

Homelessness Reduction and Sleeping Rough Strategy

2023 – 2028



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FOREWORD

Homelessness occurs for many reasons and can affect any household. Sunderland City Council is committed to ending homelessness and ensuring that everybody is able to secure and sustain a home which meets their needs and enables them to thrive and achieve their potential.

This strategy outlines our aims and highlights how we will support people who find themselves homeless or sleeping rough. We aim to help people as soon as possible and prevent homelessness, rough sleeping and unnecessary upset and worry.

Together with partners we deliver services to help people into accommodation and where needed access the necessary support. We support people along a 'homeless journey' where their needs are assessed, short-term accommodation and often support is offered, before the offer of their own safe and secure home.

We are aware that the homeless journey is not always simple and free of upset, but through the development of this strategy we have been able to examine our services and garner feedback which we have used to realign our service offer with current and emerging support needs. We are determined to continue to improve our services and prevent as many people as possible from experiencing homelessness.



Cllr Kevin Johnston
Dynamic City Cabinet Member



Gerry Taylor
Executive Director Health,
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INTRODUCTION

This strategy and the associated action plan for Sunderland sets out how the Council and partners will tackle homelessness and rough sleeping in the City.

Sunderland's previous Homelessness Strategy was adopted in 2019; months later a global pandemic changed the landscape of housing and homelessness. The challenges of Covid-19 were vast however the strengthening of partnership working, innovation around tackling sleeping rough and the focus on health and housing transformed services for the better.

Throughout this strategy there is a strong emphasis on the intervention and the prevention of homelessness. Preventing homelessness is more cost effective but more importantly delivers far better outcomes for the individuals concerned. Homelessness is a complex area and we have sought to gain a better understanding of the reasons for homelessness in the city.

Homelessness and the reasons for it are complex and it is important that the prevention of homelessness is viewed through a multi-agency lens and not just a housing issue. We will continue to work with internal and external partners to address the underlying issues in a proactive way.

On average around 2,000 households approach Sunderland City Council each year for assistance relating to homelessness and housing advice.

The households that contact our Housing Options Team are often known to health, the criminal justice system, social services and the Department of Work and Pensions (DWP). Quite often people are known to other local authorities outside of Sunderland. It is essential that we work with partners locally and deliver a holistic approach regionally and nationally so that we can get the best outcomes for every person and family. Together we need to tackle the root causes of homelessness by creating opportunities for people to live independently.

The Homelessness Strategy for Sunderland does not stand alone and most of the priorities and actions within it operate alongside existing strategies, plans and policies. The national and local context for this strategy is set out below.



Strategic context

NATIONAL CONTEXT

In April 2017 the Homelessness Reduction Act placed a duty on local authorities to intervene at an earlier stage to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation. The Act introduced a change to the point at which a person is classed as being threatened with homelessness from 28 days before a person is likely to become homeless to 56 days. It requires local housing authorities to provide new homelessness services to all people in their area and also expands the categories of people who they have to help to find accommodation and give advice to. A new duty is placed on local housing authorities to assess all eligible applicants' cases and agree a personalised housing plan. There is also a new duty on public bodies to notify councils when they are concerned that someone may be homeless or at risk of homelessness.

ENDING ROUGH SLEEPING FOR GOOD

On 5th September 2022 Government published their strategy to "End rough sleeping for good".

The strategy is set-out through four key themes – Prevention, Intervention, Recovery and a Transparent and Joined up System. The strategy also sets out for the first time a clear definition of what the government means by ending rough sleeping, which is that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

A HOUSING STRATEGY FOR SUNDERLAND

A Housing Strategy for Sunderland 2023 – 2030 prioritises three strategic themes: Grow, Improve and Support. As part of the "Support" theme the Council and partners aim to prevent homelessness across the City through early intervention.

The Homelessness Reduction and Sleeping Rough strategy is a standalone document however should be considered in conjunction with a Housing Strategy for Sunderland and will be delivered in line with the strategic governance arrangements of the same strategy.

HEALTH NEEDS ASSESSMENT

A Health Needs Assessment was conducted to support the drafting of the Housing Strategy for Sunderland 2022 - 2030 and the Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028. Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city grow and prosper. In order to gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. This included:

- A review of best practice and national guidelines
- Analysis of Local Authority-held data
- Health questionnaires completed by the target population
- Interviews with service users and other key stakeholders

A total of 21 recommendations across eight themes were identified and form the strategy's action plan. The complete Health Needs Assessment is attached as Appendix 1.

HEADLINE STATISTICS FROM 2020 – 2023

The below tables show data from HCLIC which is submitted to Government by the Council to analyse homelessness in the Local Authority area.

HCLIC data has been captured since the inception of the Homelessness Reduction Act 2017 and reflects the duties placed on Local Authority's to prevent and relieve homelessness within 56 days.

Prevention: where a household is threatened with homelessness within 56 days the local authority must work with the to try and prevent homelessness from occurring. E.g. A household is served a notice and must leave their property within 56 days, the local authority may attempt to mediate between household and landlord to prevent homelessness.

Relief: where a household is homeless i.e. there have no legal right, permission to stay, it is not reasonable to stay, or are sleeping rough; then Local Authority must work with them to relieve their homelessness (assist in suitable alternative accommodation) within 56 days.

Homeless, Priority Need and Unintentionally Homeless: Where a household is found to be homeless, in priority need and unintentionally homeless and they have not had their homelessness prevented or relieved then the Local Authority is duty bound to secure accommodation for that household.

The tables below show a steady increase in presentations to the local authority of households homeless or threatened with homelessness, with 2022/23 predicted to surpass 2021/22.

The reasons for presentation have remained the same over the last three-years, however the split between prevention and relief demonstrates that more households are presenting at "crisis point" i.e. there they are already homeless rather than threatened with, in some cases such as Domestic Abuse this is unavoidable however where Private Rented Tenancies have ended often the household could have contacted the Local Authority earlier for support.

In addition to this Government collects data around support needs, Table 6 shows the support needs disclosed by applicants presenting as homeless or threatened with homelessness. The average support need per case increased from 20/21 to 21/22 and only marginally reduced in 22/23. The most common consistently being: 'mental ill health'.

