



Commissioning for Crisis Response and Homelessness Prevention

Wednesday 29 August 2018



Purpose of the day



- Opportunity to share what we know about people who are currently or have previously used our crisis responses and homelessness prevention services, and learning from your front line experience.
- Develop a shared understanding of **who** our services should support going forward, and more importantly, **how**:
 - accommodation settings and capacity
 - workforce skills, training and experience
 - solutions for people who need some form of ongoing support



Agenda



- 11.00am Welcome and introductions
- 11.05am What we understand about the needs of people accessing our Crisis Response provision
- 11.20am Roundtable discussion 1
- 11.40am Models of support
- 11.45am Roundtable discussion 2
- 12.15pm How to create a workforce that can respond to the needs of our residents
- 12.20pm Roundtable discussion 3
- 12.50pm Next steps, questions and close





Part 1

What we understand about the needs of people accessing our Crisis Response and homelessness prevention services





Our segmentation approach



Value of Segmentation

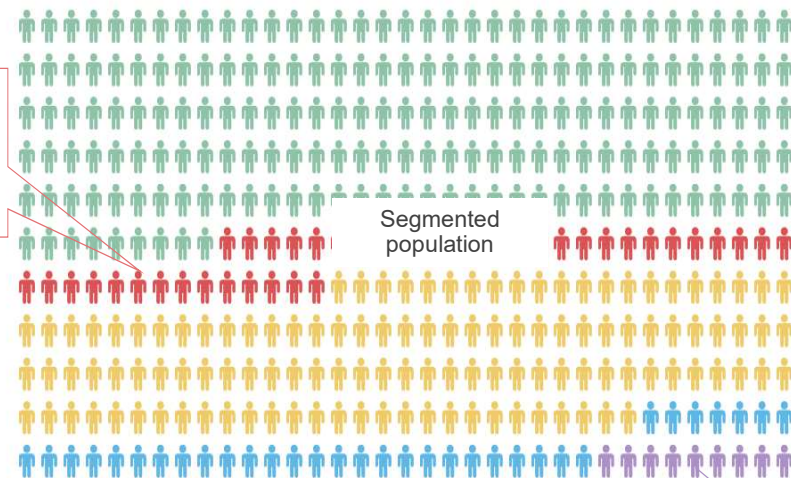


By grouping the homelessness population into segments, based on service usage, we are able to better understand the different patterns of service usage and the needs and characteristics of individuals within each of the segments. This more nuanced understanding will support us in better understanding the underlying causes of homelessness and the effectiveness of our commissioned responses.



Understanding of needs and drivers, trend analysis and effectiveness of responses difficult

This segment are entrenched within the homelessness system



This segment experience one, medium-term episode of homeless

This segment experience one, short-term episode of homeless

This segment have multiple episodes and interactions with homelessness services

This segment spend up to 4 years accessing homelessness services



Methodology



This analysis has been based on data held within Gateway for the period 1st April 2010 to 28th February 2018 (primarily information relating to admissions and assessments). The admissions data contains a complete record of accommodation based service usage for this period and a partial record of floating support service usage*).

We were keen to direct our analysis towards developing an understanding of the relationship between client needs and service usage, with a particular focus on the four SMD issues identified by Herriot Watt (substance misuse, offending, mental health, homelessness).

Data availability issues meant that it proved difficult to directly explore Gateway service users' involvement and engagement with substance misuse, offending and mental health services. We therefore based our needs analysis on information recorded in Gateway assessments, which is primarily self-reported and binary (i.e. yes/no for whether a client does/does not have a particular issue). This somewhat limits the scope of the analysis, but nonetheless facilitates a range of interesting insights.

This segmentation is based on longitudinal analysis of service usage across 3 periods of 5 years:

- Those individuals accessing commissioned services for the first time (in the dataset) in 2010/11 to 2014/15
- Those individuals accessing commissioned services for the first time (in the dataset) in 2011/12 to 2015/16
- Those individuals accessing commissioned services for the first time (in the dataset) in 2012/13 to 2016/17

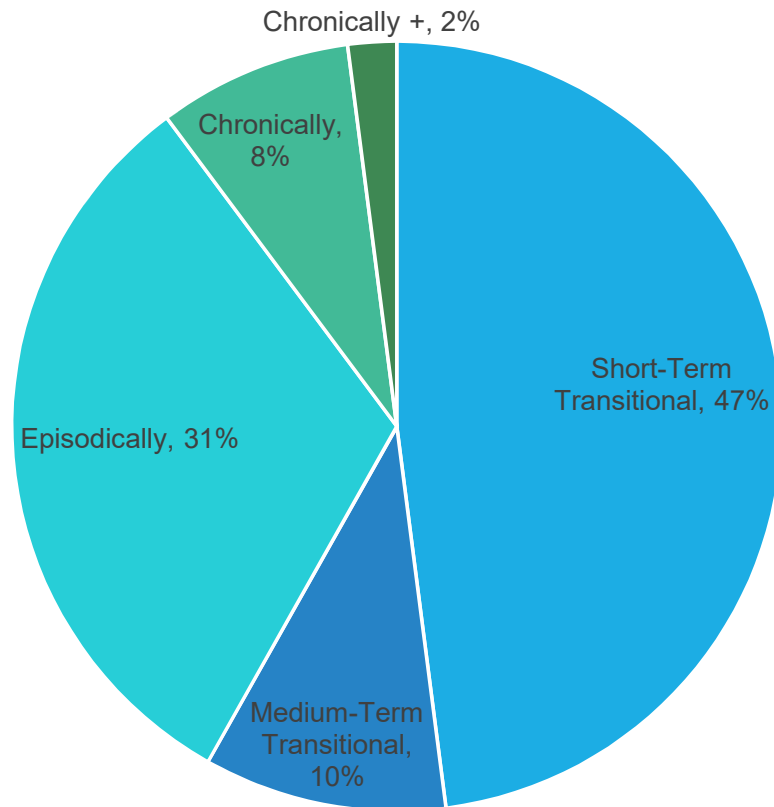
These timeframes have then been combined to better test the methodology and gain a more rounded view of the segments identified.

