

# Homelessness Reduction Act Survey 2018 - Supplementary Report

March 2019



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## Introduction

This report contains the open text responses received to the Homelessness Reduction Act Survey 2018, and should be read in conjunction with the main survey report. A copy of the survey form is shown at Annex A.

All the answers provided have been anonymised and are shown grouped in themes, this means that where an answer covered more than one theme it has been split into the relevant groups.

## Impact of the Act

Respondents were asked to provide a brief explanation of their views in relation to changes in the number of homelessness presentations to the council since the Act came into force and the extent to which any change in the number of homelessness presentations could be attributed to the Homelessness Reduction Act Survey (HRA) (Q1a). The answers provided are shown in Table 1, grouped into the themes which were raised, including broadened eligibility for support, the extent of the increase since HRA implementation and the duty to refer. Respondents also provided their views on the reasons for decreases or no change in numbers.

**Table 1: Reasons changes in the number of homelessness presentations could be attributed to HRA**

### **Broadened eligibility for support**

Additional duties to more applicants has meant more approaches, or applicants being advised to approach.

Due to now having a duty to help all then this has increased the number of people we see significantly and putting additional pressure on the service.

Greater number of households fall within the prevention duty

Increasing number of single people approaching for assistance. 94 duty to refer cases in the first 6 weeks following 1st October.

It has simply widened the scope of the support. Also the Council has brought the service back in house and is delivered in a more accessible location.

Legislation changes the cases that now fall within the act by bringing prevention work under statutory duties.

Many more people are entitled to a statutory duty (prevention or relief). Largest increase in relation to singles who did not present pre HRA as many would not have got much help due to not being in priority need.

Many single people previously issued with advice and assistance by Customer Advisers and many chose not to present as homeless. We are now carrying out a full HRA assessment for these individuals. Non HRA issues include increasing unaffordability of Bristol Housing market

More persons can now access the service and feel value of doing so with the introduction on the new statutory duties under both prevention and relief

More work is now being undertaken for non-priority applicants

Our data suggests we have experienced a near doubling in our caseload (1166 cases April to September 2018 compared with 645 in the same period in 2017). The increase is almost completely attributable to the new duty to extend casework to single people considered at risk of homelessness where they have no or low support needs.

Prevention duty to those with no local connection impacts for a seaside town.

Prevention starts earlier and more singles can access the service

Significant increase in applications taken for single people and childless couples

The extended client groups have resulted in far greater numbers of application and the duty to refer is also demonstrating an increase since October 2018

The number of people coming to the service has not increased significantly, but the number of people who we have to process has increased by over 50% because we are now doing assessments of non-priority singles. Therefore we are dealing with many more people who we have to spend significant time with, log and process etc.

The number of single homeless individuals who are approaching has increased.

There has been an increase in the number of single applicants approaching the authority who require assistance with their housing, this trend has continued with the Duty to Refer as the majority of referrals being received are for single applicants.

We are seeing a lot more singles that we are now doing PHPs with.

We are seeing people to whom we have previously issued 'no duty' decisions re-approach to see if the outcome will be different under the HRA. Plus increased approaches from single people with no priority need.

We have now had many single clients and families who would have been IH under the old act approach. We are running at about 62% above last year's figures.

We have seen a higher number of single customers approach the service, since the introduction of the new act

We have seen an increase in homeless applications from single households with complex needs

#### **Extent of the increase since HRA implementation**

1/4/17 to 31/12/17 - 958 1/4/18 to 31/12/18 - 2004 109% increase

1238 household approaches end of November this year compared to 673 last year at the same point.

50% increase in presentations.

Approx. 30% increase in approaches over 17/18.

In March 2018, homeless presentations were 65 now they average 120

Increase in approaches of 95%.

It is predicted that we will see a 20% increase in footfall during year one, However, the most significant impact has been the increase use of admin / paperwork

<Council name> operates an open access service and footfall has increased since the HRA.

Number had been increasing slightly year on year, however since April there has been a 40% rise in total cases - homeless application & advice cases compared to previous comparable data.

Overall footfall has increased

Presentations up 90%
The number of applications has increased in Q1 to 71 (from 41 in Q1 2017) and Q2 to 83 (from 32 in Q2 2017)
The number of approaches for the first half of 2018/19 has doubled when compared to the number of homelessness applications taken for the same period in the previous years. Although not a like for like comparison it does show the increase in workload that the team have had to manage since introduction of the HRA with an increase in the number of cases and the time spent managing and supporting those cases.
We have seen a 30% increase on numbers from last year particularly within the younger age group
We have seen a 158% increase in applications from Apr-Sept
We have seen an increase in applications of 250% since the introduction of the HRA.
<b>Duty to refer</b>
All partners are aware of the Housing reduction act, however our relationship with partners previously was such that partners did refer clients to us on a regular basis.
Duty to refer x 8
There is a greater awareness amongst partner agencies about the Duty to Refer, either as public bodies or on a voluntary basis. Therefore we are seeing an increased number of referrals and signposting.
We have been receiving Duty to Refer cases since October which otherwise wouldn't have been happening. We believe that the agencies working proactively in the <Council type> are encouraging people to approach us and sharing the information regarding the HRA.
<b>Factors other than HRA</b>
Households are also presenting with more complex needs and where the reduction in services has impacted on their ability to maintain a tenancy.
I believe the year on year increase may be due to the welfare reform and introduction of Universal credit
Increase is believed to be due to HRA but also welfare reform and increased in property prices
It doesn't seem like more people are coming to us because they're aware of a change in the statutory framework, rather, we appear to have experienced a coincidental increase across all housing enquiries (with footfall up 44% and homeless/threatened with homelessness presentations up 16%). This is most likely due to a convergence of factors including impacts of welfare reform changes and increasingly hostile housing market conditions.
Many single people previously issued with advice and assistance by Customer Advisers and many chose not to present as homeless. We are now carrying out a full HRA assessment for these individuals. Non HRA issues include increasing unaffordability of <Area> Housing market
The pressures on households resulting in homeless is more attributable to the demand. No households are coming forward as a result of the act itself.
There are other factors that we feel have increased the numbers of presentations, for example, ending of assured shorthold tenancies in the private rental sector and welfare reform.
We are seeing a considerable increase in S21 cases and also evictions by RPs due to UC!