Table 1: Homeless Applications Received: Households homeless or threatened with homelessness within 56 days New clients registering an application	
2018/2019	1,739
2019/2020	1,816
2020/2021	1,740
2021/2022	1,846
Predicted 2022/2023 YTD	2,084

Table 3: Highest presentation reasons: Reason for loss of settled accommodation when presenting to Housing Options		
2018/2019	332	Family no longer willing to accommodate
	328	End of Private Rented Tenancy
	209	Relationship with partner ended (non-violent breakdown)
2019/2020	357	Family no longer willing to accommodate
	287	End of Private Rented Tenancy
	230	Domestic Abuse
2020/2021	341	Family no longer willing to accommodate
	287	Domestic Abuse
	153	Eviction From Supported Housing
2021/2022	376	Family no longer willing to accommodate
	267	Domestic Abuse
	217	End of Private Rented Tenancy
Predicted 2022/2023	416	Family no longer willing to accommodate
	256	End of Private Rented Tenancy
	239	Domestic Abuse

Table 3: Homelessness Prevented: where households are threatened with homelessness and this has been prevented within 56 days by the Local Authority	
2018/2019	248
2019/2020	230
2020/2021	175
2021/2022	242
Predicted 2022/2023 (YTD)	245

Table 4: Homelessness Relieved: where households are homeless and have been supported to secure accommodation within 56 days under the relief duty

2018/2019	523
2019/2020	732
2020/2021	578
2021/2022	422
Predicted 2022/2023 (YTD)	344

Table 5: Applications Accepted Homeless, Priority Need & Unintentionally Homeless: where main duty is owed by the Local Authority to secure accommodation for the household

2018/2019	27
2019/2020	57
2020/2021	94
2021/2022	182
Predicted 2022/2023 (YTD)	208

Table 6: Support needs: most frequently disclosed support needs per case

	2018/19	2019/20	2020/2021	2021/2022	Predicted 2022/2023 (YTD)
Mental Health	835	1,034	1,091	1,203	1,006
Physical ill health and/or disability	453	610	559	736	772
Offending	483	675	816	778	719
History of repeat homelessness	243	424	455	498	568
At risk of/has experienced domestic abuse	363	509	526	626	562
History of rough sleeping	195	280	275	465	484
AVERAGE number of support needs per case	2.12	2.82	3.04	3.56	3.19

KEY ACHIEVEMENTS

WE WERE SUCCESSFUL IN SECURING £991,243 FROM THE GOVERNMENTS ROUGH SLEEPING INITIATIVE 2022 – 2025. THIS FUNDS OUR:

- 7 Housing First properties – (self-contained units with intensive wrap around support)
- 5 Somewhere Safe to Stay Beds – assessment beds to allow short term stays while individuals are assessed for eligibility, priority need and appropriate accommodation
- Outreach Service – an outreach service that provides daily sweeps of the city, responds to any StreetLink notifications of individuals sleeping rough, carries out early morning outreach and plays an active part in counts to identify individuals who are sleeping rough and action groups
- 2 new posts of Move on Officer and Rough Sleeping Navigator – there was identified a gap for move on, the move on officer will work with those in temporary accommodation or short-term accommodation to free up spaces and move people on to more appropriate accommodation. RSN will be caseworker for verified individuals who are sleeping rough and take the service to the individual
- Continuation of Rough Sleeping Co-ordinator / Tenancy Sustainment Officer
- Surge Funding – used for Winter provision and bespoke funding to engage individuals sleeping rough.

ESTABLISHMENT OF THE ROUGH SLEEPING ACTION GROUP

- A multi-agency group meet to and discuss individuals sleeping rough share information and build a co-ordinated response to engaging with individuals sleeping rough in order to support them into accommodation and sustain longer term arrangements.

NEXT STEPS ACCOMMODATION PROGRAMME (NSAP) & ROUGH SLEEPING ACCOMMODATION PROGRAMME (RSAP)

- Through NSAP funding Sunderland City Council have secured 12 tenancies provided with an external support provider for those who have experienced sleeping rough or at imminent risk of sleeping rough.

TEMPORARY ACCOMMODATION

- Provided 12 self-contained apartments with support for those who have experienced sleeping rough or are at imminent risk of sleeping rough.

SAFE ACCOMMODATION DOMESTIC ABUSE

- 3 properties purchased to provide safe temporary accommodation for survivors of Domestic Abuse in line with the Domestic Abuse Act 2021. These properties are dispersed, fully furnished with support provided

SUPPORTED HOUSING IMPROVEMENT PROGRAMME (SHIP)

- £480,804 over two years secured to improve the standard of non-commissioned short term supported accommodation within the city. Working in partnership with housing benefit and environmental health the funding will allow us to review and scrutinise new schemes within the city to ensure people are receiving the appropriate support and move on within their accommodation.



STAFFING

We implemented a major Team restructure, which saw an increased number of staff and realignment of the team to allow focus on three key areas:

- INITIAL ASSESSMENT
- ASSESSMENT & PLANNING
- TEMPORARY ACCOMMODATION, MOVE ON & SUPPORT

This includes the new post of Health Navigator, which is a partnership funded post focusing on reducing health inequalities amongst individuals sleeping rough or individuals in short term or emergency accommodation.

ACCOMMODATION

Secured additional Temporary accommodation/ supported accommodation

- 6 Temporary Accommodation flats
- 2 Emergency Beds and 2 Accessible Beds in a city centre location
- 8 Units for Complex Needs Males over 2 separate units, both with concierge support service
- 9 units plus Crash Pad for Complex Needs Females
- 18 dispersed units Homeless Support Project within support

HOUSING OPTIONS IN SUNDERLAND

As mentioned above, Sunderland City Council's Housing Options Team consists of a number of roles covering initial assessment, homelessness reduction, duty of refer, domestic abuse, sleeping rough, temporary accommodation, tenancy sustainment and housing options. The council also commissions a number of services and accommodation providers. The range of accommodation types includes spaces suitable for single adults or families, emergency accommodation for those identified as sleeping rough, and spaces for women with complex needs. Several local services are also commissioned to provide advice, drop ins and outreach to identify people sleeping rough or otherwise homeless.

Currently, the council has access to 366 units for short-term accommodation needs. Seventy-two percent (262 units) of these are specifically for people threatened by or experiencing homelessness.

STRATEGIC PRIORITIES



The key strategic priorities set out within this strategy and action plan are closely aligned with Government's "Ending Rough Sleeping for Good" strategy.

The themes of prevention, intervention and recovery are specifically geared towards local needs that have been identified by service and strategy review. The actions linked to our priorities will make good headway in terms of tackling homelessness in the city and this will be supported by the City Plan, which will ensure that the right type of accommodation is delivered in the right places to meet the needs of local people. This is aligned with and supported by the Housing Strategy Action Plan which aims to maximise growth, improve existing neighbourhoods and support vulnerable people to access and maintain housing.

We know that achieving this vision in these times of financial constraint will be challenging, however with our partners we will continue to strive to achieve our ambition of ensuring that everybody has a safe home to live in and has the right level of support, or skills to be able to sustain it independently.

