

Prepared by Directorate for Adult Social Care
Commissioning

**Rough Sleeping Addendum
& Action Plan 2020-2023**
Consultation Findings Report

Purpose:

To present the findings of the consultation on the proposed Rough Sleeping Addendum to Birmingham's Homelessness Prevention Strategy.

Working together to end street homelessness



Making a positive difference everyday to people's lives

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Annexes

- A: Consultation Questionnaire – Easier to Read Version**
- B: Consultation Questionnaire – Be Heard (long Version)**
- C: Rough Sleeping Addendum Homelessness Prevention Strategy - Consultation Document**

1. Executive Summary

1.1 Introduction

Forming part of the Birmingham's overall Homelessness Prevention Strategy 2017+, the Rough Sleeping Addendum and Action Plan sets in detail Birmingham's approach and key areas of action in relation to rough sleeping, over the next three years. The timescales and approach taken reflect and follow the multi-partner, prevention pathway approach set out in the strategy which formally launched in May of 2018.

The consultation on the Rough Sleeping Addendum and its draft action plan follows extensive stakeholder engagement and dialogue including with Birmingham's Homelessness Partnership Board and the Birmingham Homelessness Forum. The public consultation that has followed involved online formal consultation on BeHeard for a period of 42 days, which concluded in late September 2020 and targeted work with people who have had lived experience of rough sleeping and homelessness which has continued into part of October 2020. Traditional face-face consultation methods, such as focus group meetings with people that have lived experience of rough sleeping have not been possible in large part due to, COVID-19 considerations around social distancing. To address this frontline rough sleeping services that come into regular contact with the client group, during lockdown and throughout the pandemic have helped to facilitate consultation through their outreach work, using a combination of; Easy to Read shorter (3 questions) versions of the survey; and collated responses from groups service users. (Annex 1)

1.2 Key Findings

Using all methods (online, easy read and full survey) the overall total number of respondents achieved (sample size), was 87 in total. Whilst modest in number, 30% of this total (26 people) that participated in the consultation were people with lived experiences of rough sleeping and homelessness, representing a sizeable share of the overall population currently sleeping rough.

Excluding questions associated with the respondent profile and an opened ended question inviting respondents to put forward their own views, there is both strong support for (1) the overall approach to rough sleeping and (2) the five specific domain themes and their associated priority actions: -

1. Embedding a pathway of accommodation and support personalised services to prevent, relieve and help people recover from homelessness - 89% of respondents were in agreement; 8% unsure and just 2% in disagreement with this.
2. Five domain themes and associated priority actions under each: -
 - i) 'Universal prevention' – pre-emptive collaborative action across organisations and wider community through raising public awareness and learning to continuously improve services. 88% in agreement; 11% unsure; and just 1.3% in disagreement.
 - ii) 'Targeted Prevention' for groups at disproportionate rough sleeping risk including, care leavers and young people, vulnerable adults, prison leavers (offenders), people affected by domestic abuse. 88% in agreement; 8.5% unsure and 2.3% in disagreement.
 - iii) 'Crisis Prevention & Relief' - Time critical interventions to respond to rough sleeping at the point of crisis such as outreach support and emergency accommodation. 90% in agreement and 10% unsure.

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- iv) 'Recovery' – multi-agency personalised support to keep people from returning to the streets through improving efforts to maintain tenancies, sustain and improve health, economic and social wellbeing. 93% in agreement and 6% unsure. 0% in disagreement.
- v) 'Move-On' – actions specifically linked to ensuring that there is a supply of short term and longer transitional accommodation necessary to provide former rough sleepers with a route out of emergency accommodation. 80% in agreement; 18.5% unsure and; just 1.2% in disagreement.

- 1.3 Respondents to the consultation were also invited to put forward their opinions with regards to the strategy and concerns about rough sleeping, through an open-ended question. By far the most regularly repeated issues raised made by all groups of respondents (lived experience, professionals and members of the public) was in relation to housing or accommodation issues.
- 1.4 *Accommodation*- For both professionals and people with lived experience comments made on accommodation were frequently coupled to concerns around the quality, suitability and safety of existing emergency accommodation provided on a short-term basis currently serving people who have experienced homelessness and rough sleeping. This featured consistently throughout all the open-ended questions in the consultation, with specific references made to "Exempt Accommodation". Specifically, for service users, respondents made points in relation to helping people set up their own accommodation as opposed to shared housing, with ideas on expanding provision across all sectors including housing associations, the private rented, council housing, empty commercial properties, as well as boosting Housing First.

"Help people off the streets into their own accommodation" (Single Male, CGL Street Homelessness Substance Misuse Service User)

- 1.5 *Collaboration* - Professionals and people with lived experience of rough sleeping advocated a greater collaboration with trusted voluntary sector providers being better linked up health and council services. The types of council and health services mentioned were wide ranging from neighbourhood offices, general preventative health and wellbeing support, as well as specialist or specific services including substance misuse, domestic abuse and social care.
- 1.6 *Destitution* – this theme cut across all respondent groups however presented in different sets of issues by respondent group. For professionals and people with lived experience of rough sleeping, frequently repeated issues were made in relation to gaps in provision for people without recourse to public funds and specifically for women experiencing rough sleeping. Although these views were reflected by members of the public that responded to the consultation, residents also raised issues in relation to begging.
- 1.7 *Other* - A range of other issues included matters raised specifically in relation to the strategy included details on financial resources for delivery of the strategy and the need to include put in place longer term involvement and engagement with people with lived experience of homelessness concerning the delivery of rough sleeping services.

1.8 Recommendations

The recommendations being made following the consultation include:

- Update Rough Sleeping Addendum and action plan with specific action on service user involvement and engagement to form part of the overall approach. Explore opportunities to

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expand consultation and engagement on rough sleeping over the course of the delivery of actions on rough sleeping through: -

- Establishing service user group to support evaluation and service improvement for rough sleeping services drawing from existing forums and mechanisms
- Carry out annual surveys with rough sleeping community in conjunction or as part of rough sleeping street counts or outreach work.