The slides presented here build on this methodology.



* Floating support services were required to accept referrals from the Gateway from 12/13 only

The Segments



We have identified 5 segments across our dataset as follows:

Short-Term Transitionally Homeless: individuals who have had 1 episode of homelessness* for a period of no more than 9 months

Medium-Term Transitionally Homeless: individuals who have had 1 episode of homelessness for a period of between 9 months and 2 years

Episodically Homeless: individuals who have had 2+ episodes of homelessness of less than 2 years cumulatively

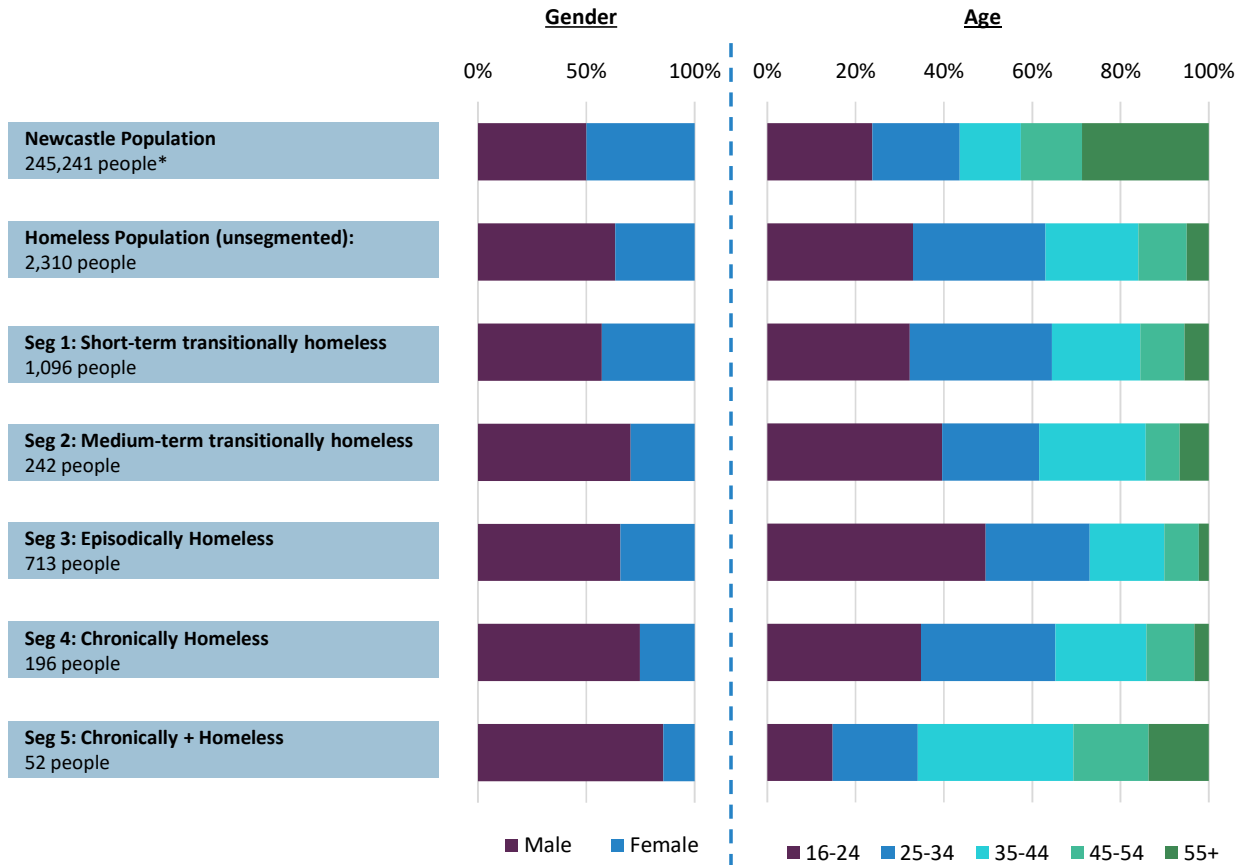
Chronically Homeless: individuals who have had 1+ episodes of homelessness of between 2 and 4 years cumulatively

Chronic+ Homeless: individuals who have had 1+ episodes of homelessness lasting more than 4 years

■ Short-Term Transitional ■ Medium-Term Transitional ■ Episodically ■ Chronically ■ Chronically +

* Accessing an accommodation based service
^ numbers may not sum due to rounding

The Segments: Demographics



The charts to the left show the demographics of each of the segments against the demographics of the unsegmented homelessness population and the wider population in Newcastle.

Age:

The age profile of people accessing accommodation based homelessness services in Newcastle is relatively young.