We feel there is an increase in presentations that is not driven by HRA, more people are facing homelessness rather than more people seeking advice from a static population of homeless

Whilst the HRA has contributed to the increase, another significant factor is the roll out of universal credit in the area, which has contributed to more people losing their homes due to rent arrears which can be attributed to the management of the payments received, including the timing of the payments.

### **Extension of threatened with homelessness period**

Capturing people at an earlier date than before

It is due to the 56 days rather than 28 being a trigger

More people presenting due to the increase of 28 days to 56 days.

Prevention starts earlier and more singles can access the service

Previously, casework was completed as 'Advice Cases', only triggering a homeless application if threat within 28 days, or homeless. With the extension to 56 days (or longer if reasonable), the result is that Advice Cases are mostly obsolete. Almost all cases managed by the team are now Homeless Applications. The issue is that they are not like-for-like - homeless applications require more case-working hours, and more admin.

The HRA has had an impact upon the service, resulting in an increase in presentations. The prevention / relief duty and 56 day period has placed additional pressures upon the team. The lengthy assessment process is also time consuming for the officers

The main reason for increased numbers of cases the Team is dealing with is due to the increase in the period people are considered to be threatened with homelessness has increased from 28 days to 56 days. The overall increase in numbers is mainly due to welfare reform especially Universal Credit and an increase in the numbers of evictions from the PRS. Households are also presenting with more complex needs and where the reduction in services has impacted on their ability to maintain a tenancy.

This is possibly due to change from 28 to 56 days

We now take homeless applications at a much earlier point and therefore numbers have increased

### **New prevention/relief duties**

Additional duties

Due to the fundamental change in legislation we now have to provide a significantly enhanced service to anyone at risk or presenting as homeless.

The HRA has had an impact upon the service, resulting in an increase in presentations. The prevention / relief duty and 56 day period has placed additional pressures upon the team. The lengthy assessment process is also time consuming for the officers

The increase is due to most approaches triggering an application. Previously prevention work was dealt with desperately and didn't trigger a decision letter / PHP etc. This is where the increase of work has come from. As an authority we were previously very proactive with prevention work, however now this is recorded as a "prevention duty" it makes for a lot more work having to produce decision letters and PHP's. Huge increase in Officer official case load and takes time to produce.

The HRA forces the authority to take a homeless application from customers that would previously have been satisfied with housing advice and assistance.

The extended duties are the reason

More persons can now access the service and feel value of doing so with the introduction on the new statutory duties under both prevention and relief

### **Applicants' awareness of HRA**

Awareness of new duties has had some impact.

Footfall arising from awareness of services and duties

Media awareness levels encouraged long term single homeless/sofa surfers to approach. Publicity about 56 days rather than 28 days also increased foot fall

People think they have more entitlement under the new act

Persons mention the HRA on approaching.

Publicity generated by the launch of the act

### **Other reasons**

All applicants now have to have a personalised housing plan

Changes follow the pattern of continued/gradual increase in homelessness and requests for service - unlikely to be HRA related but cannot say for sure

More households presenting as letting agents who would have attempted to re-house those in receipt of NTQ now just referring to the LA.

Purely because we are now recording these people better than we did before

Resultant of the change in processes and procedures, and development of relationships with third sector organisations.

The amount of time being spent with individuals has significantly increased. In addition early interventions/assessments outside the statutory definitions where the trigger hasn't been met have increased and these will not show in the H-CLIC figures

The information that is being recorded is a true record of the number of people approaching as all will be recorded rather than in previous practice.

There has been an increase in recorded cases, it is unclear if there has been an increase in approaches or if the classification of cases has changed.

We deduced that 2/3 of our approaching clients would choose to solve their own homeless problem without assistance from the Council pre April 2018, however Since April we are giving them each a personalized housing plan and reviewing it therefore they are staying with the service.

Many people would ask for telephone advice rather than attending for an interview and these cases were not recorded, we now only offer appointments to ensure all cases are captured

### **Reasons for decrease or no change in numbers could be to attributed HRA**

None x 2

As an Authority we already worked in a prevention setting so therefore the number of presentations has remained constant - although we are seeing an increase following the Duty to Refer - Case load has increased due to new duties

Based upon the data that we currently have, we cannot see a noticeable change, however with the increased detail of data which we are collecting for H-CLIC we hope to be able to track changes more closely.

No significant change in numbers of approaches.

Decision making process completely changed due to act. All applicants irrespective of priority need dealt with the same. No statutory decision until 112 days in some cases.
Numbers have not changed to date, but the presentations are taking significantly longer averaging 2hrs per client depending on complexity of need. This is not considered a negative because we are personalising our processes better, but it needs to be considered as a factor, when looking at just numbers.
The changes in the wider environment related to welfare is more likely to be the driver of changes to demand. However, we can't track the causal chain so we are all speculating to a degree.
The number of approaches has remained consistent with anticipated numbers. We don't believe this has been due to HRA.
The first 2 quarters of 2018 a very small reduction in numbers approaching the Housing Options service, compared with those previous. Therefore, we have not yet seen a significant increase in the amount of people approaching us for homeless advice and assistance. However, given that the legislation is still relatively new, impact may be felt in later quarters when both the legislation is more widely established and when local third party support services are more aware of what the local authority can offer its customers. As per the new Act, customers are now also able to request specific advice booklets (both on-line and in hard copy) in regards to their circumstances, which allows them to be proactive in trying to prevent their homelessness before having to make an appointment with a specialist advisor. This may have impacted on the numbers of people approaching the service.
There was an initial spike in presentation this has now settled and presentations no different to before the Act
Unsure.
We always proactively gave written advice to anyone who was homeless or at risk of homelessness pre-HRA clients all got either telephone advice with a specialist or face to face or home visit pre HRA so HRA has not made any changes to this
We have seen no major change in the number of homeless approaches being made
We have seen overall similar numbers but this hides within it changes. Due possibly to other factors we have seen an increase in high risk cases from probation as we have an approved premises in our town. The only one in <council name>. Whilst <council name> have been as ever helpful we have found another area not following our agreed pathway plan.
We were already seeing customers early on and did not restrict our service to those who were in PN