2. Introduction

2.3 Purpose of this report

The purpose of this report is to present the key findings of the Strategy consultation. The Rough Sleeping Addendum has been prepared to detail work and the approach taken in response to rough sleeping. The plan forms part of Birmingham's overall Homelessness Prevention Strategy and fulfils MHCLG's National Strategy for Rough Sleeping requirement to publish a work specifically in place for responding to rough sleeping in the Birmingham local authority area.

3. Methodology

The general public and interested parties were invited to participate in the consultation via Be-Heard and through stakeholder events. A series of targeted surveys using the Easy to Read and paper-based versions of the BeHeard Survey were

3.1 Consultation Documents

The consultation featured the following documents and associated background documents: -

- Rough Sleeping Addendum: Easy to Read Short Version Survey (Annex A)
- Rough Sleeping Addendum: BeHeard Survey (Annex B)
- Rough Sleeping Addendum: Homelessness Prevention Strategy Consultation Document (Annex C)
- Rough Sleeping Addendum and Action Plan – on Be-Heard
- Rough Sleeping Addendum: Needs Analysis, January 2020 – On Be Heard
- [Birmingham Homelessness Prevention Strategy 2017+v](#)

3.2 Stakeholder Consultation Events

Stakeholder meetings and discussions were held with Birmingham's Homelessness Partnership Board, Birmingham Homelessness Forum. Stakeholders represented from these groups were extensive from the community and voluntary sectors as well as providers of homelessness services across Birmingham the wider region and nationally. Information was provided and shared with stakeholder groups Birmingham Homelessness Forum and Birmingham Homelessness Partnership Board (HPB). This included circulation of the draft Rough Sleeping Addendum including the updated action plan completed which was reviewed in May 2020 following the COVID-19 Lockdown and Everyone-In initiative.

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Everyone-In was a national government COVID-19 pandemic lockdown response which saw an unprecedented 15,000 homeless people being provided emergency accommodation under public health protection measures which commences in Birmingham from March 26th for up to a period of 3 months. During this period, it proved difficult to operate methods traditionally deployed for consulting with people with lived experience of Homelessness. Previous consultation methods such as those featured in overall Homelessness Prevention Strategy 2017+, involved specifically arranged meetings or attending existing service user forums attended by clients using rough sleeping and homelessness support services. These meetings would be based taking to people using methods such as semi-structured dialogue, focus groups around the overall aims of the strategy and Q&A sessions.

3.4 Analysis

Analysis of the consultation consists primarily of two parts quantitative data analysis (3.4.1) and qualitative data analysis (3.4.2).

3.4.1 Quantitative Data Analysis

Quantitatively analysis composed of responses to 6 questions, each with yes (agree); no (disagree) not sure expressing percentages. Quantifiable responses to survey were gathered for quantitative analysis, using a combination of the Be-Heard report generating tool and manually for both (long and short easy to read) paper-based surveys. The anonymised results were then aggregated into an excel workbook for reporting the results shown in the key findings (Section 4) of this consultation findings report. The remaining closed and demographic questions included in the questionnaire were analysed using reporting tools available on Be-Heard. The data extracted was assembled alongside responses from people with lived experience of rough sleeping and homelessness to the survey. These were received via secured e-mail from homelessness service provider organisations in the city who facilitated the survey work. These were then coded to ensure anonymity and incorporated into the main findings featured in this report which provide profile of those people who took part in the consultation. Once coded, the extracted data was entered onto an Excel database for analysis.

3.4.2 Qualitative Data

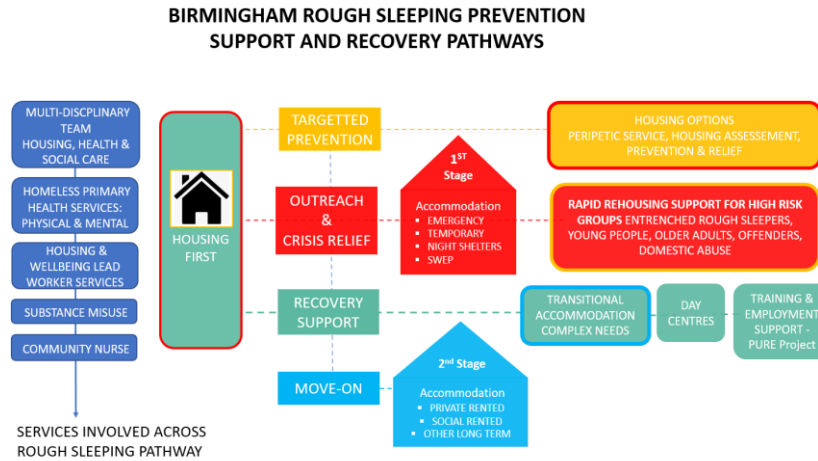
The open response questions with qualitative responses (text) were analysed and manually coded by theme e.g. accommodation, to enable key findings to emerge. Themes were identified following reading of each individual response, noting and recording recurring themes or issues. These were then collated and presented in both the Executive Summary and Key Findings section of this consultation findings report (Section 4). Respondents who selected no or not sure to the quantitative questions were promoted to provide reasons to help gain an understanding of the reasons why they choose to do so. Although respondents who selected yes (agree) to questions, actions and thematic areas (e.g. overall approach, universal, targeted, etc) of the strategy they had the option to provide comments which have also been included in the analysis presented in the 4. Key Findings section. Selected quotes have been used to illustrate themes raised by responding to the open-ended questions. In addition, to the narrative account of the responses to open text answers in the survey, 'Word Cloud' tools have been presented alongside an analysis of what respondents said, from questions 4 to 10. Word Cloud tools provide a visual representation and record frequently mentioned words featuring in the open-ended parts of the BeHeard survey. A filter was applied to exclude commonly used small words (e.g. and, of, the, etc)

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4. Key Findings

4.1 The overall approach of the strategy

In both the full-length survey and shorter easy to read version respondents were asked if they agreed with the overall approach (illustration below, Consultation Document) to rough sleeping.