Priority one:

PREVENTION OF HOMELESSNESS

Preventing homelessness is much more cost effective than dealing with its consequences. More importantly, we also know that preventing homelessness and dealing with the root causes delivers far better outcomes for individuals and local communities

A recurring theme from discussions with service providers during the development of the Health Needs Assessment was the issue of access to mental health support. Internal data indicates that 67% of people seeking support around homelessness have a mental health need. There is a prevailing perception that individuals with a dual diagnosis of mental health and drug and/or alcohol dependence are excluded from mental health services unless it is a crisis situation. NICE guidelines declare that individuals should not be excluded on the basis of a dual diagnosis and we know that support can prevent situations reaching crisis point.

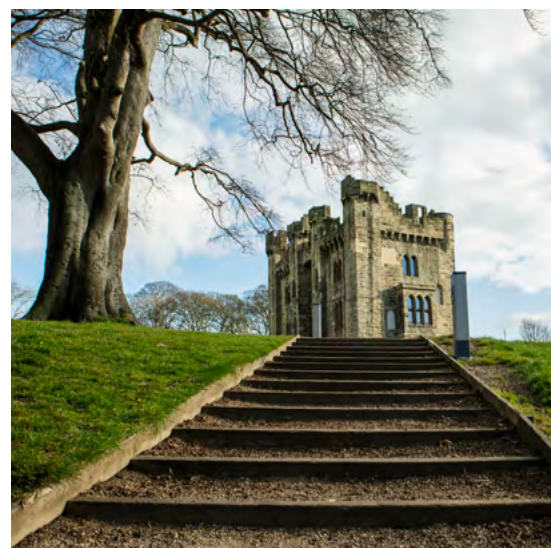
Service providers reported an increase in the number of people approaching them for help, with many individuals facing the difficult decision of whether to eat, pay rent or pay bills.

It is possible that some individuals with multiple aspects of disadvantage may experience even greater health inequalities than some of their peers. Further work to explore this will help understanding of their needs

We want to look at new and effective ways of preventing homelessness.

HEADLINE ACTIONS

- We will introduce an early intervention and prevention focused offer within Housing Options by way of a prevention toolkit
- We will provide early intervention support via a suite of financial support measures where households are affected by cost-of-living crisis to prevent them becoming homeless
- We will map support services across the City to improve access for those who need them
- Improve the data and intelligence that is gathered across the Council and partners so that there is a better understanding of demand for homeless services across all age ranges
- Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented.
- Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded
- Educate partners and public in order to dispel myths around homelessness, address stigma and understanding needs of those homeless or threatened with homelessness
- Embed trauma-informed practice within the housing team



Priority two:

INTERVENTION WHEN SOMEBODY IS HOMELESS

The right intervention when somebody is homeless is key to reducing repeat presentations. A range of support to meet the specific needs and complexities of homeless households is needed in the City.

As part of the strategy review process we have identified the most vulnerable groups who are at risk of becoming homeless and detailed the interventions we will deliver to these groups:

SURVIVORS OF DOMESTIC ABUSE AND OTHER FORMS OF VIOLENCE

The introduction Domestic Abuse Act 2021 means that Sunderland must be able to offer a range of safe accommodation choices for those who experience domestic violence and abuse according to their needs and complexities. Some can be supported in their own home when it is safe to do so. For others, immediate access to emergency short-term refuge provision may be the safest option. There is also a need to ensure there is 'through-put' in the refuges with shorter stays, quicker access in to permanent accommodation, and tenancy support through the crisis period.

SLEEPING ROUGH

The Government announced a national target to reduce instances of sleeping rough by half by 2022 and to eradicate it all together by 2027. Sunderland has been successful in five bids for Rough Sleeper Initiative funding, which has been used to provide resource and accommodation for those sleeping rough or at imminent risk of.

Whilst the counts in Sunderland continue to show low numbers there are entrenched rough sleepers who have reported a history of sleeping rough and being vulnerably housed as well as a risk of more people finding themselves sleeping rough due to external factors such as the cost-of-living crisis.

YOUNG PEOPLE AND CARE EXPERIENCED

There are a disproportionate number of people who present as homeless in the city who were in care as a child, many of them have been evicted from supported accommodation. Sunderland has a higher-than-average number of Children in Need cases and Child Protection cases. We need to ensure that strong processes and procedures are in place to support young people through this process to achieve positive outcomes.

The Housing Options Team have developed an Action Plan to improve preventative options for care leavers and now operate a joint working group established with Next Steps.

ARMED FORCES

It is important that we ensure that appropriate services and accommodation are in place to meet the needs of those in the armed forces as well as veterans and their families

ASYLUM SEEKERS AND REFUGEES

There is a discontinuation process in place and a multi-agency approach. The Housing Options Team works alongside the Vulnerable Groups team and voluntary sector organisations to intervene earlier where possible. The LA is notified as soon as someone receives their notice, the vulnerable groups team will support the applicant while the HOT team carry out assessments in line with legislation. This is to enable a smooth transition where possible for people to move from their Home Office accommodation into a long term accommodation option.

INDIVIDUALS RELEASED FROM PRISON

Following the introduction of the HRA 2017, Duty to Refer was brought in as part of that act in October 2018. Police and probation fall under the bodies who are required to notify LA's if someone is homeless or threatened with homelessness. The LA recognised that a process needs to be in place for this cohort of customers. There are now 2 Duty to Refer officers who pick up cases referred by the bodies who fall under this act. A DTR is referred into the mailbox, the DTR officer picks this up and liaises with services involved in an attempt to secure accommodation upon release from prison. Officers will attend multi agency meetings and make appropriate referrals while liaising with offending managers around risk.

INDIVIDUALS DISCHARGED FROM HOSPITAL

The Housing Options Team have a Homeless Reduction Officer based at the hospital who is situated within the Hospital Discharge team. This officer carries out assessments on the wards and attends discharge meetings. They pick up cases from general hospitals, mental health hospitals and general practitioners. This work is preventing applicants from being discharged as homeless as well as preventing bed blocking.

HEADLINE ACTIONS

- We will continue to explore and improve our temporary accommodation offer ensuring it is "need led"
- We will deliver Supported Housing Improvement Programme (SHIP) to eradicate exploitative non-commissioned short term supported accommodation providers operating within the City.
- We will provide flexible services, a range of options for safe and secure accommodation and outreach support services in their local authority area or outside their area through collaborative cross-boundary working
- Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan
- Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation
- Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage
- We will design services to support people with multiple complex needs
- Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness
- Explore options for a planned move on for young people at risk of homelessness

Priority three:

MOVE ON AND RECOVERY TO REDUCE INSTANCES OF REPEAT HOMELESSNESS

Housing supply in Sunderland is not a major problem. Supply levels remain healthy and local rent deposit schemes are in place. Where the need identified is solely a housing one then it is usually fairly easy to resolve. However, an overwhelming number of individuals presenting as homeless have multiple and complex needs resulting in exclusion from social rented tenancies and whilst accommodation in the Private Rented Sector (PRS) can be sourced it is difficult to sustain.