There is a significantly higher proportion of people aged 16-24 and 25-34 in the homelessness population in comparison to the wider Newcastle population. This is particularly stark in Segment 3 in which 44% fall into the 16-24 age bracket.

Gender:

Data shows that the homelessness population in Newcastle is primarily male, this is particularly the case in relation to segments 4 and 5.

* ONS 2016 estimate of individuals aged 16+
 ^ numbers may not sum due to rounding

Segment 1: Short-Term Transitionally Homeless SMD Profile



Segment 1: Short-term transitionally homelessness is the largest segment comprising of almost half (47%) of the overall population. This chart shows the breakdown of SMD needs for Segment 1.

The most prevalent need in this segment overall is offending, with 79% of the population reporting this as a support need which is comparable with the overall population (at 78%). The proportion of people reporting support needs in relation to mental health and substance misuse are slightly lower than the overall population:



	Segment 1	Overall Population
Offending	79%	78%
Mental Health	70%	73%
Drugs	50%	53%
Alcohol	52%	50%

With the exception of 4 SMD needs (8%) the breakdown across the number of SMD needs reported are broadly similar at 18-26% across the other groupings in this segment.

As set out on slide 13, there are some issues with the level of needs assessment information held within the Gateway, we have needs assessment data for 49% of the population of segment 1. Missing data has been excluded from this chart.

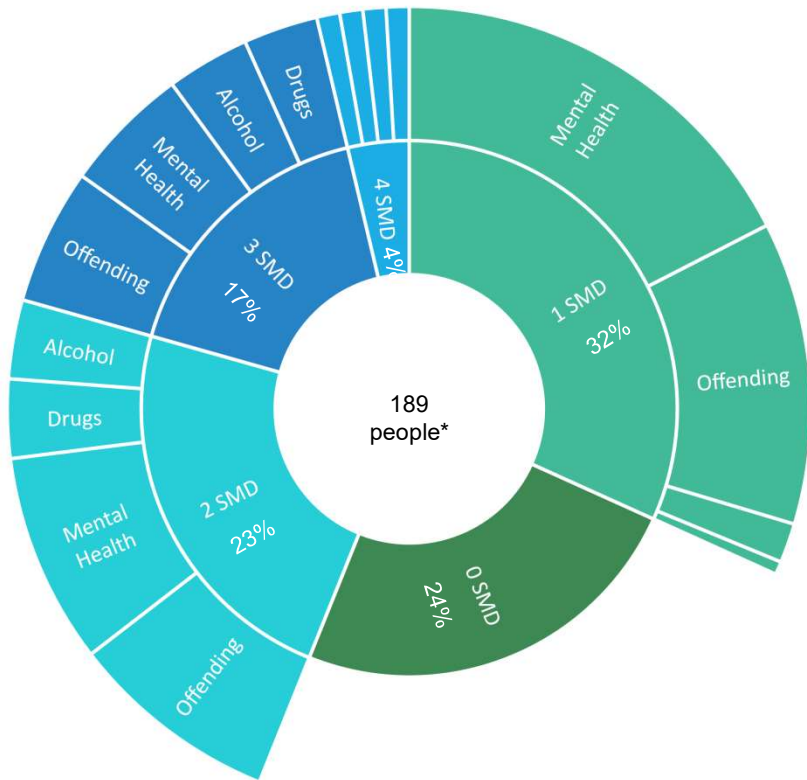
NB: Numbers may not sum due to rounding
 * Number of people with an assessment – total Segment 1 population = 1,096 people

Segment 2: Medium-Term Transitionally Homeless SMD Profile



This chart shows the breakdown of needs associated with severe and multiple disadvantage (SMD) for Segment 2.

Similar to segment 1, the most prevalent needs in this segment overall are mental health (78%) and offending (74%) both of which are comparable with the overall population. Support needs associated with substance misuse are comparatively low at 55% (alcohol) and 52% (drugs), which is a lower proportion to the overall population:



	Segment 2	Overall Population
Offending	74%	78%
Mental Health	78%	73%
Drugs	44%	53%
Alcohol	46%	50%

Two thirds of this population for whom we have data, are reporting to require support for 0-2 SMD needs, with only 4% reporting to have needs in all 4 areas.

As set out previously, there are some issues with the level of needs assessment information held within the Gateway, we have needs information for 78% of the population of segment 2. Missing data has been excluded from this chart.