Respondents were asked to provide a brief explanation of the changes that the new duties have made to their councils ability to prevent and relieve homelessness (Q3a). Table 2 shows the reasons provided for where there has been no change as well as those given in relation to particular groups. It also lists the details provided in relation to the effect of particular elements of the Act.

**Table 2: Reasons for changes in respondents' ability to prevent homelessness or to relieve homelessness**

**Reasons for no change**

Accommodation outcomes remain the same, irrespective of advice and redirection for all groups.

As a LA we were always prevention focused but the new duties have ensured that we get involved earlier.

As we are a rural LA our main issue is lack of options locally & so we are still confronted with the same issues pre HRA

<Council name> already provided a homelessness prevention service for all who presented, regardless of priority need status. Therefore, the new duties mainly formalised existing practices.

<Council name> has always adopted a preventative approach and has supported all approaching households to access accommodation. The new duties have not increased accommodation options and so there is no change in relieving homelessness as a result

<Council name> had a preventative ethos prior to the introduction of the HRA irrespective of priority need, intentionality and circumstance. To this end our ability to support people in the above groups has remained the same.

<Council name> had already working to the principles of the Act for several years previous to its implementation therefore the prevention agenda was already imbedded

<Council name> has always been effective in preventing homelessness. The HRA has formalized processes the Council has already adopted.

<Council name> Housing Options service was already proactive in preventing homelessness prior to the HRA legislation implementation (given its locality and customer base compared with larger, more metropolitan authorities) and therefore we do not expect a significant increase in prevention/relief figures.

<Council name> prides itself on supporting all people threatened with or presenting as homeless and had strategies in place prior to the introduction of the HRA for all groups.

Initial increase in presentations has now settled and is broadly similar to previous years.

No significant change

Our response in terms of those dealt with under relief is largely unchanged

The HRA has made no improvement to our ability to prevent or relieve homelessness. We already have quite a high number of preventions comparatively and we have well-established Pathways for single vulnerable people.

The services that existed for people have remained unchanged. We have made very few part 7 decisions and have provided assistance under the prevention and relief duties.

There has been little change. The Housing Advisors spend hours going through applications and housing plans - but basically there are no more options within the local area.

There has been no change, we invested heavily in proactive prevention advice and assistance pre-HRA so no need to change this.

There has been very little change in the service that we provide as I do feel that we were very prevention focused anyway.

There have been no changes in our ability to help people as our options have not increased, only our duties to provide advice and assistance has changed.

This LA was already doing significant prevention and relief work prior to the HRA - we have significant no change in work type processes or procedures.

To date there hasn't been a noticeable change in the nature of presentations.

We already did prevention with our clients prior to the HRA coming in. There has not been any significant change to the presentations.

We already had an excellent service for single / childless couples, and did not gate keep like other authorities close by.

We already provided support and assistance to every client group prior to HRA

We always chose to help single homeless and rough sleepers - so no change. I would suggest a slight improvement across all categories due to the use of PHPs (more person centred) but this is qualitative not quantitative.

We always provided assistance to everyone who approached. Even cases who had no priority need were still given financial assistance with a deposit so they could secure accommodation, intentional households were still given a deposit to secure accommodation - this service hasn't changed

We have always been an LA that has tried to prevent and relive homelessness regardless of priority need. Outcomes are no different overall.

We pride ourselves on trying to prevent/relieve customers' homelessness situations so the legislation has made little difference to the outcomes of this.

We still have the same resources and tools available as before.

We were working to a Prevention Ethos prior to HRA so no material change just formalised

With a couple of exceptions the options available to homeless groups remain largely the same.

### **Reasons for changes in relation to single homeless people / non-priority applicants**

A single person officer appointed but work has not impacted on services to date

At the start there was a spike in presentations from single people who thought the accommodation duties had changed.

Funding from different sources to secure accommodation is more readily available and this has benefited single persons who under the previous legislation may have had less chance of positive help to secure housing.

Improved support for non-priority need singles into PRS.

Increased duty to assist non-priority cases.

Increased focus on non-priority cases to prevent homelessness

More approaches from single people

More funding to access a range of accommodation options for single non priority groups

More involved work with single homeless (NPN) clients is required under HRA

Much more focus on assistance for single people, many of who would be at risk of rough sleeping if no assistance was forthcoming.

New projects for single homeless clients NFNO. New incentive schemes for PR sector LL's to take clients

Number people coming through the door is the same however we are see more single clients with complex need being presented as homeless

No significant impact beyond widening financial resources for single homeless persons.

Prevention - Single people - the PHP gives the perception that prevention is improved but the options are not available locally so not sure if in practice this is the case. Some customers like having the PHP - it has made them feel listened to but could lead to frustration as their situation is not necessarily changed as the options haven't change.