From a total of 87 responses results are shown in figure 1 below: -

Fig 1: Q4. Do you agree with the overall preventative pathway approach of the strategy?	Yes		No		Not Sure		No Response	
	Count	%	Count	%	Count	%	Count	%
	77	86	2	1	7	8	1	1

Respondents were prompted to provide reasons for their answers if they selected No or Not Sure. Of those this group comments made in relation to the provision of more specific information on the types of provision available. Areas included provision for women experiencing rough sleeping, befriending services, more capacity for support services such as substance misuse.

"I agree that all care should be person centred", rough sleeping service user

Almost all responses to the free text part of the survey mentioned issues or suggested responses to concerning accommodation. Responses included broad concerns around housing low capacity and access to affordable housing; concerns around the growth of unsuitable housing; capacity and resourcing for delivering needs.



For those respondents positive of the overall approach, supportive comments were received in relation to tackling rough sleeping through providing people with support alongside their journey out of, or away from rough sleeping. Additional comments included the role of different services working collectively at all levels and sectors was frequently made, encouraging more joint action.

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4.2 Universal level approach and actions

Q5. Do you agree with our universal level approach and actions for preventing rough sleeping?

We aim to undertake measures to both to further raise public awareness around rough sleeping and to improve how services work collectively to address and prevent rough sleeping. Our key actions include: -

- Development of a communication plan that is regularly updated to raise public awareness and understanding of issues, informing them how they can they can respond to rough sleeping.
- Working with voluntary and community faith sector groups responding to rough sleeping to promote good practice and COVID considerations.
- Rolling out multi-agency processes and protocols such as data and information sharing arrangements to:
 - Enable the delivery of joined-up support rough sleepers in their journey off the streets.
 - Use collective learning from multi-agency processes such as adult safeguarding reviews and information sharing protocols, to continuously improve services responding to rough sleeping. A key example in this area includes investigation, learning and action to prevent rough sleeper deaths.

Figure 2: From a total of 82 responses to this question results are shown below: -

Fig 2: Q5. Do you agree with our universal level approach and actions for preventing rough sleeping?	Yes		No		Not Sure		No Response	
	Count	%	Count	%	Count	%	Count	%
	72	88%	1	1.3%	9	11%		

Respondents were prompted to provide reasons for their answers. People supported the actions listed particularly raise people’s awareness through communication and expressed a need for access to more information on “how-to best help”.

“People who have been rough sleeper's themselves can provide in-depth knowledge of their experiences which can then help shape how services can best engage with rough sleepers.”

(Person with lived experience of homelessness, September 2020)



Involvement of people with lived experience of rough sleeping and homelessness was an area strongly put forward or expressed in comments received in relation to this question, as means to evaluating the impact or improving services to prevent or learn from ‘near misses’.

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4.3 Targeted approach and actions

Question 6: Do you agree with our targeted actions and approach to preventing rough sleeping?

We want to target prevention efforts at gaps in provision for individuals from vulnerable groups most at risk of rough sleeping. Working in partnership with homeless prevention partner organisations and the wider care and support sector, including health and social care services, the groups we have identified are:

- Vulnerable single adults (and couples without children)
- Young people (including those who are care experienced)
- Prison leavers (offenders)
- Specific provision for women and people affected by domestic abuse

Figure shows a total of 81 responses to this question results are shown below: -

Fig 3: Q6. Do you agree with our targeted actions and approach to preventing rough sleeping?	Yes		No		Not Sure		No Response	
	Count	%	Count	%	Count	%	Count	%
	71	88%	2	2.3%	7	8.5%		

Respondents were prompted to provide reasons for their answers. Starting with analysis of responses covering people who selected unsure and no to this question with responses, key issues raised included greater clarity in terms the linked targeted interventions. Specifically, the need to put in place upstream specialist provision and responses for ‘women and girls’ affected by rough sleeping which featured prominently in a number of responses.

*“Massive focus on drug services needed + domestic abuse”,
Under25, rough sleeping service user, September 2020*

A common theme included managing risk of rough sleeping through suitable accommodation options and support provision and relevant specialist services. Examples of other specialist services included immigration and nationality status advice which could targeted to prevent rough sleeping through more timely intervention.



In addition, specific to accommodation concerns and opportunities around the management of exempt accommodation for single people was an area frequently included in response to this question.

Housing First was put forward as a positive solution mentioned by all 4 main respondent groups (see 4.8 for who responded).

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4.6 Move-on approach and actions

Question 9: Do you agree with the approach and priority actions for helping people to move-on from rough sleeping?

Core actions specifically in relation to improving move-on options for rough sleeping include: -

- Co-locating BCC Housing Options services with voluntary sector provision to provide enhanced access to for those clients potentially on pathway to rough sleeping – particularly single adults (and couples without children).
- Assessing and making better use of existing supported exempt accommodation sector housing across the city where this is appropriate for supporting planned moves out of emergency accommodation.
- Maximising national, regional funding and other opportunities to secure move-on opportunities for rough sleepers such as the Rough Sleeping Initiative (RSI), Everyone-In, Next Steps Accommodation, West Midlands Combined Authority RSI.

From a total of 81 responses to this question results are shown below in figure 6: -

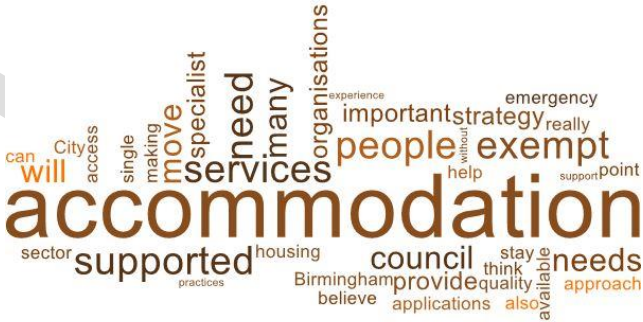
Fig 6: Q8. Do you agree with the approach and priority actions for helping people to move-on from rough sleeping?	Yes		No		Not Sure		No Response	
	Count	%	Count	%	Count	%	Count	%
	65	80%	1	1.2%	15	18.5%		

Respondents that selected no or unsure were prompted to provide reasons for their answers.

For those who were unsure the key concerns raised were in relation to accommodation, its quality and whether or not it would include the provision of adequate support where needed.