NB: Numbers may not sum due to rounding

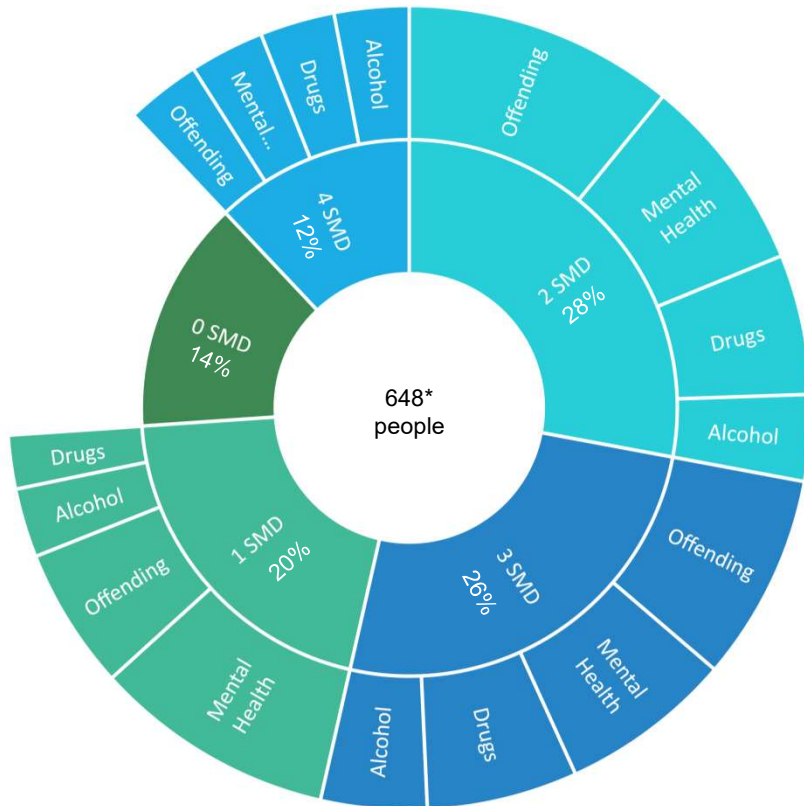
* Number of people with an assessment – total Segment 2 population = 242 people

Segment 3: Episodically Homeless SMD Profile



This chart shows the breakdown of needs associated with severe and multiple disadvantage (SMD) for this segment 3.

Mental Health and Offending continue to be the most prevalent support needs in this segment, with almost three quarters of the population reporting to require support in relation to these needs (79% offending, 72% mental health). Support in relation to drug and alcohol use is higher than is reported in Segment 2, though comparable to the overall population:



	Segment 3	Overall Population
Offending	79%	78%
Mental Health	72%	73%
Drugs	58%	53%
Alcohol	49%	50%

Needs data for this segment is significantly better than the previous segments, with needs information for 91% of the population of Segment 3. Missing data has been excluded from this chart.

NB: Numbers may not sum due to rounding

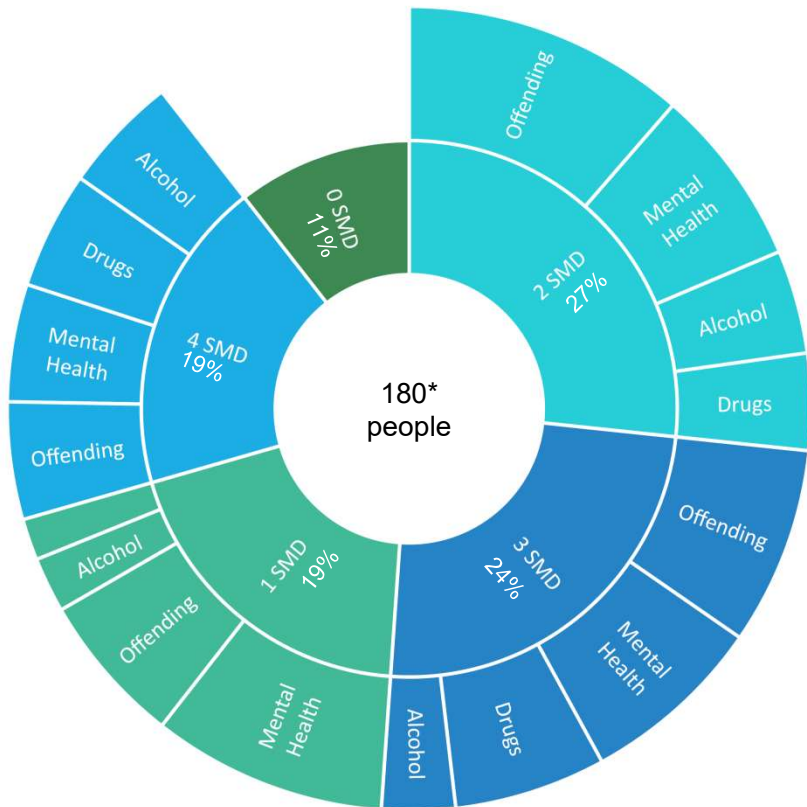
* Number of people with an assessment – total Segment 3 population = 713 people

Segment 4: Chronically Homeless SMD Profile



This chart shows the breakdown of needs associated with severe and multiple disadvantage (SMD) for Segment 4: Chronically Homeless.

Consistent with segments 1-3, Mental Health and Offending are the most prevalent support needs across this population. Over three quarters of the population in Segment 4 report to have support with needs associated with offending (82%) and or mental health (76%). Support needs in relation to drug and alcohol use in segment 4 are broadly consistent with the wider unsegmented population as illustrated below:



	Segment 4	Overall Population
Offending	82%	78%
Mental Health	76%	73%
Drugs	57%	53%
Alcohol	49%	50%