Prior to the HRA <Council name> were compliant in doing as much possible to assist single non-priority presentations

Single homeless people – <Council name> has a longstanding hostel pathway providing access to hundreds of bed spaces a year for single people who are homeless and who have support needs. This means the council has long been providing access to suitable, independent accommodation, usually in the private rented sector via the support provided in the pathway hostels to people who do not meet the “priority need” criteria in the homelessness legislation, so <Council name> continues to provide accommodation in excess of legal requirements. The HRA has not had any impact on this. The additional burdens funding does not allow us to increase the number of bed spaces we have, nor to increase the number of PRS tenancies we can procure to meet demand, nor does it create any more accommodation for single people with no or lower support needs. Staff do not have additional time to devote to preventing homelessness from single people due in large part to the additional admin burden brought in by the HRA so the new casework service is making little difference to single people.

The increased focus upon single homeless individuals has allowed us work with an increased number of individuals to prevent their homelessness. However the options available to single people remain limited within the district due to the disparity between the LHA and the local market rents for both shared housing and 1 bed units. We continue to consider new approaches to increase access accommodation for individuals within the <council type>.

The offer for single applicants has not changed as a result of HRA. There are very few properties in the <council type> which would be affordable for a single applicant who is under the age of 35 - there are very few HMOs in the borough, and most applicants who apply to <Council name> and have a local connection to <Area name> wish to remain in the <council type> and do not want to explore affordable privately rented accommodation outside of the <council type>.

There has been a slight increase of focus upon assisting NP households, however we were already assisting this group to a good extent.

We have found that we are able to assist more single homeless persons and not just turn them away.

We have new staff specifically employed to help single no priority need clients meaning we are able to provide a better service and prevent/relief more homelessness

Whilst we have adopted new approaches and incentives for single people, the general lack of affordable accommodation in the area makes it extremely difficult to house this client group.

Working more closely with one on one support for single non priority homeless people

### **Reasons for changes in relation to people sleeping rough**

A significant increase in rough sleeping hampered by not being allowed to repatriate rough sleepers who are not exercising with their treaty rights.

More targeted and dedicated support to prevent and relieve rough sleeping in particular.

Our RS street count in November 2017 was 21 and in November 2018, it was 10. The September 2018 count was 17. Our supported housing pathways is still in place for single people.

Relief - rough sleepers - improved due to MHCLG funding

Rough sleepers are being presented under Part VII instead of more appropriate rough sleeper pathways which limits their options.

Rough sleeper count has gone up significantly. This <council type> was already operating a prevention focused service however cuts to budgets and increased difficulty in finding affordable prevention or relief options in the private rented sector have hampered our efforts for groups where there is no statutory reason to accept the main housing duty

Rough sleeping – as <Council name> has a relatively high rough sleeping population the council and partners have long had a wide range of services to prevent and relieve homelessness of this kind, as set out in our current rough sleeping strategy “Routes Off The Streets”. For <Council name> the HRA has no real impact on this.

Rough sleeping has increased dramatically here - last year’s rough sleeper count was 5, this years was 22. It is highly visible in the town - Local HMO providers that are not wanting to be licensed or improve their properties are turning people out and these are usually people with complex needs that were willing to live in HMOs of this nature - they are now on the streets.

The ability to relieve the homelessness of rough sleepers has not been impacted by the HRA as whilst we are working with the individuals many have complex needs and accessing accommodation remains challenging. In addition a reduction to the number of supported housing beds locally is expected to have a further impact in 2019. <Council name> has been funded through the Rough Sleeper Initiative and this funding has had a significant impact on the levels of rough sleepers locally however this is independent of the HRA.

The Homelessness Reduction Act along with grant funding under the Rough Sleeper Initiative has made a significant difference to those rough sleepers and single homeless people.

The increase in assistance for rough sleepers has been related to <Area name> <Name> initiative, rather than the HRA. Funding has been made available via the <Area name> Mayor's Homelessness Fund to support the establishment of night shelters, going above and beyond our previous level of provision.

The support for rough sleepers has improved due to increased funding for this service rather than the HRA. Single homeless receive a better service as we work with them for significantly longer periods to prevent homelessness. We are finding far fewer cases are reaching the main duty stage due to the prevention and relief duties.

There is a very small number of applicants who present as rough sleeping, but again the main option for those applicants if they have a local connection to the <council type> is to make an application for social housing in the <council type>.

We are seeing an increase in rough sleepers presenting as agencies direct them and in the course of engaging with them differently, can ascertain that they are in priority need.

We have been successful in funding bids which has decreased our rough sleeping.

We have employed an officer to work more closely with rough sleepers, this has resulted in the authority becoming more aware of rough sleepers within the <council type>.

We have given our local hostel grant funding to help us with rough sleepers. With this funding they are able to accept rough sleepers and offer rough sleeper packs

We have more rough sleepers but I have offered B & B to all to get them off the street so our B & B has mainly been singles but we have many despite this who won't accept the offers because they are begging in the town and or have addiction issues. The B & B is not in the town. Some have after a time and been successfully house but continued to beg.

### **Reasons for changes in relation to people in priority need**

For those in priority need the HRA has allowed us to take a more flexible approach to housing solutions for this group which has been positive however there further work is to be done.

Applicants in priority need are having to wait longer for an outcome with no increased chance of securing accommodation in the extra time.

If priority need cases approach early enough then we can assist with resolving their housing issues.

People in priority need – <Council name> was successful at preventing and relieving homelessness for people in priority need before the HRA, having reduced the number of households living in TA from more than 2000 in 2004 to fewer than 500 today. To put this in contemporary context the total was 660 in 2013 and is now fewer than 500, despite the ravages of welfare reform, the overheated private housing market and the homelessness and housing crises that are so acute in London. The HRA has not helped <Council name> to achieve any more prevention of priority homelessness and if anything the significant additional admin requirements have had a negative effect on our performance. The Act does not create any more affordable housing supply. <Council name> has had to create 9 additional posts because of the Act with no improvement in key performance indicators. We see this as wasteful but unavoidable. Hopefully we are alone in this and other LA's who were not successful at prevention before the Act have had a different experience.