“before maximising the use of supported exempt accommodation the consultation should consider what regulatory/auditing practices it can put in place for supported exempt providers and how this can be monitored independently”

(person working the homelessness sector, September 2020)



Quality issues with regards to accommodation were raised in relation to exempt accommodation alongside the need for move-on to provide more long-term affordable rented housing options. Other comments raised included practical support in the move-on process, such as equipping properties with furniture and essential white goods.

Numerous responses welcomed the action to maximise funding opportunities to develop new housing options for single homeless households, with some seeking more details. One suggestion related to this action included supporting multi-partner bids, with the council working with and drawing, in a greater number of partners to maximise these opportunities, to develop move-on services and accommodation.

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This theme was closely linked to the role of services and individuals accepting support and beginning their journey off the streets. The importance of having a trusted individual or key worker helping rough sleepers' access or navigate services to help with access support and services necessary to access and sustain accommodation was included in responses. At general level many pointed to the view that many people who find themselves homeless without adequate support simply lacked the necessary self-confidence which in turn presented barriers in accessing help.

Specific groups and client needs raised in the responses included, homeless migrants. This also included response from people with lived experience who felt that having the right support available at the right time would have potentially avoided them having to resort to rough sleeping. More broadly there was a widely shared view that 'homeless migrants', should have the same options available to everyone else and not just during the COVID-19 pandemic, which came about through the Everyone-In initiative, through temporary waiver of access to public funds.

Several comments concurred or advocated with the need to establish multi-agency approaches in order to respond to the range of different needs presented by people sleeping rough.

Services

"There needs to be a "lived experience" cohort - discussions should be held alongside BCC and these groups" (person working in the 'homelessness sector, September 2020)

The role and significance of other services such as the police in signposting vulnerable people into rough sleeping services were included as positive example of how public service respond to rough sleeping. Many responding suggested other services that could be better connected with homelessness and rough sleeping were health and wellbeing services.

Suggestions received from people working in the homelessness sector included developing trauma informed services, peer mentoring support for any services supporting individuals with multiple needs. Investment in front line and key workers such as navigator support workers was received positively. Investment in upskilling staff to better support people with multiple needs was also mentioned.

People with lived experience of homelessness and rough sleeping also felt they had a role to play in shaping and evaluating services, with offers of involvement to bringing in experiences of service users and expertise made by frontline community and voluntary sector organisations.

"I like the Change into Action Approach" Young Person (u25) with experience of rough sleeping

Other issues raised in response to this question featured comments in relation to developing more alternative giving schemes, educating the public and concerns around begging. One interesting suggestion included developing or linking local social enterprises run to help with resettlement or moving into independent accommodation.

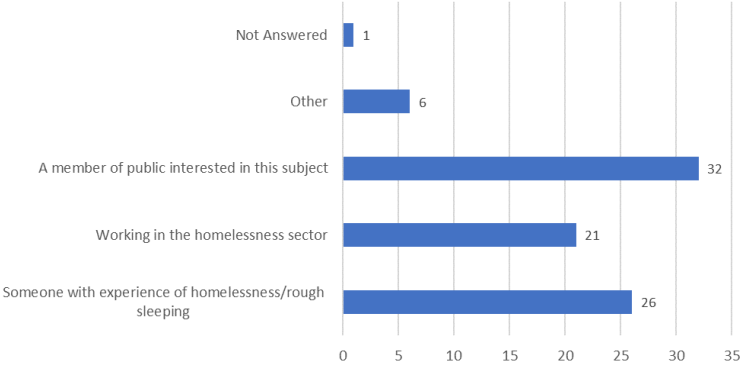
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4.6.1 Who responded?

In total 87 responses to the consultation were received – from online Be-Heard Survey, targeted completions of the survey through face to face completions with people with lived experience of rough sleeping or homelessness by range of service provider organisations in Birmingham (St Basil’s, CGL, SIFA Fireside).

The majority of respondents (Figure 7) were members of the general public 37%, closely followed by people with experience of homelessness or rough sleeping (30%) and a quarter of respondents working specifically within the homelessness sector.

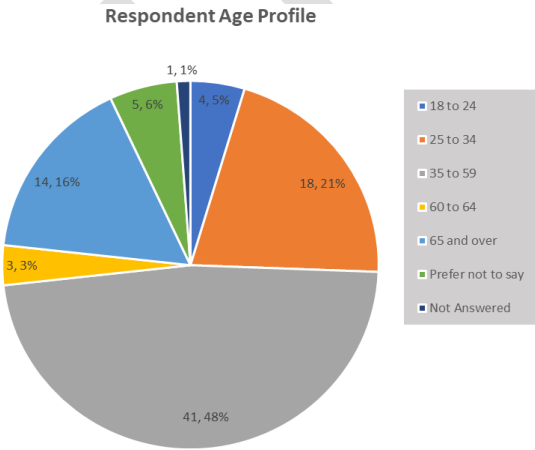
Figure 7: What Best Describes Your Interest in this consultation



4.6.2 What age group applies to you?

All age groups were represented in the consultation (Fig.8 left) the largest share were 35 to 59 years of age (48%), followed by 18 to 24 years of age (21%) and 25 to 34 years of age (16%).

Figure 8: Which age group applies to you?



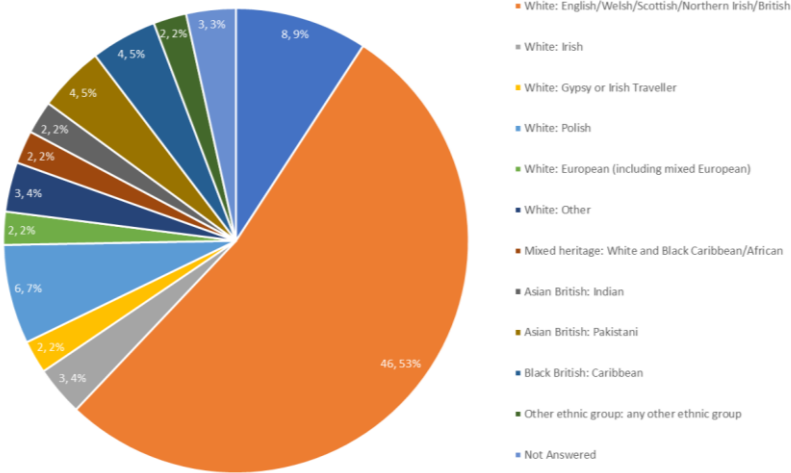
4.6.3 What is your gender

49% of respondents were male and 45% female. The remaining respondents did not state their gender or preferred not to state their say

4.6.4 What is your ethnic group?

Just over half of the respondents (figure 8) described their ethnic groups as white British (53%). 14% of respondents identified their ethnic group with a BAME community and 12% of respondents did not answer this question or preferred not to state their ethnicity.