Support is limited, meaning that turnover is high, sustainment challenges are often linked to crisis situations and general lack of skills and understanding around tenancy issues. Around 45% of cases presenting as homeless, recorded mental ill health as a need often alongside many other needs. Tailored support and advice to these cohorts may reduce the number of households presenting in a crisis and/or repeat presentations. The average support need per person is now 3 or more including but not limited to:

- Physical ill health;
- Mental ill health;
- Substance misuse;
- Domestic abuse, and;
- Offending.

BARRIERS TO ACCOMMODATION

Move on is becoming an issue and this is usually because there are barriers in place to access permanent housing solutions. Barriers include:

- Private landlords reluctant to house even with incentives
- Suspensions to social housing providers, this is often due to former tenant arrears, anti-social behaviour, poor references or criminal activity, this can also be a combination of the above
- Physical Health issues – accessing a property that is suitable for the persons need such as wheelchair accessible
- Restrictions around convictions

NON-COMMISSIONED SHORT TERM SUPPORTED ACCOMMODATION

Non-commissioned short term supported accommodation or “exempt accommodation” plays a role in the city in terms of providing accommodation to some of the most entrenched individuals. Whilst we recognise the role it plays, there are issues with the geographical concentration of the accommodation, the cost to the local authority and the lack of support for individuals living there that there needs to be. Nationally this has been recognised as an issue and funding has been allocated to pilot solutions to this.

HEADLINE ACTIONS

- Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan
- Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation
- Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage
- We will design services to support people with multiple complex needs
- Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness
- Explore options for a planned move on for young people at risk of homelessness
- Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs
- Involving people with lived experience in research, policy review and shaping services
- Consider how social care pathways can be reviewed to be more responsive to individuals with multiple complex needs
- Explore how recovery can be built into future specifications for accommodation and support.
- Review cases of repeat presentations of homelessness to identify gaps in provision and opportunities for service improvement

Priority four:

STRONG PARTNERSHIPS

Homelessness is not a single agency issue, often a single case requires a multi agency response and the same is true of this strategy. In order to achieve success the Council must work with partners within the authority, externally and the Voluntary and Community Sector. It is vital that data is shared across partnerships to improve the service offer to households experiencing homelessness.

The North East, and in particular the Tyne and Wear authorities, have a close working relationship where best practice and consistent approaches are shared and developed, often supported by national voluntary and governmental bodies. It is important that we continue to participate in these regional forums to deliver the best outcomes for local people.

HEADLINE ACTIONS

Establish working groups as offshoots from the overall governance structure with partners to drive action plans

- Identify opportunities for further research with partners to establish the needs of homeless people across agencies
- Host a multi-disciplinary and elected Member working group to dispel myths around homelessness, begging as well as provide solutions to deliver long term sustainable accommodation options
- Ensure that opportunities to bid for funding on a regional and sub-regional basis are maximised
- Sunderland City Council to consider shadowing/ volunteering opportunities in homelessness service providers, open to all staff
- We will commit to working closely with health colleagues and developing pathways for complex needs individuals
- We will develop protocols for cross authority placements
- We will continue to work with partners across the region to ensure that they adhere to the Duty to Refer
- We will work jointly with local authorities to improve the process for prisoners being released from prison in the region



DELIVERY

The delivery Homelessness Strategy will be aligned with the overall governance arrangements of the Housing Strategy and its action plan and KPIs owned by members of the Support subgroup (governance diagram shown below).



The subgroup will report up to the Housing Strategy Review Group which will be chaired by the Portfolio Holder for Dynamic City. Operational groups will be established for task and finish projects as well as related work (e.g. Domestic Abuse Review Group) and will have a reporting relationship to the subgroup.

Subgroups will meet quarterly whilst the Housing Strategy Review Group will meet 6 monthly.

MONITOR AND REVIEW

It is important that the strategy remains current and relevant. In the fast paced world of frequent policy and legislation change we will review the strategy annually and revise if necessary.

Below is a high-level action plan to deliver each priority, behind this will be a suite of detailed actions, responsible officers and key performance indicators to be monitored and reported on.

ACTION PLAN

Priority	Key priorities	Headline actions
<p>Prevention of homelessness</p>	<p>Promote an early intervention ethos across the homelessness system</p>	<ul style="list-style-type: none"> • Introduce an early intervention and prevention focused offer within Housing Options by way of a prevention toolkit • Provide early intervention support via a suite of financial support measures where households are affected by cost-of-living crisis to prevent them becoming homeless • Map support services across the City to improve access for those who need them
	<p>Research into and review data to improve delivery of homelessness prevention</p>	<ul style="list-style-type: none"> • Improve the data and intelligence that is gathered across the Council and partners so that there is a better understanding of demand for homeless services across all age ranges • Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented. • Review funding programmes, particularly revenue, across organisations
	<p>Understand the needs of those threatened by homelessness before crisis point</p>	<ul style="list-style-type: none"> • Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded • Educate partners and public in order to dispel myths around homelessness, address stigma and understanding needs of those homeless or threatened with homelessness • Embed trauma-informed practice within the housing team

<p>Intervention when somebody is homeless</p>	<p>Improved temporary accommodation and move on offer</p>	<ul style="list-style-type: none"> • We will continue to explore and improve our temporary accommodation offer ensuring it is “need led” • We will deliver Supported Housing Improvement Programme (SHIP) to eradicate exploitative non-commissioned short term supported accommodation providers operating within the City. • We will provide flexible services, a range of options for safe and secure accommodation and outreach support services in their local authority area or outside their area through collaborative cross-boundary working
	<p>Delivery of the right support at the right time for vulnerable groups</p>	<ul style="list-style-type: none"> • Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan • Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation • Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage • We will design services to support people with multiple complex needs • Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness • Explore options for a planned move on for young people at risk of homelessness

