cost per incidence[a]	Time 1 (N = 216)			Time 2 (N = 125)			Time 3 (N = 73)		
		Freq.	Cost	Cost pp	Freq.	Cost	Cost pp	Freq.	Cost	Cost pp
Night spent in police cell	£104.22	21	£2,189	£10.13	10	£1,042	£8.34	5	£521	£7.14
Arrests	£248	22	£5,456	£25.26	11	£2,728	£21.82	16	£3,968	£54.36
Nights in psychiatric hospital	£451	94	£42,394	£196.27	38	£17,138	£137.10	4	£1,804	£24.71
Nights spent in hospital	£400	232	£92,800	£429.63	40	£16,000	£128.00	60	£24,000	£328.77
A&E admissions	£148	112	£16,576	£76.74	14	£2,072	£16.58	11	£1,628	£22.30
Total			£159,415			£38,980			£31,921	
Average cost pp			£738.03			£311.84			£437.28	

([a]See Appendix A for more information on where this information was sourced. Freq = frequency of incidence; pp = per person)

21. As fewer people have been sampled at Time 2 and Time 3, we cannot directly compare the costs across time points as fewer people means fewer costs. Therefore, we calculated the average cost of service use per person for each time point across all services (shown in red) and for each service (shown in blue). As you can see, from Time 1 to Time 3, there has been a £300.75 saving in average cost per person.

22. However, it's possible that the that clients with fewer needs/less chaotic service use may have been more likely to have been retained in the evaluation, while those who dropped out of the evaluation may have more costly needs, which could be contributing to this shown effect. (i.e. the participants sampled at Time 3 are a different population to those that dropped out).

23. Therefore, to test this, we carried out the cost analysis with only the participants who stayed in the evaluation for all three time points. A similar pattern appeared – see Table 3. below.

Table 3. Cost Analysis for Clients Retained in the Evaluation from Time 1 to Time 3.

	Time 1	Time 2	Time 3
Total cost	£46,177.88	£24,923.00	£ 31,921.10
Average cost per person	£624.03	£336.80	£431.37

24. Here, there is an average saving of £192.66 per person over the year from Time 1 to Time 3. If we apply this saving to all 229 participants we sampled, this amounts to a saving of £44,119.14 for the taxpayer.

25. At Time 1, only 22 people account for £145,585.08 of the total cost. These clients may fall into a group of people referred to as "High Needs High Cost" (HNHC) clients. These clients often suffer from multiple co-morbidities and face gaps in care and care coordination. Targeted interventions for these clients may improve their care and reduce costs to the council.

Managing proposed cuts

26. We believe that homelessness needs to be framed as a community issue, with community stakeholders engaged in generating interventions for the population. This includes collaborations across local authorities, the third sector, the police, business, housing associations and universities. Although not a statutory requirement, boards that draw together such agencies can be extremely powerful in enabling a cross-sector understanding of rationales and ways of working, promoting collaboration and reducing the 'gaps between silos'. The Social Inclusion Board in Basingstoke is just such a board that is effective in enabling creative approaches to the issues faced.

27. Business can be a particularly powerful ally. In many locales businesses often lobby for the 'cleaning up' of people who are homeless, for obvious reasons. This can put local constabulary members in positions of adversity with people who are homeless, reducing the long-term effectiveness of community policing with this population. Engaging business in terms of skills and expertise (rather than just resource) may serve to establish long-term collaborations, reducing issues of adversity and increasing the quality of relational policing.

28. In addition, larger businesses may want to engage in some of the existing creative projects whereby staff members are allocated time to spend doing something for the community. These days would not only provide voluntary time to be coordinated according to the needs of the charity (with appropriate planning), but also a first-hand understanding of homelessness and perhaps the development of skills in working with people.

29. We have started a collaboration with IKEA in Southampton with just such an aim in mind, to collaborate in improving the direct access hostel there. This is an exemplar of what is possible when including the right business.

30. The County Council may not have a role in operationalising these projects, but policy can certainly emphasise them and resource the coordination role necessary to ensure that they're sustainable. They may also work with other agencies such as the police and private landlords to ensure tenancies are set up in a psychologically-informed way, increasing the chances of sustainment from a systems and built environment perspective, and that provision for training for the police in understanding homelessness is ensured.

31. These interventions will not in and of themselves replace e.g. direct access hostels. However, they may be preventative over time if implemented in a way that reflects the complexity of the issues, and monitoring and evaluation frameworks are constructed that are meaningful to service users and staff.