Prevention - Priority need - earlier intervention enables greater chance to prevent

The relief duty was somewhat worsened our ability to relieve homelessness for people in priority need because they housing options remain the same and if these are not accessible, there is a delay until the Full Duty can be applied.

What the HRA has done however is increase bureaucracy and demand for the service to an extent that the PN groups are not getting the same level of support we used to provide and at least initially we have seen fewer preventions and more placed in to TA.

#### **Reasons for changes in relation to people with no recourse to public funds**

People with no recourse to public funds (NRPF) - the Act does not make any difference to this client group as they remain ineligible for homelessness assistance of any kind. The additional burdens funding is not for people with NRPF, as the duties to them have not changed. <Council name> has arrangements for NRPF residents and these are unaffected.

There has been no impact for people with no recourse to public funds, as they remain ineligible for homelessness assistance. However, <Council name> continues to jointly fund third sector advice alongside the other <Area name> councils to support this group.

We have been able to improve the consistency of support to all of the groups you mentioned with the exception of those without recourse to public funds to whom the legislation has provided no further rights. For this reason, I have recorded "Somewhat Improved".

#### **Reasons for changes in relation to respondents' ability to house people via the main homelessness duty**

At this stage, most applicants who are owed the main housing duty have this duty discharged through an offer of Part 6 accommodation.

Less main homelessness duty compared to previous years and increased prevention at prevention/relief stages.

Prevention and Relief stages have had a positive impact but have resulted in significantly fewer full duty decisions being made.

Re the main duty, we have the same amount of social housing and PRS for discharge of duty available to us.

The increase in the 56 days prevention and relief duty has delayed the process of making of the main duty decision.

No cases have reached the main homeless duty since April 2018
The introduction of the 56 day period under the 'relief' duty has meant that applicants cannot be accepted the s193 duty until the relief duty has ended which impacts upon the priority banding awarded for accessing social housing. It has also caused confusion from applicants as to why a full duty hasn't been accepted during the relief period.
There is a longer wait for a main duty to be accepted which increases the time spent in temporary accommodation.
There is no change for those owned the main duty as there is no new options from the legislation.
In terms of relieving homelessness for people with the main duty, this has slowed down as numbers within temp accommodation have grown, but this is not necessarily linked to the Act.
Our ability to house people via the main duty remains the same but in practice homelessness will be relieved in some cases before the main duty applies.
The ability to help those via the main duty has not worsened but acceptances are lower due to the better prevention figures.
Your council's ability to house people via the main homelessness duty – this has got slightly worse, as the red tape and bureaucracy now required is making casework slower and there have been delays in being able to approve clients for offers of PRS accommodation. We don't believe our relationship with applicants is improved by the Act but made worse, which does not help with trying to place them in the PRS away from the <council type>, which is inevitable whilst <Council name> is so expensive.
<b>Reasons for improved prevention/relief</b>
As an assessment of priority need is not relevant until the main duty stage, we do not record this at the Prevention and Relief stages so do not have data to assess this
Due to the introduction of HRA we have been able to discharge our Prevention and relief duties into sustainable accommodation before it becomes a main homelessness case - So therefore not worsened due to earlier intervention including extra priority on the housing register
Due to the Homeless Prevention <Initiative name> funding <Council name> have introduced initiatives that have ensured homeless prevent and relief duties have been met successfully particularly for persons who are non-priority need households.
Everyone gets an assessment now, and if under Prevention or Relief, get a plan. We have noticed that when clients have realised that they have to do some work themselves to prevent or relieve their homelessness, they are either doing so and we are seeing some successful outcomes, or they are withdrawing their application / dropping contact. We have noticed many more clients coming to us with PRS properties which they just need a deposit / bond for, rather than expecting us to source the property.
Funding via the prevention fund has improved prevention for those in priority need.
Increase in prevention and relief assistance to applicants through more robust PHPs and increase use of prevention funding.
Increased support in relation to preventing homelessness for single homeless/rough sleepers.
More work on prevention undertaken
Pragmatic approach in assisting clients access to PRS earlier in the possession process

Prevention improved predominately because of extra grant funded front line officers (using flexible homeless support grant- time limited 2yrs) - increasing ability to work more closely with landlords, agents, partners etc.

The Act and the increase in funding that accompanied the additional burdens have allowed this authority to reconfigure its offer and focus more resources on supporting applicants to prevent homelessness via sustainment and support with the Personalised Housing Plan.

The duties have not had an impact on relief of homelessness as such, although we do think that prevention has improved due to increased resources on the front line to implement the duties.

The extended duties are the reason

The HRA has been positive in that Local Authorities are working with more collaboratively with households to prevent their homelessness

The new 56 day counter allows front-line workers to try to prevent or relieve homelessness in all cases as early as possible, which has a positive impact both on local authority resources and on customer experience.

The new Act has assisted with fostering a whole housing service approach to homelessness. The support pathways and those into accommodation have improved and therefore prevention and relief has become easier for those that engage with PHP's and the process.

The prevention stage is a useful enhancement to previous legislation as it formalizes the prevention activity and ensures a personal housing plan is developed regardless of priority need status

The prevention work has increased dramatically with people coming to us at an earlier stage, which allows us to assist them more effectively.

We are able to assist more people sooner under the prevention duty and work proactively with them to avoid getting to the Relief stage.

We are able to do a little more for some client groups in terms of prevention and relief. We are doing more rent in advance and rent deposits as a result of the HRA.

We are placing more households into private rented accommodation due to increase in funding.

We are seeing people at an earlier stage so are preventing more homelessness.

We have been able to invest in improving prevention options and working to improve access to the PRS wherever possible but so far this has had a limited impact.

We have seen an increase in partnership working with the new Act and a refocus on homelessness prevention.

We have used our funding to increase deposits etc for those people who have a chequered past with 12 months' rent in advance etc.