Homelessness Reduction and Sleeping Rough Strategy

<p>Move on and recovery to reduce instances of repeat homelessness</p>	<p>Review of local delivery models to meet need</p>	<ul style="list-style-type: none"> • Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs • Involving people with lived experience in research, policy review and shaping services • Consider how social care pathways can be reviewed to be more responsive to individuals with multiple complex needs • Explore how recovery can be built into future specifications for accommodation and support. • Review cases of repeat presentations of homelessness to identify gaps in provision and opportunities for service improvement
	<p>Support to sustain tenancies</p>	<ul style="list-style-type: none"> • Provide tenancy training and a deposit guarantee via Tenant Passport into the Private Rented Sector • Work with partners including landlords, Registered Housing Providers and developers to provide sustainable and affordable housing for individuals who may be excluded • Explore the most effective model of floating support to sustain tenancies
<p>Strong partnerships</p>	<p>A partnership strategy</p>	<ul style="list-style-type: none"> • Establish working groups as offshoots from the overall governance structure with partners to drive action plans • Identify opportunities for further research with partners to establish the needs of homeless people across agencies • Host a multi disciplinary and elected Member working group to dispel myths around homelessness, begging as well as provide solutions to deliver long term sustainable accommodation options • Ensure that opportunities to bid for funding on a regional and sub-regional basis are maximised • Sunderland City Council to consider shadowing/ volunteering opportunities in homelessness service providers, open to all staff
	<p>Partnership led pathways</p>	<ul style="list-style-type: none"> • We will commit to working closely with health colleagues and developing pathways for complex needs individuals • We will develop protocols for cross authority placements • We will continue to work with partners across the region to ensure that they adhere to the Duty to Refer • We will work jointly with local authorities to improve the process for prisoners being released from prison in the region

Homelessness in Sunderland

Health needs assessment

January 2023

EXECUTIVE SUMMARY

Author: Kylie Murrell, Public Health Registrar

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PURPOSE OF THE HEALTH NEEDS ASSESSMENT



What is a health needs assessment?

A health needs assessment (HNA) is a systematic method for reviewing the health needs of a certain population. It involves the assessment of local, regional and national data, and direct engagement with the communities of interest. Recommendations from a HNA help to inform action to reduce health inequalities and improve health.

HNAs can help to identify unmet needs across groups and populations. Data from healthcare providers alone is unable to provide a complete picture, as some individuals and groups do not access (or face barriers to accessing) traditional healthcare. Therefore, a more in-depth review, involving communities directly, is more likely to uncover unmet needs and inequalities. These unmet needs may require action outside of the typical sphere of healthcare and into the wider determinants of health, which impact on health outcomes!

This HNA covers three groups in Sunderland affected by homelessness:

- People who are threatened by homelessness
- People who are currently experiencing homelessness, including homeless at home and street homeless
- People who were previously homeless/ threatened by homelessness but have since secured accommodation, including supported accommodation

The HNA was conducted to support the drafting of the Housing Strategy for Sunderland 2022 - 2030 and the Homelessness and Rough Sleeping Strategy 2022 - 2027. Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city grow and prosper.

Aims and objectives

AIMS:

- To better understand the health needs and support experiences for people in Sunderland who are threatened by homelessness, are currently homeless or have experienced homelessness previously – especially in light of the recent Covid-19 pandemic and the current cost-of-living crisis.
- To contribute to a holistic strategy and action plan, with a strong focus on prevention, to support the local homeless population.

OBJECTIVES:

- A summary of relevant national and local literature, policy and publications
- Current demographic profile of the homeless community in Sunderland
- An assessment of the primary health and support needs of those affected by homelessness
- A summary of evidence and best practice that supports the recommendations of the health needs assessment

Methodology

In order to gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. This included:

- A review of best practice and national guidelines
- Analysis of Local Authority-held data
- Health questionnaires completed by the target population
- Interviews with service users and other key stakeholders

A wide range of people, teams and organisations have been involved throughout this HNA process, either by engaging in interviews, facilitating questionnaires or providing data.

BACKGROUND TO THIS HEALTH NEEDS ASSESSMENT

What is homelessness?

Homelessness is an umbrella term covering a range of circumstances. People who have nowhere to stay and are living on the streets are considered to be homeless, but so too are thoseⁱⁱ:

- staying with family or friends
- staying at a shelter, hostel or B&B
- squatting
- at risk of domestic abuse
- experiencing violence in the home
- living in poor conditions that affect health
- separated from family because they do not have a place to stay together

Terms including roofless, houseless, living in insecure housing and living in inadequate housing are often used. Homelessness is complex; there are often multiple structural, societal and economic issues at play, alongside inequalities. The loss of paid employment, health issues, substance misuse, domestic abuse and/or relationship breakdown are common contributing factors.

Inequalities

People who are homeless report much poorer health than the general population. Ill health can be a contributing factor to homelessness and can also be caused by it (the threat of homelessness can also cause ill health). Research also suggests that people who suffer housing arrears, particularly amongst those who rent, experience an increased risk of worsening self-reported healthⁱⁱⁱ. The risk of homelessness is higher for some groups – for example, those who have spent time in prison, care leavers and former military personnel^{iv}.

In 2020¹, the mean age of death for homeless males was 45.9 years^v compared to 75.9 years for the general male population^{vi}; for homeless women it was 41.6 years compared to 80.6 years for the general female population. Males accounted for 87.8% of all deaths of homeless people^{iv}.

Homelessness is characterised by tri-morbidity: a combination of mental ill health, physical ill health, and drug or alcohol misuse^{vii}. A national audit of homelessness and health^{viii} (2014) revealed that:

- 41% of homeless people experience long-term physical health problems compared to 28% of the general population
- 45% of homeless people have a diagnosed mental health condition compared to 25% of the general population
- 36% of homeless people had taken drugs in the previous month compared to 5% of the general population

¹ ONS statistics mainly include people sleeping rough or using emergency accommodation such as homeless shelters and direct access hostels, at or around the time of death. An upper age limit of 74 years is applied to avoid accidental inclusion of elderly people who died in some institutional settings. This means that a small number of genuine deaths of homeless people aged 75 years or over might have been excluded.