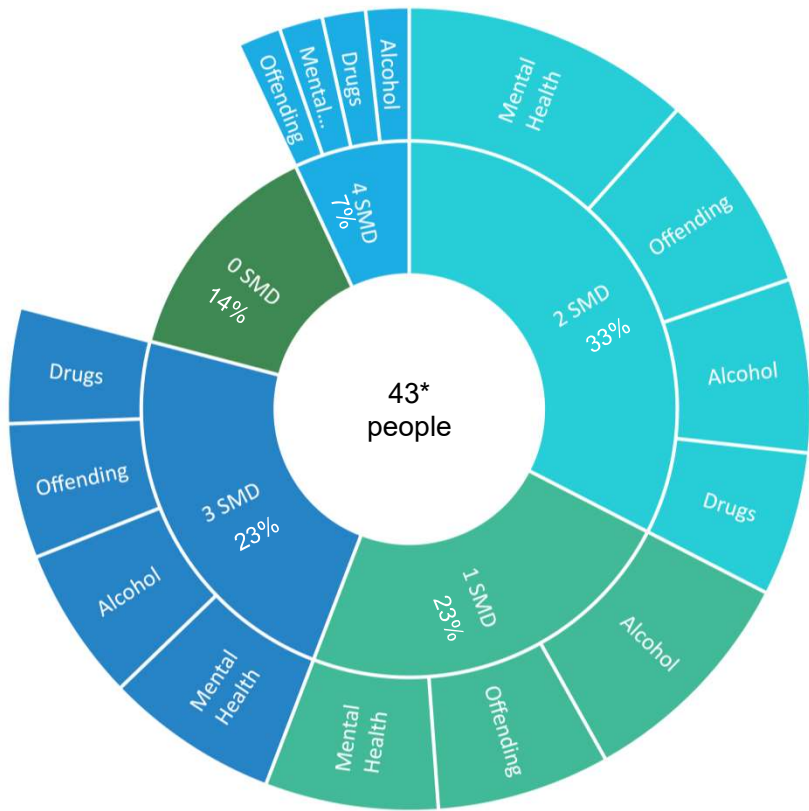
70% of this segment report to have 2+ SMD and 11% of the segment report to have none at all. Segment 4 has the highest proportion of people reporting to have support needs in all 4 areas related to severe and multiple disadvantage at 19%.

Needs data for this segment is the strongest across the population with support needs data for 92% of the population. As with previous slides, missing data has been excluded from this chart.

NB: Numbers may not sum due to rounding

* Number of people with an assessment – total Segment 4 population = 196 people

Segment 5: Chronic + Homeless SMD Profile



Segment 5: Chronic+ Homeless is the smallest segment accounting for only 2% of the population.

In contrast to other segments, Mental Health and Alcohol are the most prevalent need across this population. Offending remains a key area of support but is not as prevalent as in the wider unsegmented population.

	Segment 5	Overall Population
Offending	60%	78%
Mental Health	72%	73%
Drugs	47%	53%
Alcohol	63%	50%

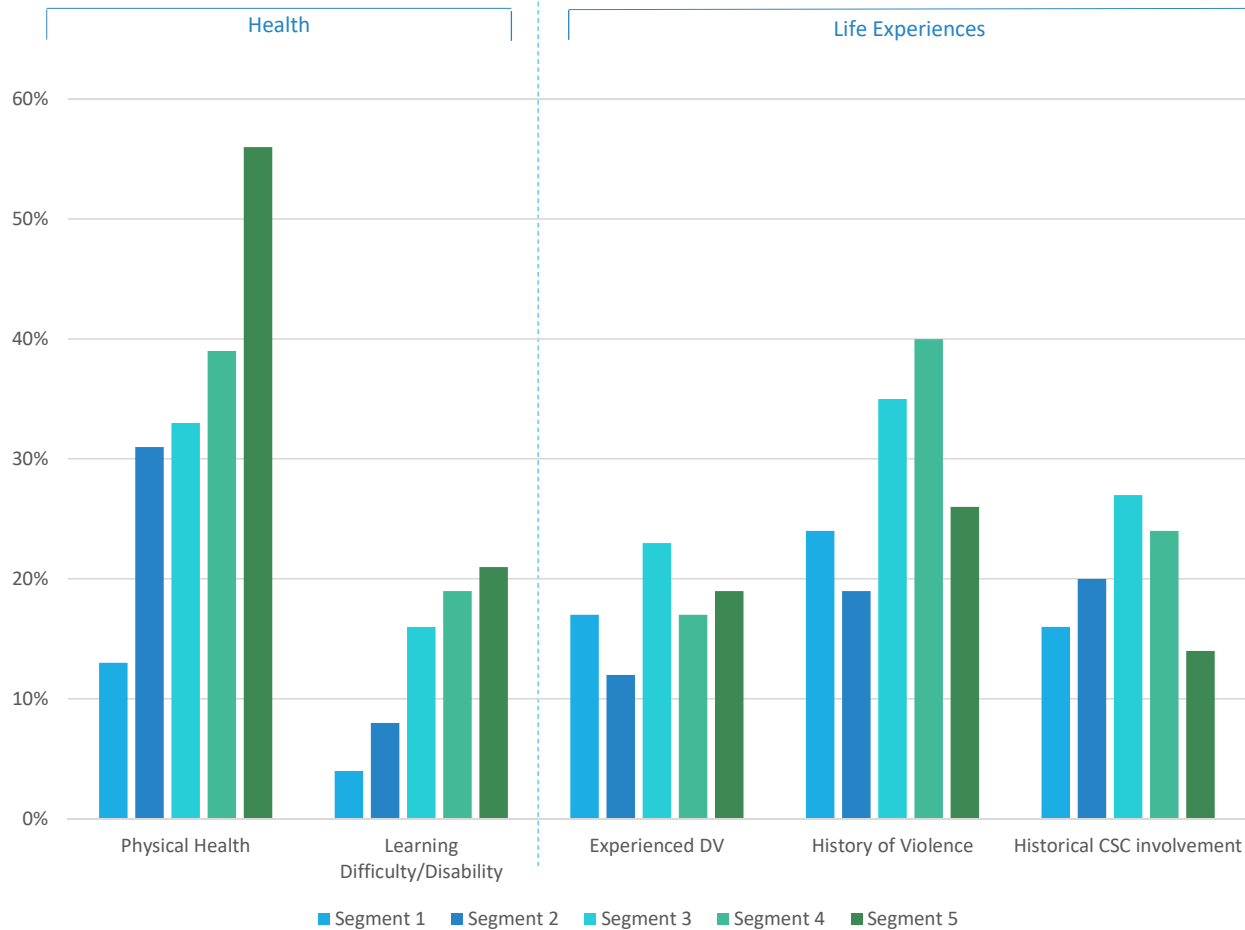
Surprisingly, only 30% of this segment report to have 3+ SMD needs, and of this, only 7% report to have support needs associated with all 4 SMD needs. Similarly, 14% of people report to have no SMD needs at all.