### **Changes due to changes in respondents' procedures**

As per the CoG we are not offering the s.193 duty during the relief duty unless there are exceptional circumstances this has also impacted on our Allocations policy as presently it is only accepting homeless households that are awarded band two so this has not been protracted. Also due to a change in circumstances by moving into TA it is not possible to end the relief duty via an offer from the Housing Needs Register. We have recognised these limitations and will look to make changes subject to the approval of members in 2019

Assistance to customers securing private rent accommodation widened to cover all household groups

Have changed the structure of the team to reflect the new duties and also have IT which gathers all the information up front to be able to go in a make decisions quickly
Outreach worker embedded within housing options service
People are being advised to present that would have previously been advised not to due to intentionality. <Council name> have changed its allocations policy to meet the needs of the Reduction Act.
Giving higher priority on our housing register at relief stage even though we may not have a full housing duty, however conscious we may have increased competition
Rough sleepers & single homeless now see Housing options first & work with a personalised housing plan, so the level of support in these areas in slightly better than before .
The changes to the Allocations Policy to reflect the HRA, has improved access to housing for all clients
The service has gone through a substantial transformation having been brought back in house allowing embracing of the legislation changes that increase the levels of support to households especially single people.
We are developing new initiatives to increase options for prevention but these have not yet been made operational
We have made huge changes to our operating model that go beyond the requirements of the HA96 (as amended). This includes introducing a real strengths based focus to our assessments, committing to accommodate anyone at risk of rough sleeping regardless of priority need, and reaching out to the wider system in the interests of advocating reform. None of the above has made the housing market any more or less forgiving, but it does mean we are taking a more active interest in what skills and abilities our customers have, and in the underlying causes that result in housing crises for different people.
We are reliant on the private rented sector and the additional funding from Government has allowed us to extend tenancy training and employ a complex needs tenancy support officer.
We have managed to resolve customers housing problems by amending the housing allocation scheme and offering more loans to customers to secure housing within the private rented market. We are working more closely with Registered providers to prevent evictions through rent arrears.
<b>Changes due to increased workload as a result of HRA</b>
Everything is worse as we are unable to provide the level of service we would like to due to restraints on staff caused by the huge volume of data collection and recording required. We have the same number of staff and a higher workload.
Housing staff are working with households for longer and have a higher caseload
More persons are approaching and taking more time.
Our method hasn't changed, the legislation has simply added more administrative work but no "real" housing options to help people.
Our overall footfall has not increased but volumes and case load have because of long interview times.
Overall slight increase in approaches across all sectors
The increase in admin / paperwork has had a detrimental impact on the ability to undertake prevention work. It is anticipated that this will change once all posts have been filled in the new structure

We have always been proactive with the prevention of homelessness therefore we have noticed little change other than the huge administrative burden. We are now providing more PHP's than we used to and general advice letters so in this regard, this is an improvement for the customer.

Work load is impacted, due to the recording and systems work making an impact on staff - in terms of time spent recording on systems and time in the office. Cases are taking longer and the ability to assist somewhat delayed.

### **Comments regarding availability of housing**

Insufficient housing available to move people into together with benefit cap, the introduction of Universal Credit and taxation changes have affected access to all sectors of Housing

Increased number of approaches has increased demand for all accommodation types, lack of affordable and suitable accommodation in <Council area> impacts heavily on our ability for find settled accommodation for clients.

Lack of voids within our own stock and lack of private sector L/Ls willing to take clients on UC means households are spending longer in temp/B&B

Limited resources and a private sector reacting to Government policy towards landlord/rent accommodation are making it more difficult.

No new accommodation to place people in has materialized, therefore we can generally prevent and relieve the same numbers.

Reduction in Supported accommodation for single adults with complex needs has reduced our ability to prevent homelessness by securing a placement in supported housing

There are not enough available homes to make a difference in terms of relieving homelessness

The new duties have not been matched by an increase in availability of accommodation in the local area, so whilst more work goes into the prevention work and some clients are receiving more assistance, the council's ability to relieve homelessness duty has become even more challenging.

The options available for applicants who are homelessness threatened with homelessness have not changed significantly since the introduction of the HRA and the key issue for us is the supply of suitable and affordable accommodation.

This has not dealt with the crux of the issue that the Private Sector is becoming increasingly unaffordable for most households and Social Housing is in short supply.

We remain challenged by availability of Private Sector rented accommodation due to rent levels and the LHA caps.

<Council area> is very expensive so options in the private sector are not affordable for the majority of households who present as homeless or at risk of homelessness.

There are still no affordable private rented properties, no more social housing and no more supported housing as a result of the HRA.

No additional affordable housing stock.

The Council's ability to prevent via new accommodation solutions, and to relieve in the same way, has not been enhanced by the Act as the Act (or any accompanying changes to other legislation or processes) brings no change to pressures and difficulties that Councils face with sourcing accommodation in the private sector, nor does it improve the Council's ability to build, use RTB receipts, or any other initiatives that would support Councils to source more affordable housing. For this reason, I have recorded "No change".

We have a shortage of social housing and affordable private rented accommodation. The Act did not increase the housing supply and the funding would not be enough to sustain rent shortfall.

The HRA does not create any additional supply of affordable housing.

### **Comments on the use of temporary accommodation**

As a result of the HRA the Council has increased the provision of temporary accommodation albeit, by a very minor increase. However this is enabling us to help more homeless households.

In the main, improvement means that we have had to accommodate but there has been an adverse impact on temporary accommodation numbers.

The increase in households placed into temp due to priority need has resulted in a significant problem moving them on in to affordable housing

### **Other comments**

Better resources such as more hostel provisions for young people in the area. We have supported 2 move on flats in The Foyer which helps turn around and we have stronger links with B&B's. We are continuing to develop relationships with the Private Rented Sector and establishing landlords for more accessible properties.