Summary of National Institute for Health and Clinical Excellence (NICE) guidance

National Institute for Health and Care Excellence (NICE) guidelines released in March 2022 focused on integrated health and social care for people experiencing homelessness (NG214)^{ix}. The recommendations are summarised below (and full guidelines can be found at <https://www.nice.org.uk/guidance/NG214>):

- People with lived experience should be involved in the planning and delivery of services
- Trauma-informed care models
- Use of plain English in all written materials
- The needs of particular groups should be considered when planning and commissioning services, including LGBT+, ethnic minority groups, people with disabilities and veterans
- Multidisciplinary team OR homelessness leads within services such as primary, secondary and tertiary care, social care
- Dispensation should be given to people experiencing homelessness when they miss appointments, taking into account the additional barriers they face when accessing services
- Homeless people should not be excluded from treatment services when they have a dual diagnosis, for example they should not be excluded from mental health services if they have alcohol or drug dependency
- Outreach services should be utilised to reach more people
- The health and social care needs of people experiencing homelessness should be assessed on an individual basis
- Provide intermediate care services with intensive, multidisciplinary team support for people experiencing homelessness who have healthcare needs that cannot be safely managed in the community but who do not need inpatient hospital care
- Homelessness multidisciplinary teams or leads should support people experiencing homelessness through transitions between settings and consider providing time-limited intensive support. It should be recognised that people may be particularly vulnerable during transitions and handovers of care should be planned and coordinated
- Providing suitable accommodation can support access to and engagement with health and social care services. There is a need for a range of accommodation types. Emotional support should be provided to anyone moving to a new type of accommodation, particularly those moving to tenancy responsibilities.
- A lead for safeguarding within homelessness should be identified and Safeguarding Adults Boards should ensure that specific reference is made to people experiencing homeless in their annual reports and strategic plan.
- People experiencing homelessness do not always follow a linear recovery journey and may require ongoing support. Consideration should be given to how trust can be built and how services can offer 'open door', long-term support.
- Consideration should be given to providing training to all health and social care practitioners to improve understanding of the needs of people experiencing homelessness, health inequalities and legal duties.

Policy context

NATIONAL

The Homelessness Reduction Act 2017 (HRA) brought about the biggest changes to the rights of homeless people in England in years. It specified new legal duties on local authorities, adding prevention and legal duties to existing requirements.



FIGURE 1: SUMMARY OF HRA (SOURCE: SHELTER*)

The prevention duty requires that local authorities take reasonable steps to prevent homelessness for anyone at risk within 56 days. The relief duty instructs local authorities to take reasonable steps to secure accommodation for those who are currently homeless and eligible. Eligibility does not rely on an individual's long-term link (or lack thereof) to an area and support must be given to all homeless households, regardless of priority need status – meaning that the rights of single people, previously often overlooked, are strengthened.

Research by Crisis (2020*) showed an increase in the number of people receiving support following the introduction of the Act and the majority reported a more positive experience at their initial approach for help.

Local

Sunderland City Council has developed a City Plan (2019-2030)^{xii} to tackle key challenges and create opportunities for all. The plan sets out three key themes:

- A dynamic smart city
- A healthy smart city
- A vibrant smart city

Housing and homelessness cuts across all three of these themes with commitments to more and better housing (dynamic), reduced health inequalities (healthy) and more people feeling safe in their homes and neighbourhoods (vibrant).

The council produced a sleeping rough and homelessness prevention strategy^{xiii} in 2019 with four strategic priorities:

1. Prevention
2. Intervention
3. Recovery
4. Partnerships

It included commitments to exploring the complex factors that lead to homelessness and working in partnership to prevent these, target support to the groups most at risk, and work with the private rented sector.

HOUSING OPTIONS IN SUNDERLAND



Sunderland City Council's Housing Options Team consists of a number of roles covering initial assessment, homelessness reduction, duty to refer, domestic abuse, sleeping rough, temporary accommodation, tenancy sustainment and housing options. The council also commissions a number of services and accommodation providers.

The range of accommodation types includes spaces suitable for single adults or families, emergency accommodation for those identified as sleeping rough, and spaces for women with complex needs. Several local services are also commissioned to provide advice, drop ins and outreach to identify people sleeping rough or otherwise homeless.

RECENT TRENDS IN SUNDERLAND

Presentations

Data up to the end of November 2022 shows that new client numbers have increased each month in the current financial year, and they are currently higher than we have seen for the same period in recent years (n=1,666 year to date). This represents a 16% increase on the same period in 2021/22.

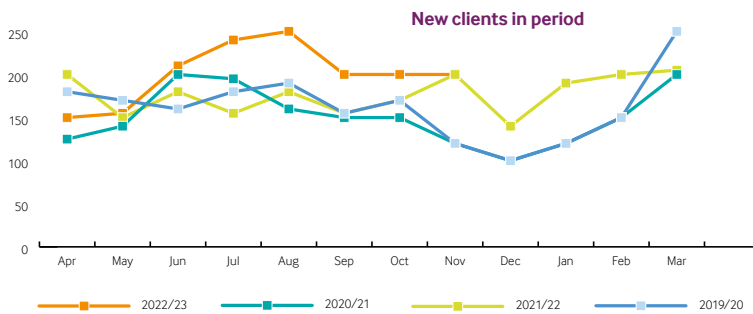


FIGURE 2: NEW CLIENT – TREND (2019/20 – 2022/23)

This trend is repeated for new Homeless Reduction Act (HRA) applications. Between April and November 2022 there were 1,367 applications, a 16% increase on in the same period for 2021 (n=1,177).

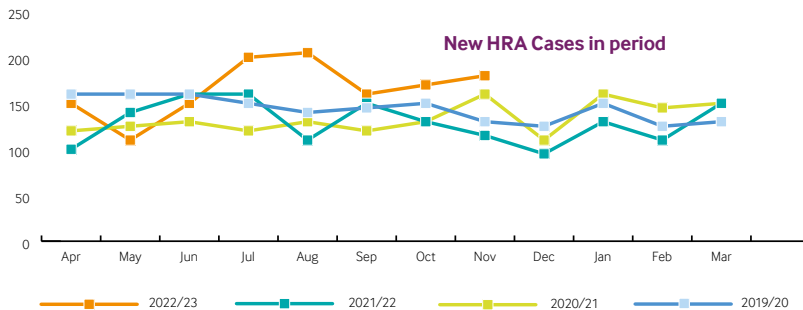


FIGURE 3: NEW HRA CASES – TREND (2019/20 – 2022/23)

The number of repeat applications is down slightly on previous years, indicating that we are seeing a greater number of people presenting for the first time.

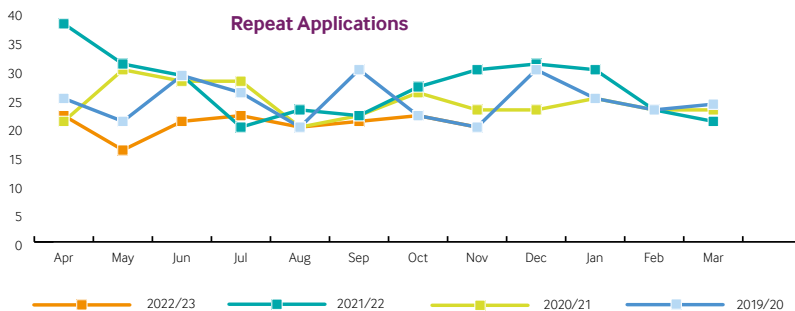


FIGURE 4: REPEAT APPLICATIONS – TREND (2019/20 – 2022/23)

Regional and national comparison

In light of the duties in the Homeless Reduction Act, local authorities are seeking to have a larger focus on prevention compared to relief. Data from the Department for Levelling Up, Housing and Communities^{xiv} shows that Sunderland had seen improvements in respect to this, with the proportion of prevention duties increasing as relief duties owed decreased during 2021/22. Data for 2022/23 is not yet complete and therefore a trend cannot be confidently identified.