Needs data for this segment is relatively good with data captured for 83% of the population. As with previous charts, missing data is excluded from the chart.



NB: Numbers may not sum due to rounding
* Number of people with an assessment – total Segment 5 population = 52 people

Other Support Needs



The needs assessments capture a range of support needs in addition to those related to severe and multiple disadvantage. This chart shows, a significant proportion of people across all segments identify needs in relation to their physical health and disclose a history of violence.

Almost a quarter (21%) of the population overall have had some involvement with Children's Social Care*. This is particularly noticeable in segment 3 in which 27% of the population have a Children's Social Care history.

* This is a combination of self reported involvement and verified involvement through the matching of CSC records in Newcastle. Involvement ranges from Child with Complex Needs

Plan to an individual being Looked After.

NB: Missing needs data has been excluded from this chart.

Numbers may not sum due to rounding

Roundtable discussion 1 (20 mins)



1. Do you think the five segments (and their demographics), represent the people who access your services? If not, what are the differences?
2. Do the needs outlined in the data reflect front-line experience? Is their prevalence as you expect?
3. How can we better understand the complexity of need?





Part 2: Models of support



Evidence Based Interventions

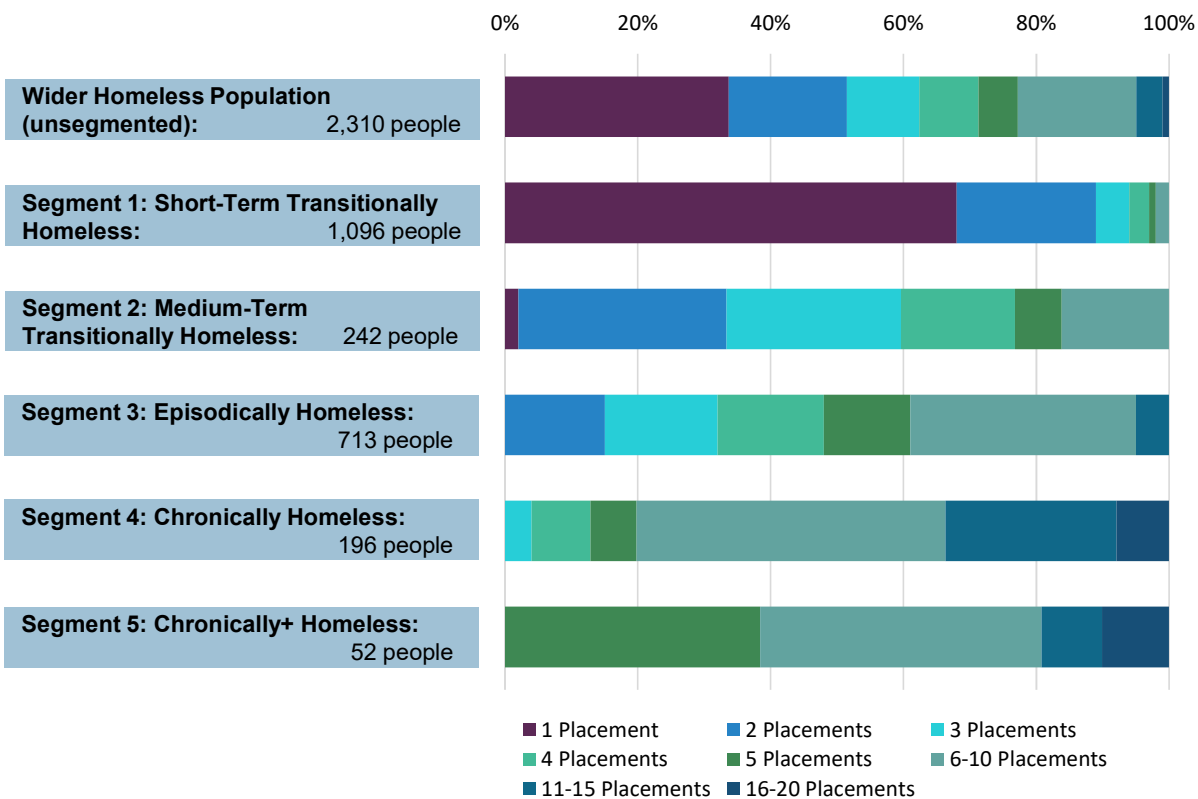


- Centre for Homelessness Impact have carried out a review of the evidence associated with different interventions for people who are experiencing homelessness.
- Overall, the evidence is limited in most cases and does not give an indication of which interventions are most suitable for specific groups of people.
- Therefore we need to use our local knowledge to try and establish criteria for different service types to make the most of our resources.