Figure 8: What is your ethnic group



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4.6.5 What is your sexual orientation?

- Heterosexual, 77.61%
- Bisexual, 2.99%
- Gay or Lesbian, 5.97%
- Other 1.49%
- Prefer not to say 11.94%

4.6.6 What is your religion or belief?

The majority of respondents reported that their religion or belief was Christian (38.81%). This was closely by respondents who were of no religion or belief (34.33%). 13.4% preferred not to disclose information on their religious belief.

- Prefer not to say 13.43%
- No religion, 34.33%
- Christian (all churches & denominations), 38.81%
- Buddhist, 1.49%
- Muslim, 3%
- Sikh, 3%
- Other, 6%

5. Conclusion

The consultation period of 42 days provided limited time for the testing and refinement of methods, needed to engage with people with lived experience of homelessness and rough sleeping, in a public health pandemic, requiring consideration to issues such as social distancing. COVID-19 social distancing and enhanced lock down measures presented some challenges in terms of deploying planned consultation activities, with traditional face to face consultation methods, such as focus groups, facilitated discussion no longer being possible during the localised lockdown measures.

Despite the challenges, the consultation benefitted from having access to frontline rough sleeping services, which as key worker services in the COVID-19 pandemic had retained contact with the critical consultees, people with lived experience of homelessness and rough sleeping. The allocation of additional time to the original 42 consultation period was necessary as well as the deployment of an Easy-to-read, shorter consultation, alongside the full version of the survey featured on BeHeard. Despite these factors 30% of (26 people) respondents that took part in the consultation had a lived experience of homelessness or rough sleeping, a sizeable number of people in relation to overall numbers of people sleeping rough.

Overall the online only Be-Heard response rate would have benefited from being more visible – a simple method to increase visibility would have been to include a link to the survey of the main Birmingham City Council website. Efforts were made to include link to the survey via other external webpages with BVSC website featuring – this helped boost responses. Exploring additional opportunities would have also been beneficial.

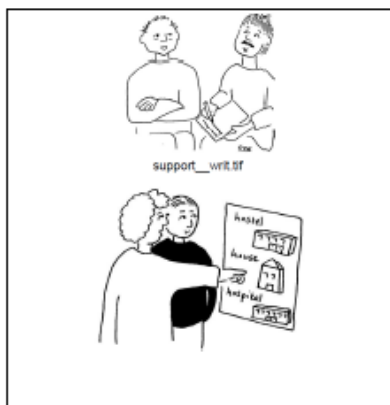
6. Recommendations

Explore opportunities to expand consultation and engagement on rough sleeping over the course of the delivery of actions on rough sleeping through: -

- Establishing service user group to support evaluation and service improvement for rough sleeping services drawing from existing forums and mechanisms
- Carry out annual surveys with rough sleeping community in conjunction or as part of rough sleeping street counts or outreach work.

Questions we are asking about the Birmingham Rough Sleeping Strategy

October 2020



This leaflet is easier to read



clipboard.tif

We want to know what you think about our plans to help people sleeping rough.

If you think they are good ideas, tick Yes,

Yes, I agree

If you think it is a bad idea, tick No,

No, I disagree

If you are not sure or don't know, tick Not Sure,

Not Sure, I don't know



1. See 'Overall Approach to rough sleeping' part of the Easier to Read consultation summary.

1. From their first night off the streets, moving into long term accommodation or help with accessing other services - We think helping people off the streets involves treating people as individuals and putting in place support from number of different services, at key stages their journey.

Do you agree or disagree with this idea?
(Please tick one box only)

Yes, I agree No, I disagree

Not Sure, I don't know

Please tell us the reason for your answer: (5 lines of space)

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See 'What are we trying to achieve' part of the Easier to Read consultation summary

2. We think there are 5 levels of action needed in Birmingham to prevent and respond to rough sleeping in Birmingham. These are listed below (1-5).



1. Informed citizens, communities and services at all levels working together providing a better overall response to the issue across the city.
2. Accommodation and support for people at greatest risk of rough sleeping— young people, older singles, offenders and women
3. Ensuring we have enough accommodation and help for anyone faced with rough sleeping
4. Supporting people with their recovery and onward support to access – health (physical and mental), community social support or care, education, training, employment, volunteering
5. More options for moving-on from and out of emergency accommodation

Do you agree or disagree that these are the right things to do?

Yes, I agree

No, I disagree

Not Sure, I don't know

3 lines of space

3. Please tell us your thoughts and views what needs to be included.



3 lines of space

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About you

We would like you to tell us some things about you.

You do not have to tell us if you do not want to, but if you do it will help us to plan what we do next.

Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law. You can see more information about data protection on our website at: www.birmingham.gov.uk/privacy

Are you? Please tick () one of the boxes

How old are you?

Please tick () one of the boxes

I am:

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 45 – 49 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 16 – 19 | <input type="checkbox"/> 50 – 54 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 20 – 24 | <input type="checkbox"/> 55 – 59 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25 – 29 | <input type="checkbox"/> 60 – 64 | |
| <input type="checkbox"/> 30 – 34 | <input type="checkbox"/> 65 – 69 | |
| <input type="checkbox"/> 35 – 39 | <input type="checkbox"/> 70 – 74 | |
| <input type="checkbox"/> 40 – 44 | <input type="checkbox"/> 75 – 79 | |

Are you: Please tick () one of the boxes

- Male
 Female
 Prefer not to say

Disability: Do you have any physical or mental health conditions or illnesses that last or are expected to last 12 months or more?