Prevention duty

In the year to date, 40% of prevention duties have ended due to securing alternative accommodation for 6+ months, whilst 31% have been declared homeless. Contact has been lost with 14%.

Relief duty

In the year to date, 43% of relief duties have ended due to securing accommodation for 6+ months but 36% go beyond the 56 day window and contact has been lost with 13%.

Current data for 2022/23 (April – November) suggests that under the relief duty:

- 52% have been unsuccessful in securing accommodation despite attempts to do so
- 30% have secured accommodation through the local authority or partner organisation
- 7% have been provided with supported housing

Homeless + priority need + unintentionally homeless decisions

The number of homeless + priority need + unintentionally homeless decisions made between April and November 2022 was more than the whole of 2020/21 and, only seven months into the year, it was 80% of the 2021/22 total.

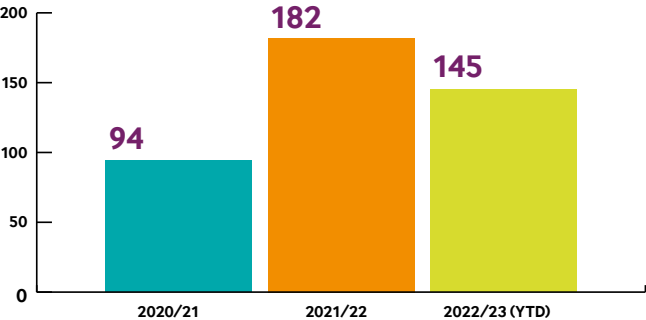


FIGURE 5: HOMELESS + PRIORITY NEED + UNINTENTIONALLY HOMELESS NUMBERS (YTD= YEAR TO DATE)

Support needs

People experience multiple exclusion homelessness if they are or have been homeless and also experienced one or more of the following: mental health issues, institutional care, substance misuse or participation in street culture activities (such as begging, sex work and shoplifting)^{xv}. A review of support needs for HRA cases in Sunderland between April and November 2022 shows that two thirds had a history of mental ill health and many had other complex needs and backgrounds too. The average number of support needs per case was 3.2.

Support need added to HRA case file	%
History of mental health problems	67%
Offending history	35%
Physical ill health and disability	36%
History of repeat homelessness	28%
At risk of/has experienced domestic abuse	27%
History of rough sleeping	22%
Learning disability	20%
Drug dependency needs	16%
Alcohol dependency needs	13%
At risk of/has experienced sexual abuse/exploitation	13%

TABLE 1: SUPPORT NEEDS

Deaths

Experimental data from the Office for National Statistics (ONS)^{xvi} identifies 22 individuals experiencing homelessness who have died between 2016-2021 in Sunderland. These are identified from death registration records held by ONS. With some deaths, there are delays between a death occurring and the date of registration due to the need for an inquest. Therefore, some deaths may be registered in a different year to that which the death took place.

ONS uses a statistical modelling technique to also estimate the most likely number of additional registrations that should have been identified as homeless individuals. This method provides a robust but conservative estimate of the number of homeless deaths, and the real numbers may still be higher. The estimate for Sunderland suggests that there were likely to have been 30 deaths between 2016-2021, rather than the identified number of 22.

ENGAGING WITH THE COMMUNITY



In order to better understand the needs of the homeless population in Sunderland, local service providers facilitated the completion of health questionnaires with individuals experiencing homelessness. A total of 35 were completed and the charity Homeless Link analysed the data.

In addition to the questionnaire, 14 interviews were conducted with a variety of service providers and stakeholders exploring the needs of the homeless population locally, what is currently working well, what the gaps are in healthcare provision for homeless people, and any ways in which Covid-19 or the cost-of-living crisis have impacted. The Homeless Link questionnaire data was assessed alongside the feedback from service provider interviews in order to add validity and draw out recommendations.

Questionnaire demographics

AGE AND GENDER

The majority of respondents were aged 25-54 years which reflects similar findings from the Homeless Link national audit 2022^{xvii}. Males are over-represented in the survey and in the Housing Options presentations data when compared to the general population. Gender is important; we know that women are more likely to be hidden homeless and that when they access services, the needs of women are often higher and more complex than that of men experiencing homelessness^{xviii, xix}. Although no transgender individuals participated in this questionnaire, national research in 2017^{xx} indicated that 25% of trans people have experienced homelessness at some point in their lives. It is vital that data on gender identity continues to be collected locally to ensure that services and accommodation meet needs.

SEXUAL ORIENTATION

Respondents to the survey identified overwhelmingly as heterosexual (97%) which is slightly higher than Sunderland's statutory homeless data (92.9%).

ETHNICITY

More respondents in the survey identified as white (97%) when it came to their ethnicity than we would have expected when looking at statutory data (93.9%). This may be due to the small sample size of the questionnaire.

LIFE EXPERIENCES

Respondents were asked whether they have ever faced 10 different life experiences. These life experiences are generally over-represented amongst those experiencing homelessness and indicate the multiple challenges that many people face, and the associated trauma that may occur^{xxi}. A total of 69% (24) of respondents had experienced at least one of these life experiences, and of those with at least one, 64% (16) had faced more than one.

Life experience	Sunderland survey data	
	Count	%
Admitted to hospital because of a mental health condition	14	40%
Spent time in prison	12	34%
Been a victim of domestic abuse	11	31%
Spent time in local authority care	6	17%
Considered self to have gambling issue	6	17%
Spent time in a secure unit or young offender institution	5	14%
Spent time sex working	3	9%
Spent time in the armed forces	2	6%
Been a victim of trafficking/modern day slavery	1	3%
Spent time at an immigration detention centre	1	3%
None of these backgrounds	11	31%

TABLE 2: SUMMARY OF LIFE EXPERIENCES (N.B. DUE TO MULTIPLE CHOICE NATURE OF QUESTION, TOTAL IS MORE THAN 100%)

KEY FINDINGS

Theme: Mental health support and dual diagnosis

A recurring theme from discussions with service providers was the issue of access to mental health support for the homeless community. Housing Options Team data indicates that 67% of cases have a mental health support need and 89% of survey respondents stated that they have a mental health condition. Local service providers observed that, in their experience, individuals with a dual diagnosis of mental health and drug and/or alcohol dependence are routinely excluded from mental health services, unless it is a crisis situation. NICE guidelines declare that individuals should not be excluded on the basis of a dual diagnosis^{xxixxxiii}.