<https://www.homelessnessimpact.org/intervention-tool>

Understanding churn between services

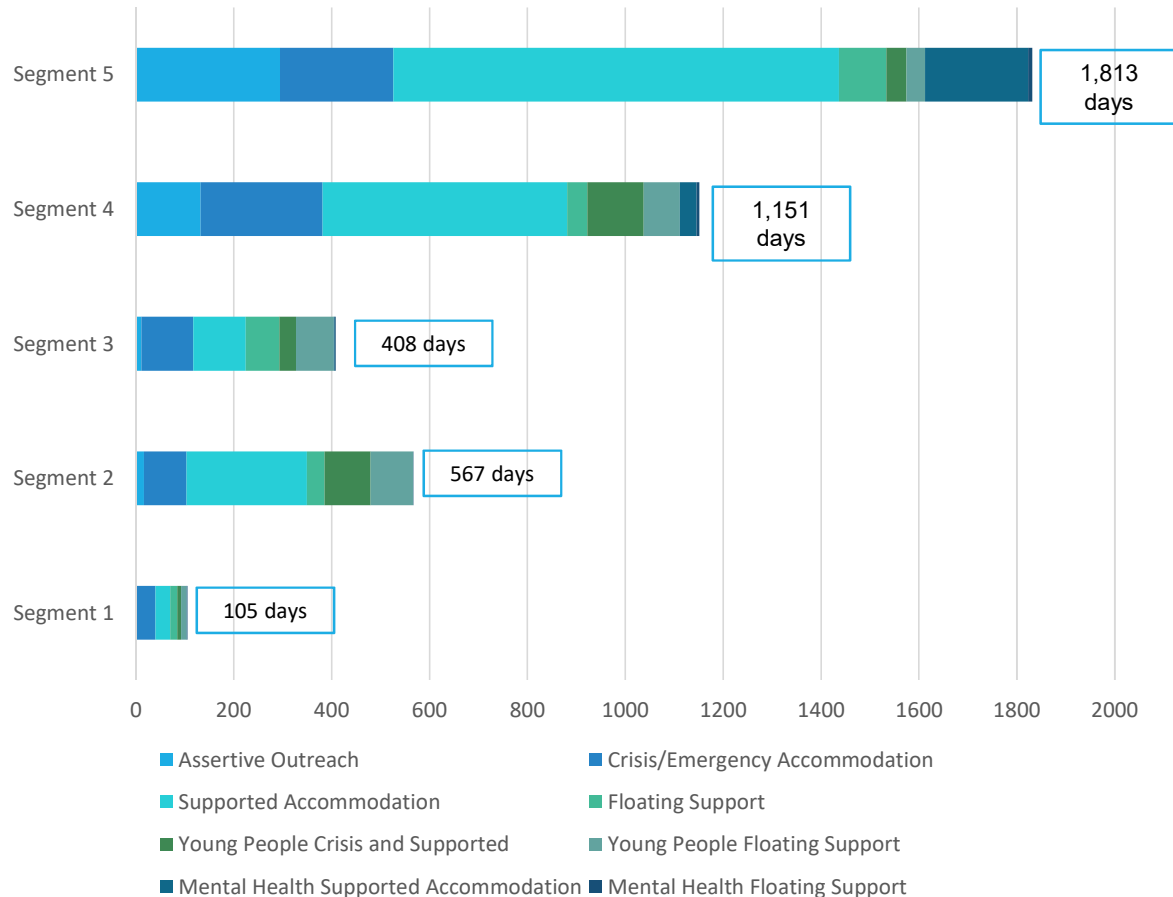


The chart to the left shows the number of placements individuals in each of the segments have had across 1 or more episodes (whilst individuals in segments 1 and 2 are characterised by a single episode, many have had multiple placements which this episode).

Segment 4 has the greatest proportion of people accessing 6+ placements and has no one with fewer than 3 placements. Unsurprisingly, the greatest proportion of people accessing in excess of 16 placements is in segment 5.

→ Numbers may not sum due to rounding

Service Usage



On average, across the whole population, a total of 369 days is spent accessing homelessness services in Newcastle (accommodation based and floating support).

The chart shows, by segment, the average number of days spent in each service type by segment.

Interestingly, despite almost half of the population of segment 3 (44%) being aged 16-24, only 34 days on average are spent in young people specific accommodation based services.

Segment 5 has the highest number of days on average known to the assertive outreach team and accessing supported accommodation services.

→ Numbers may not sum due to rounding

Proposed Structure of Service System



Single homeless	Crisis accommodation hub - West	Crisis accommodation hub - East
	Lot 1 – Supported accommodation citywide	
	Lot 2 – Supported accommodation citywide	
Young People	Supported accommodation and resettlement	
Mental Health	Supported accommodation and floating support	
Multiply excluded	Outreach	...out with April 19 tender



Models of Support



Remodelled services based around a reshaped accommodation and support offer that creates and promotes sustainable independence

Service System	Lot/ Provision	Overview of Support
Support for Single People who are Homeless	Crisis Hub - Crisis Accommodation	<ol style="list-style-type: none"> 1. Smaller, single site buildings offering high quality accommodation. 2. Providing a 24/7 response and staffing levels that enable risk to be managed safely. 3. Providing integrated and psychologically informed interventions to reduce crisis for those with complex needs (drugs, alcohol, mental health, offending). 4. Using strength based approaches to support that capitalise on the assets of the individual. 5. Ensuring move-on to appropriate accommodation.
Support for Single People who are Homeless	Crisis Hub - Emergency Bed	<ol style="list-style-type: none"> 1. 'Always available' accommodation. 2. Offering a rapid and brief response for people who have become homeless. 3. Move-on into alternative accommodation within 5 days.