Please tick () one of the boxes

- Yes No Prefer not to say

If yes, do any of your conditions or illnesses affect you in the following ways?

Please tick () the boxes that apply to you

- Vision (such as difficulty seeing, blindness, or partial sight)
 Hearing (such as difficulty hearing, deafness or partial hearing)
 Mobility (such as difficulty getting around, walking short distances or climbing stairs)
 Dexterity (such as difficulty using your hands, lifting and carrying things)
 Learning or understanding or concentrating (such as difficulty learning things)
 Memory (such as difficulty remembering things)
 Mental health (such as bi-polar, anxiety, depression)
 Stamina or breathing or fatigue (such as getting tired very quickly, breathing problems)
 Socially or behaviourally (such as autism, attention deficit disorder or Asperger's Syndrome)

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Your ethnic group:

Please tick () one of the boxes

White

- English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Polish
- Baltic States
- Jewish
- Other white European (including mixed European)
- Any other White background (Please tell us)

Mixed/ multiple ethnic groups

- White and Black Caribbean/African
- White and Asian
- Any other Mixed background (Please tell us)

Asian/ Asian British

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Afghani | <input type="checkbox"/> Bangladeshi | |
| <input type="checkbox"/> British Asian | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Indian (Sikh) | |
| <input type="checkbox"/> Indian Other | <input type="checkbox"/> Kashmiri | |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Any other Asian background (Please tell us) | | |

Black African/ Caribbean/ Black British

- African
- Black British
- Caribbean
- Somali
- Any other Black/African/Caribbean background (Please tell us)

Other ethnic group

- Arab
- Iranian
- Kurdish
- Yemeni
- Any other ethnic group (Please tell us)
- Prefer not to say

What is your sexual identity?

Please tick () one of the boxes

- Bisexual
- Gay
- Lesbian
- Heterosexual or straight
- Other (Please tell us).....
- Prefer not to say

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

What is your religion or belief?

Please tick () one of the boxes

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please tell us)
.....
- Prefer not to say

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

Annex B

Consultation Questionnaire – Be Heard (long Version)

Rough Sleeping: Homelessness Strategy Consultation

Overview

We are consulting members of the public on our Rough Sleeping Addendum. Forming part of our overall Homelessness Prevention Strategy this document specifically sets out the approach and key areas of action being taken in response to rough sleeping over the next three years.

The data collected through the survey is anonymous, so you cannot be identified from what you have said. We plan to publish the findings from the survey at a population rather than an individual level (for example in numbers and graphs using summary results). Any quotes used from answers will remain anonymous.

Further details information and details about this consultation are found in the following three related documents:

- Rough Sleeping Addendum Consultation Document.
- Rough Sleeping Addendum 2020 Strategy Document.
- Rough Sleeping Needs Analysis (January 2020).

Why we are consulting

Over the last three years there have been several significant local and national developments relating to rough sleeping. This consultation will help inform our strategy which we will publish later this year.

1. What is your name? - (not needed - used for confirmation for web responses only)
2. What is your email address? (not needed - used for confirmation for web responses only)
3. What best describes your interest in this consultation? (Highlight or delete for other describe in text box)
 - Someone with experience of homelessness/rough sleeping
 - Working in the homelessness sector
 - A member of public interested in this subject
 - Other

4. Do you agree the our overall approach of the strategy?

Our overall approach in this strategy is based on embedding comprehensive and preventative solutions that provide pathways out of rough sleeping. By this we mean not only providing personalised relief at the point of crisis to get someone from the streets and into services, but also responses that are capable of:-

- Preventing rough sleeping in the first place
- Supporting recovery and moving-on from rough sleeping.

Do you agree with overall approach of the strategy? (Highlight or delete yes/no/unsure for other describe in text box)

- Yes
- No
- Not Sure

If you selected no or not sure to this question please tell us why?

5. Do you agree with our universal level approach and actions for preventing rough sleeping?

Our rough sleeping strategy includes action taken several levels in response to rough sleeping. Universal level action refers to the role of all services, including the public and community have in responding to rough sleeping. Our actions at this level cover: -

- Raising public awareness around rough sleeping including how to help.
- Improve how services work collectively prevent rough sleeping through continuous learning and improvement.
- Work with voluntary, community sector and faith sectors to promote COVID considered community outreach and support.

For details please see page 4 of Rough Sleeping Addendum Consultation Document and Rough Sleeping Addendum 2020.

(Highlight or delete yes/no/unsure for other describe in text box)

- Yes
- No
- Not Sure

If you selected no or not sure to this question please tell us why?

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

8. Do you agree with the approach to rough sleeping recovery and additional actions?

To deliver sustained reductions in rough sleeping our response needs to do more than just provide a roof. For many, recovery from rough sleeping involves coordinated support across the housing, health, social care and community sectors. On-going recovery initiatives in this area include: -

1. Birmingham's Housing First programme which is providing continued long-term wrap-around support and settled accommodation to over 100 formerly homeless rough sleepers.
2. Lead Worker and Accommodation services providing specialist housing and wellbeing support to groups at higher risk of rough sleeping
3. Inclusion - Tailored help with access into education, training and employment

Additional areas for action include: -

- Specific accommodation provision for those most vulnerable with high support, health and personal care needs.
- Ensuring professional and community sector support is readily available when Covid-19 as lockdown measures ease and change.
- Identifying and addressing gaps specific provision for female rough sleepers.

(Highlight or delete yes/no/unsure for other describe in text box)

- Yes
- No
- Not Sure

If you selected no or not sure to this question, please tell us why?

7. Do you agree with our rough sleeping crisis response approach and actions?

Frontline services from housing, health, social and care work alongside rough sleeping outreach services in crisis stage settings. Collectively these provide a core offer of accommodation, personalised support and onward referrals into other services to provide relief and recovery from rough sleeping.

Our key areas of action include: -

- Embedding multi-agency working arrangements covering the full range of issues amongst rough sleeping community.
- Ensuring there is room for all people on the streets including severe weather emergency provision in way that is safe and meets COVID-19 requirements.
- Putting in place a team of service navigators to support the most entrenched long-term rough sleepers into services and accommodation.
- Establishing clearer support pathways for destitute rough sleepers with no public funds and having in place reconnection support to those arriving on the streets from outside of the city.