Theme: Improving access to services

It is vital that barriers to accessing services are removed and that expectations placed upon people experiencing homelessness are revised, in keeping with NICE guidelines. An approach that focuses on bringing holistic services to the community can support greater engagement and potentially prevent A&E visits and the need for longer term, costly and intensive secondary care (for example with untreated infections). The cost of A&E attendances and hospital admissions in Sunderland for people experiencing homelessness in 2022 alone is estimated to be £128,880 (based on average costs per attendance/admission); it is appropriate and necessary that this care continues to be provided but preventative action has the potential to reduce such costs.

Theme: Housing people with additional needs

Feedback from service providers indicated that there is a particular challenge locally of housing people with additional needs. Many people are excluded from general accommodation, which drives them into unsuitable short-term support accommodation; this arrangement quickly breaks down when the additional needs cannot be met. There were also reports of difficulties discharging homeless people from hospital when they have no suitable accommodation to go to, particularly in cases where individuals have had amputations, but no accessible housing is available and therefore they return to the streets.

Theme: Addressing stigma and improving understanding of the needs of homeless people across the system

There was a collective view that training is needed for front line staff across health and social care to better understand health inequalities and the unique needs of people experiencing homelessness. Currently, no such training exists locally. Including people with lived experience in the development and delivery of such training is essential.

Good practice was identified at the Basis Drop In, operated by Oasis Community Housing. Basis has worked with the University of Sunderland to create shadowing opportunities for medical students and longer placements for social work students. These opportunities have been highly valued by all parties and have given students a first-hand insight into the wider determinants of health and the specific needs of a vulnerable group. Voluntary and community sector providers indicated that they would welcome similar shadowing of their services by Local Authority colleagues to help deepen understanding of day-to-day homelessness issues and to further develop positive relationships.

Theme: Reviewing local delivery models

It is recognised that Housing First is not the only model that should be adopted, and local communities need a mix of approaches to meet different needs. However, national and international research shows Housing First to be a highly effective for reducing homelessness and improving health outcomes^{xxiv} and interviews demonstrated a desire to see more of this approach.

NICE guidelines state that a multidisciplinary team should be established and this suggestion was overwhelmingly welcomed by stakeholders. Currently, there is no formal multidisciplinary network in Sunderland. Funding to support recommendations must also be considered.

Theme: Involving people with lived experience at all stages

There was mixed feedback on the extent of community engagement in the development and delivery of services. In line with NICE guidelines, all homeless services should be developed with people with lived experience from the outset. This will help to ensure that services are appropriate and meeting need, and will also contribute to reducing stigma.

Theme: Cost-of-living crisis

Service providers reported an increase in the number of people approaching them for help, with many individuals facing the difficult decision of whether to eat, pay rent or pay bills. The questionnaire results also revealed that over half of respondents ate only one meal per day. As one of the most vulnerable groups in society, it is crucial that the needs of people experiencing homelessness are actively considered and prioritised in local food initiatives.

Theme: Further research

Due to the small sample size of the community questionnaire, it has not been possible to analyse the responses by sub-groups. It is possible that some individuals with multiple aspects of disadvantage may experience even greater health inequalities than some of their peers. Further work to explore this will help understanding of their needs. Additionally, data from the Housing Options Team indicates that 20% of individuals seeking housing support have a learning disability, whilst 29% of respondents to the community questionnaire identified as having a learning difficulty such as autism or ADHD. This presents a potential inequality not explored through this HNA.

RECOMMENDATIONS

Theme	Recommendation
Mental health and dual diagnosis	Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded
Improving access to services	Create regular one-stop-shop opportunities that the homeless community can access on a drop-in basis and at different locations. To include: <ul style="list-style-type: none"> • Mental health support • Wound care • Sexual health • Smoking cessation • Dentistry • Support from nursing colleagues
	Review support available to local GP surgeries to ensure they can meet the unique needs of the homeless community
	Where people are moved out of area, review and fund their transport needs for appointments and services based in Sunderland
	Review discharge policy in local NHS services to ensure homeless people are not penalised for non-attendance
	Ensure that the needs of the homeless community are considered within social prescribing models
	Embed health literacy principles across the Health, Housing and Communities directorate
Housing people with additional needs	Ensure accessible/adapted properties are available for people with additional needs
	Build on existing partnerships to ensure all available accommodation is fully utilised
Addressing stigma and improving understanding of the needs of homeless people across the system	With support from people with lived experience, develop training package(s) for staff across health and social care to improve understanding of homelessness and health inequalities
	Sunderland City Council to consider shadowing/volunteering opportunities in homelessness service providers, open to all staff
	Embed trauma-informed practice within the housing team

Homelessness Reduction and Sleeping Rough Strategy

Reviewing local delivery models	Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs
	Establish a homeless multidisciplinary team in Sunderland, with membership from various agencies and sectors
	Review funding programmes, particularly revenue, across organisations
Involving people with lived experience at all stages	Formalise regular engagement with the homeless community, through existing or new networks
	Seek input of people with lived experience when creating action plans, developing interventions and delivering services, including training
	Schedule regular review of health and support needs, such as a bi-annual needs assessment
Cost-of-living crisis	Ensure that people experiencing or threatened by homelessness are a priority group for promotion of initiatives such as The Bread and Butter Thing
	Ensure that the needs of people experiencing or threatened by homeless are built into the long-term food partnership strategy
Further research	Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented / some individuals experience greater inequalities, and how their specific needs may differ.

LIMITATIONS OF THIS HNA



Whilst this report plays an important role in deepening local understanding of the health and support needs of homeless people in Sunderland, some elements that would further aid work around prevention were out of scope. The needs assessment did not seek to understand the reasons why some individuals are threatened by or experiencing homelessness. Further research in this area would allow services to develop upstream interventions with the aim of preventing and reducing homelessness.

The sample size for the community questionnaire was small and therefore the results of this alone cannot be considered representative. The data was triangulated with interview data, national guidelines and best practice to ensure that the recommendations in this HNA are valid. However, further consultation with a wider range of people should take place when taking forward actions from this needs assessment.

Acknowledgements

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- The Housing Options Team, Sunderland City Council
- Sunderland City Council Public Health and Integrated Commissioning Team
- South Tyneside and Sunderland NHS Foundation Trust
- Homeless Link
- Shelter
- Oasis Community Housing
- Thirteen Group
- Wear Recovery
- Changing Lives
- Home Group
- Wearside Women in Need
- Northumbria Police
- The University of Sunderland
- North East and North Cumbria Integrated Care Board



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