Service System	Lot/ Provision	Overview of Support
Support for Single People who are Homeless	Crisis Hub - Housing First	<ol style="list-style-type: none">1. Access to housing is as quickly as possible and provision is based on suitability.2. Long term offer of support, which is flexible and responds with levels of high/ low intensity and links with other services to meet individual need.3. Support and housing are separate; their housing is not conditional on engagement with support, and if the tenancy fails they are supported to acquire a new home.4. There is choice and control over their housing, and whether they engage with other services (bust must maintain H1st engagement), goals are set through person-centred planning.5. Small caseloads to enable proactive, persistent and a 'doing whatever it takes' approach.6. Based on people's goals, strengths and aspirations.7. Support through a harm reduction approach that includes reducing substance misuse and self harm, and supporting people to improve their physical and mental health, and their wellbeing.





Service System	Lot/ Provision	Overview of Support
Support for Single People who are Homeless	Crisis Hub - Floating Support	<ol style="list-style-type: none">1. A primary and secondary prevention approach for people threatened with homelessness, offering targeted responses to individuals on a case by case basis.2. Developing and coordinating multi-agency responses that create and promote sustainable independence.3. Intensity of support is flexible to respond to need, and may be longer term to maintain independence.
Support for Single People who are Homeless	Citywide Supported Accommodation	<ol style="list-style-type: none">1. High quality accommodation in community based settings such as self contained dispersed properties, self contained units in HMOs, accommodation with communal facilities.2. Providing integrated and psychologically informed interventions to reduce crisis for those with complex needs (drugs, alcohol, mental health, offending).3. Using strength based approaches to support that capitalise on the assets of the individual.4. A structured move on process to ensure residents are able to access suitable and sustainable accommodation.





Service System	Lot/ Provision	Overview of Support
Support for Young People	Supported Accommodation and Resettlement	<ol style="list-style-type: none">1.Smaller, single site buildings offering high quality accommodation, or accommodation in community based settings.2.Providing a 24/7 response and staffing levels that enable risk to be managed safely.3.Providing integrated and psychologically informed interventions to reduce crisis for those with complex needs (drugs, alcohol, mental health, offending).4.Using strength based approaches to support that capitalise on the assets of the individual.5.Developing and coordinating multi-agency responses that create and promote sustainable independence6.A structured move on process to ensure young people are able to access suitable and sustainable accommodation.7.Resettlement support that is flexible to respond to need, and may be longer term to maintain independence.





Service System	Lot/ Provision	Overview of Support
Support for People with Mental Health Problems	Supported accommodation and Floating Support	<ol style="list-style-type: none">1. High quality accommodation in community based settings such as self contained dispersed properties, self contained units in HMOs, accommodation with communal facilities.2. Providing flexible, personalised and specialist support that responds to individual needs and enables a step down and step up in the intensity of support and seeks to prevent or reduce hospital admissions3. Offering appropriate interventions to reduce crisis for those with complex needs (drugs, alcohol, mental health, offending).4. Using strength based approaches that capitalise on the assets of the individual and which promote social inclusion and improve health and wellbeing.5. Developing and coordinating multi-agency responses6. A move on process that recognises when people are ready to move to greater independence, and ensures residents are able to access suitable and sustainable accommodation7. Resettlement support that is flexible to respond to need, and may be longer term to maintain independence.



Roundtable discussion 2



1. Who are each of these service offers for (populate the A3 sheets) and what would be the admit criteria?
2. Is there a provision missing, or a need that would not be met through these services?
3. What else do we need to consider?





Part 3: How do we create a workforce that can respond to the needs of people accessing our services?



Workforce Requirements



- Making the prevention of homelessness everyone's business, by developing a shared approach to preventing homelessness and improving outcomes for Newcastle residents.
- A skilled workforce that can provide integrated and psychologically informed interventions to reduce crisis for those with complex needs and that is focussed on successfully achieving positive outcomes for those who the service supports.
- Service delivery that is underpinned with dynamic and adaptive processes, and responsive and accountable ways of working across services.



Workforce Requirements



Ways of working based around:

- **Shared accountability and leadership**
- **High quality data** to support evidence gathering and learning and increasing the chances of learning by increasing interaction
- **Real time** problem solving
- **Learning together** by being systemic, iterative and adaptive - allowing space for incremental and active learning
- **Responding and adapting quicker** through better understanding of what works and what doesn't work

Daily
dashboards

Integrated
leadership
team



Roundtable discussion 3



- What does “Multi-Disciplinary Team” mean to you?
- What type of specialist support is required for each of the service types?
- What training/workforce development is required for ‘non-specialist’ staff?



Next Steps



- Engagement and consultation – summer 2018
 - Homelessness Prevention Forum – 12 September 2018
 - Email us / write to us
 - Specific engagement sessions (to be held at the Civic Centre):
 - Data payments and shadow PBR – 4th September and 27th September
- Tender – late autumn 2018
- Award – January 2019
- Contracts commence – April 2019





Questions from today?