<Council name> has had a number of referrals from other areas such as <Area names> - thereby there being no local connection. Other than that the extended period to offer prevention means that we have had a longer run in period to assist, but at the same time there has been no significant change to our ability to relieve homelessness which isn't a major issue in the <council type>.

It is still early to assess the impact and analysing the H-CLIC data. Anecdotally, the duty to refer hasn't increased presentations as those referred are not engaging.

The act has encouraged councils to consider all client groups for prevention and support but we are seeing an increasing number of people who cannot access support to engage

The data we have needs some work still to make sure that it is right and reportable. It's too early to give you answers that we can stand behind in most cases as yet. Even then proving the causal link is almost impossible. Some findings don't fit the questions: rough sleepers have risen significantly but not presentations: they aren't, in the main, coming to us.

The greatest change has been accommodating people to whom we previously made a no duty decision on, including no priority need singles or intentionally homeless families for example.

The Homelessness Reduction Act is the best piece of housing legislation introduced in the last 40 years

The NBF only just covered the cost of the new software required, so there no extra resources available for extra support.

Welfare legislation is working counter current to the HRA.

It has flagged up the urgent need to re-assess our access to the private rented sector.

We used the addition New Burdens money to employ officers to deal with the additional duties (PHPs etc.)

The main challenges are the expectations of citizens and supporting agencies who we find often believe that local authorities now must take all responsibility for resolving homelessness issues.

The survey asked for brief details on how certain factors had affected respondents' councils, and whether they had been able to mitigate their impact (Q6a). Table 3 shows the answers provided for each of the factors.

**Table 3: Details on how particular factors have affected respondent councils, and whether they were able to mitigate their impact**

<b>Welfare reform</b>
Access to private rented sector is becoming almost impossible due to the freeze on LHA/UC levels.
Freeze on LHA rates, benefit cap and UC are having a big impact.
Freezing of LHA, benefit cap and intro of UC have caused considerable problems for people and the perception is that it has increased homelessness and the need for support.
Increased housing rents and frozen LHA/benefits have had a significant impact. The increase in presentations from households threatened with homelessness as a result of non-fault evictions due to the landlord wanting to charge a higher rent that will not be covered by benefits alone (there is an increase of working tenants seeking accommodation in the PRS).
Inflexibility of Welfare reform process regarding UC and DWP - seconded officer from DWP to work with Housing Options.
LHA rates are a main factor along with Universal Credit payments going direct to applicants. Beforehand in the private sector we used to safeguard the payment to go direct to the landlord.
Single homeless clients are affected by welfare reform and ability to secure accommodation within LHA (freeze of LHA has had a significant impact on this group), coupled with cases which have been declined social housing offers because of affordability. Universal credit teething issues too have had impact - landlords have been "scared off" from accepting clients as don't get payments direct.
The benefit cap and the roll out of universal credit continue to affect many clients in how they access and keep accommodation. DHP and other prevention funding is being used more to help cases but its time limited and against the permanence of the benefit system the value of our assistance can be limited.
The impact of welfare reform remains the greatest challenge and is closely linked to the council's ability to meet the client's needs through the PRS. The freezing of LHA has resulted in a gulf between LHAs and market rents which when encountered alongside the benefit cap means for some clients' private rented accommodation within the district simply is not affordable. In addition the 'no DSS' message from landlords has grown following the negative publicity around Universal Credit and where it has been possible to access PRS for an individual in receipt of UC the inbuilt delays have led to additional costs to the authority.
The LHA allowance level is below that of the market rents so we have to apply for DHP or fund ourselves. Landlords do not want the risk of UC including Housing associations who are reluctant to house some of our clients. We as a local authority are carrying a financial risk having to pay in some cases 6 months' rent in advance to ensure families gain access to accommodation and prevent then having to go into B & B. Some are not paying the money to us hence why landlords will not take the risk so we have to.
The most difficult element to mitigate is welfare reform - particularly the benefit cap on large families. They are unable to find work if placed into emergency accommodation, and housing providers are unwilling to house them if they are unable to afford rent. This is an intractable problem and draws heavily on DHP whilst they are in temporary accommodation

The impact of Welfare reform and affordable private rented accommodation has the most significant impact on our ability to meet client needs.

The welfare reform has had a massive impact over the last few years - in particular the BC and UC (full service area) - added to that is the frozen LHA rate, the abolition of the above 3 bedroom LHA rate - this has seen access to PRS accommodation and maintaining PRS plummet.

There are limited options to resolve homelessness anyway but welfare reform has significantly impacted on these limited options. Rents are way above the LHA rates, some households subjected to the benefit cap cannot afford any type of housing within the <area type> but do not want to leave it due to support network.

Unfortunately much of the good intention of the HRA is being undermined by both welfare reform and the impact of austerity more generally.

Universal Credit and the unpredictability of this is having a big impact on the affordability of permanent housing and applicants' ability to secure this. The LHA freeze has also affected affordability of private rented accommodation. Landlords are often unwilling to rent to applicants due to Housing Benefit/UC issues and inconsistency.

Universal Credit is a real headache because people are less able to afford private rentals.

Welfare reform has had biggest impact on households with several children and affected their ability to pay the rent.

Welfare Reform - Clients restricted by benefit cap, struggling to afford even social housing. Universal Credit roll out has effected clients, struggling to understand the system, delays in assessment, negative press means landlords are unwilling to assist UC tenants.

Welfare Reform - there is a huge gap between market rents and the LHA caps, which is compounded further by the overall benefit caps, such that pretty much no PRS tenancies in Camden with 2 or more bedrooms are affordable to anyone entitled to any LHA, or even on a moderate to good income from employment. The market rent for 2 beds is about £460 a week, whereas the LHA is £311, so there is a weekly shortfall of around £150 a week. We also suspect benefit caps mean social tenants are less likely to move from social housing sector to private renting, as the PRS option is not available locally, not affordable and felt to be unfriendly to benefit claimants. This means fewer social tenancy voids arising, restricted tenant mobility and thus affecting our ability to rehouse households in priority need.

