



Preventing Rough Sleeping in West London

Ieuan ap Rees, West London
Homelessness Coordinator &
Naomi Morris , St.Mungos

Introductions

Brief

- How we are working together to prevent rough sleeping?
- What have we achieved & what do we aim to achieve?
- Challenges faced & how overcome
- Positive outcomes
- Improved service for customers

The bid

- HoPE project - needed to be different
- Partnership with St.Mungos
- Built on HoPE & NFNO
- Not NFNO
- Savings for NHS (STP bid) & other public bodies
- Targets set between NFNO & HoPE (418)

Set up

- Waiver of procurement rules
- Specification, contract & MoU
- Referral criteria & form
- Safe Space
- Recruitment
- Delays
- Slow start

The Model

- Safe space – office & beds
- Staff
- Surgeries in boroughs
- Referrals & criteria
- Assessing risk of rough sleeping
- Intensive interventions
- Mediation & PRS access

Achievements

- Achieved double the targets
- Mediation
- PRS access
- Relationships with boroughs
- Monthly monitoring
- Smooth transition to HRA

Aug. 2017 – April 2018

- 531 referrals
- 96 rejected
- 397 taken on for casework
- 68 unsuccessful outcomes
- 280 successful outcomes (418 target for 2 years)
- 118 mediation
- 126 PRS

Good practise

- How to identify risk of rough sleeping
- When to refer
- Prevention techniques – what works
- Practicalities
- Links into other services

Case studies

Client A was referred to the service following an eviction from NASS Accommodation. He had no family or friends in the UK to support him and was at high risk of Rough Sleeping. He was assessed by a Rough Sleeping Caseworker and supported to access interim accommodation through Refugees at Home. He stayed with a host family and was supported by his Caseworker to find employment. He was then able to find a shared room in Private Rented Accommodation.

Client B was referred to the service after experiencing a marital breakdown. He had been staying with friends sofa surfing but was running out of people to stay with and was assessed as at medium risk of Rough Sleeping by his Caseworker. He actively engaged in attending viewings that were sent to him and quickly utilised Private Rented Accommodation. He was supported to set up a child care arrangement with his ex-partner so he could spend time with his child at his home address.

Case Studies

Client C was asked to leave his mothers house due to a relationship breakdown. He had been diagnosed with a Personality Disorder and his aggressive behaviour was putting his mother at risk. The client was moved in to the Safe Space whilst his Caseworker negotiated another option for him. The client was assessed as having relatively high support needs and his Caseworker doubted that the client would be able to cope in his own tenancy. A referral form supported accommodation through the Local Authority was completed and the client was supported to access accommodation with 24/7 support.

Challenges

- Decanting existing residents
- Focus on PRS ready / low needs
- HRA
- Under 35s – rooms unaffordable
- Lack of floating support
- Engagement with 7 boroughs
- Challenging decisions

Positive Outcomes

- Volume & quality of referrals
- High success rate
- Preventative approach
- Effective assessment process
- Partnership working with landlords and housing associations
- Supporting clients to accept out of London offers

Development

- Engaging with other agencies – JCP, CAB
- Employment support
- Tenancy sustainment
- Future funding

Over to You

- What are you doing to prevent rough sleeping?
- What are the biggest challenges?
- How do you plan to overcome them?
- How will this improve service for customers?
- What support & guidance would help?
- Please share your top point

Thank you

- Ieuan ap Rees
- ieuan.aprees@rbkc.gov.uk
- 020-7361-2829
- 07976-060394
- Naomi Morris
- Naomi.Morris@MUNGOS.org
- 07720 896307