For details see pages 5 & 6, Rough Sleeping Addendum Consultation Document.

(Highlight or delete yes/no/unsure for other describe in text box)

- Yes
- No
- Not Sure

If you selected no or not sure to this question please tell us why?

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

9. Do you agree with the approach and priority actions for helping people to move-on from rough sleeping?

For anyone sleeping rough, when they are ready to move out of emergency accommodation, there needs to be adequate levels of move-on accommodation available across council, housing association and private rented sectors. Core actions specifically in relation to improving move-on options for rough sleeping include: -

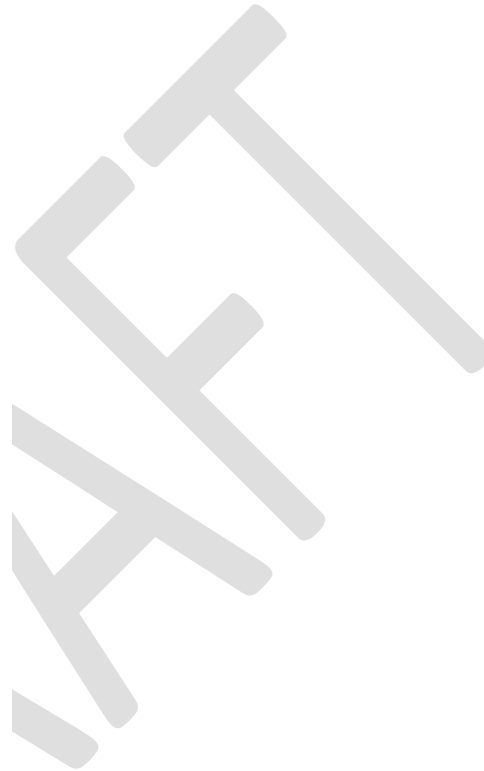
- Co-locating BCC Housing Options services with voluntary sector provision to provide enhanced access to for those clients potentially on pathway to rough sleeping – particularly single adults (and couples without children).
- Assessing and making better use of existing supported exempt accommodation sector housing across the city where this is appropriate for supporting planned moves out of emergency accommodation.
- Maximising national, regional funding and other opportunities to secure move-on opportunities for rough sleepers such as the Rough Sleeping Initiative (RSI), Everyone-In, Next Steps Accommodation, West Midlands Combined Authority RSI.

(Highlight or delete yes/no/unsure for other describe in text box)

- Yes
- No
- Not Sure

If you selected no or not sure to this question, please tell us why?

10. Any further comments?



ROUGH SLEEPING

BIRMINGHAM HOMELESSNESS PREVENTION STRATEGY CONSULTATION

CONSULTATION DOCUMENT

Working together to end street homelessness



Making a positive difference everyday to people's lives



Introduction

We are consulting members of the public on our Rough Sleeping Addendum which forms part of our overall Homelessness Prevention Strategy 2017+. Since 2017 there have been several significant local and national developments specifically relating to rough sleeping.

- **April 2018** - Birmingham was one of three regional pilot areas in the country to establish Housing First with partners across the West Midlands Combined Authority, offering those who have experienced rough sleeping, with chronic health and social care needs a stable home from which to rebuild their lives, through the offer of intensive wrap around support.
- **August 2018** - the Government published a National Rough Sleeping Strategy setting a goal to end rough sleeping in England by 2027. Alongside a package of short term funding the government announced it would require local authorities to update their existing Homelessness Strategies detailing specific work being undertaken in response to rough sleeping.
- **November 2019** - following eight consecutive annual increases in the numbers of people sleeping rough, there was 42% reduction which continued moving downwards in early 2020.
- **March 2020** - as part of its emergency COVID-19 public health measures, the Government issued an 'Everyone-In' instruction and additional accommodation funding to local housing authorities, in order to accommodate anyone sleeping rough on the streets including people who traditionally had limited access to own to their local services as rough sleeping rough. This resulted in reduction of 80% in rough sleeping less than 6 months.

Background

Multiple services are involved in meeting the needs of people sleeping rough. These are normally initiated through street-based outreach services linking rough sleepers to key services including emergency night shelters, housing options, specialist physical and mental services such as substance misuse and housing and wellbeing recovery support and prevention. Often people who sleep rough will need several of these services at once operating across public, voluntary and private sectors, requiring a coordinated approach to provide timely support.

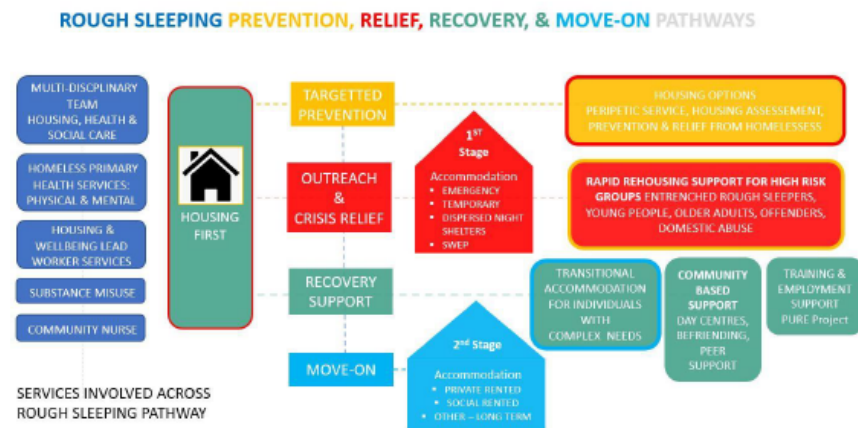
We would like you to tell us what you think by about overall approach and core actions in response to rough sleeping be completing the questionnaire. Below are documents provide more detail and background information in relation to this consultation. Rough Sleeping Addendum, Rough Sleeping Needs Analysis Jan 2020.

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

Overall Approach – prevention, relief and recovery from rough sleeping

Our overall approach to achieve sustained reductions in rough sleeping is based on embedding comprehensive and preventative solutions to provide pathways out of rough sleeping. By this we mean a safety-net (figure 1) from rough sleeping that is capable of offering personalised support which can be adapted to the individual's needs capable of preventing rough sleeping, provide relief at the crisis point being roofless on the streets and enable people to recover and move-on from rough sleeping.

Figure 1: Illustration of rough sleeping pathway



Based on our Birmingham Homelessness Prevention Strategy 2017+, draft actions area set out at 5 levels or framework domains figure 2).

Core actions identified under each of these levels of action capture both on-going and planned activity in relation to tackling and responding to rough sleeping

After concluding consultation on this strategy, a 3-year action plan will be published with strategy and be routinely reviewed and refreshed on annual basis. The draft priority actions under each of the five themes are described in more detail (pages 4,5,6)

Rough Sleeping Addendum - Draft Priority Actions 2020-2023

1. Universal prevention

We aim to undertake measures to both to further raise public awareness around rough sleeping and to improve how services work collectively to address and prevent rough sleeping. Our key actions include: -

- Development of a communication plan that is regularly updated to raise public awareness and understanding of issues, informing them how they can they can respond to rough sleeping.
- Working with voluntary and community faith sector groups responding to rough sleeping to promote good practice and COVID considerations.
- Rolling out multi-agency processes and protocols such as data and information sharing arrangements to:
 - Enable the delivery of joined-up support rough sleepers in their journey off the streets.
 - Use collective learning from multi-agency processes such as adult safeguarding reviews and information sharing protocols, to continuously improve services responding to rough sleeping. A key example in this area includes investigation, learning and action to prevent rough sleeper deaths.

2. Preventing rough sleeping in the first place

We want to target prevention efforts at gaps in provision for individuals from vulnerable groups most at risk of rough sleeping. Working in partnership with homeless prevention partner organisations and the wider care and support sector, including health and social care services, the groups we have identified are:

- Vulnerable single adults (and couples without children)
- Young people (including those who are care experienced)
- Prison leavers (offenders)
- Specific provision for women and people affected by domestic abuse

These groups and their precarious housing circumstances they find themselves in, require timely multi-agency support and accommodation offers to prevent falling into the crisis of homelessness and sleeping on the streets. Locally investment in specialist Lead Worker and accommodation services for these client groups have also been established to offer early personalised and flexible onward support staying in place individuals as they progress with their move-on plans into settled housing or supported accommodation. Key actions in this area include: -

Figure 2: Prevention Framework Domains

1	Universal - Prevention
2	Preventing Rough Sleeping in the First Place
3	Crisis Relief
4	Recovery
5	Move On

APPENDIX 1: ROUGH SLEEPING ADDENDUM CONSULTATION FINDINGS REPORT

- Enhancing access to housing advice, prevention and rights for single homeless/childless couples, over 25's
- Putting in place clearer routes into local authority temporary accommodation to ensure the risks of rough sleeping for single adults is minimised.
- Engagement with providers of supported exempt accommodation to promote good practice opportunities in reducing homelessness and rough sleeping.

3. Crisis Relief

Expanded in 2019 Birmingham's Rough Sleeping Outreach Service operates closely with a range of housing, health, social and other critical support services, in crisis settings. Examples include drug and alcohol treatment support and mental health, housing navigators and multi-disciplinary hospital discharge teams. Building upon this and additional investment in health services for rough sleepers, our key areas of action include: -

- Embedding multi-agency working arrangements covering the full range of issues amongst rough sleeping community.
- Establishing clearer support pathways for destitute rough sleepers with no public funds and reconnection support to those arriving on the streets from outside of the city to their local authority.
- Putting in place a team of service navigators to support the most entrenched long-term rough sleepers into services and accommodation
- Ensuring there is room for all people on the streets including severe weather emergency provision in way that is safe and meets COVID-19 requirements.

4. Recovery

For many, recovery from rough sleeping means more than a roof, with coordinated support across the housing, health, social care and community sectors involved. Ongoing key initiatives in this area include Housing First launched in 2018 as part regional pilot and local Lead Worker services established 2019, serving a range of different communities a greatest risk of homelessness and rough sleeping. Whilst different both provide wrap-around housing and wellbeing support on range of needs. Housing First is currently helping over 100 people with a high level of complex or multiple needs that were previously sleeping rough, through securing settled accommodation and the offer of long-term intensive support. Lead Worker services provide support to single adults with complex needs, offenders, young people, domestic abuse and across a variety of accommodation settings.

In light of the COVID-19 emergency, homeless recovery is an emerging and evolving area of work. On-going activity includes EU funded PURE project in Birmingham which includes tailored help to people seeking access education, training and employment being linked to several homeless support services. To prevent homelessness leading to rough sleeping as protections from evictions and public health measures change it will be important to have in

place available professional, community and peer support. Our priority actions in this area include: -

- Putting place peer and professional to support to provide recovery support for vulnerable homeless groups at risk of risk returning or falling into rough sleeping.
- Exploring with the community and faith sectors ways in which to promote good practice opportunities in order to put in place community-based recovery support.
- Identifying and addressing gaps in provision for female rough sleepers.

5. Move-On

The overall shortage of available affordable accommodation continues to present challenges in terms of adequate levels and types of suitable accommodation across the city to the meet overall current and future housing needs. For anyone sleeping rough, when they are ready to move out of emergency accommodation, there needs to adequate levels of move-on accommodation available across council, housing association and private rented sectors. Core actions specifically in relation to improving move-on options for rough sleeping include: -

- Co-locating BCC Housing Options services with voluntary sector provision to provide enhanced access to for those clients potentially on pathway to rough sleeping – particularly single adults (and couples without children).
- Assessing and making better use existing supported exempt accommodation sector housing across the city where this is appropriate for supporting planned moves out of emergency accommodation.
- Maximising national, regional funding and other opportunities to secure move-on opportunities for rough sleepers such as the Rough Sleeping Initiative (RSI), Everyone-In, Next Steps Accommodation, West Midlands Combined Authority RSI.

Thank you taking the time to read this document and responding to the on-line survey.