Welfare Reform - Universal Credit has not been fully rolled out within our area however, this is a concern given the monthly payments which customers are not used too, the delay in processing applications and the customers lack of access to IT in rural areas.

Welfare reform over the years has impacted on affordability of private sector plus any accommodation for larger families. UC has caused some people to become homeless; freeze of LHA continues to be a barrier to access to PRS; general levels of poverty amongst the client group has risen

Welfare reform and the introduction of Universal Credit has impacted on customers who struggle to both make a claim and subsequently ensure their money is budgeted accordingly. It can also be challenging to find a private landlord willing to accept tenants on Universal Credit, given the difficulties faced in either having the (potentially vulnerable) tenant receiving their benefits directly, or trying to arrange an alternative payment arrangement in order to pay the landlord direct. Previously, the team were able to work closely with our in-house housing benefit advisors and resolve rent issues fairly quickly and efficiently. However, this tool has subsequently been removed from the team in these cases, and instead they are often expected to provide private landlords with financial incentives to take on such tenants.

Welfare reform and in particular Universal Credit has had a marked effect on the ability of our service to access the PRS due to landlord's reluctance to take clients who are on benefits.

Welfare reform has pushed a large number of people into seeking assistance for the prevention of homelessness through debt.

Welfare reform has put private landlords off clients on benefits

Welfare reform is significantly impacting <Council name>, particularly the benefit cap and Universal Credit. This has proved difficult to mitigate; for example our DHP budget has nearly run out.

Welfare reforms, resulting in less money being available to applicants, and also reluctance from landlords to accept potential tenants on universal credit, have had a big impact, restricting access to the private sector alongside the growing gap between LHA rates and actual rent levels.

Whilst Universal Credit has only just rolled out in our area, the impact of LHA rates has been felt for some time, as well as PRS landlord attitudes to benefit claimants and local authority bond schemes.

UC is a significant contributor to homelessness.

Welfare reform means that even some affordable rent products are not suitable for clients on UC.

Welfare reform, the introduction of UC, LHA freeze have all had a significant impact on the numbers of clients presenting as homeless or at risk of homelessness and limited the ability to secure affordable property in the borough.

LHA gap is challenging for the clients that approach.

Welfare reform has also had a significant impact on the extent to which the PRS will accept HB claimants as tenants.

Welfare reforms - with LHA rates making some areas of private sector unaffordable and impacts of Universal Credit roll out becoming apparent.

Discretionary Housing payments have mitigated some of the impact of welfare reforms particularly on larger households.

We are working with landlords to offer additional support to house our clients and working with the DWP to mitigate the impact of UC. The impact of welfare reform is effecting the mental wellbeing of clients who are also becoming homeless who previously could have resolved their own homelessness.

Welfare legislation seems to be creating demand for homelessness services.

Universal Credit is also preventing many landlords from offering tenancies.

### **Affordability/accessibility of Social Housing**

We have a lack of available land to build social housing within the borough

Lack of new/affordable social housing.

In the social sector the income and expenditure checks are now being done and some households are being refused due to other UC deductions. Housing Associations are now asking for rent in advance due to the changes with UC and payments not hitting the account for several weeks. Clients are unable to afford this money in advance therefore being refused the property. Issues with sensitive lets in our area with the social sector also.

Access to social housing - landlords are becoming increasingly commercial

Restriction on CBL scheme for those poor tenancy history etc. - further negotiation with Social Landlord regarding individual circumstance.

The supply of social rent accommodation is not sufficient to meet the demand and is reducing.

In our areas, social housing is in woefully short supply.

Access to social housing - demand significantly out weights supply.

Affordability of social housing – not really an issue. In <Council name> social rents are a fraction of the market private rents. Access to social housing – Over time <Council name> has lost more than 10,000 council homes to Right to Buy and these have not been replaced by anything like as many housing association tenancies. The level of need required by social housing applicants in order to be allocated social housing has thus increased and fewer households at risk of homelessness or who are homeless are able to bid successfully for social housing. Fewer overcrowded households and households in all forms of need are able to be rehoused, as with lower stock comes lower turnover and fewer voids to be allocated. <Council name> used to allocate more than 2,000 social tenancies a year, whereas now this is fewer than 1000.

Social housing providers are refusing more and more clients who they label as 'homeless'.

Social landlords are putting barriers to accepting clients with debt or previous ASBO or addiction issues.

Affordability of social housing - We are seeing an increase in registered providers carrying out affordability assessments on benefit dependent customers and determining that social housing isn't affordable due to the level of benefits they receive. Access to social housing - there is generally a lack of social housing with a reduction in new properties being built and therefore the need is not being met.

RPs reluctant to overcrowd homeless households but don't provide sufficient large properties. RPs own affordability checks have proven difficult to overcome. PRS all but disappeared due to affordability as way above LHA rate and the required deposit, RIA and guarantor.

Affordability of social housing - a result of RP affordable rent levels. Access to social housing - decrease in social housing lets becoming available

The lack of social housing delays move on from temp accommodation. The current housing strategy needs reviewing to address the changing and increasing housing demands to improve social housing options in <Council name>. New housing demands and needs survey. Working closer with social housing providers & HA's to open up greater choice and property availability to meet the increasing demands.

There is very low turnover of general needs social housing, especially 1 bed flats for single people.

With 13000 households on the housing register demand is high with only those in the highest priority likely to obtain a social let.

RP don't want to house applicants with former tenant arrears.

Partner HA's have started requesting rent in advance and deposits for benefit clients which will not be sustainable for council budgets.

Social Landlords are very picky as to who they will accept under part 6. Although numbers are not incredibly high the lack of options in the area is proving to be an increasing problem.

Our RP partners have limited resources and have very limited ability to offer support to cohorts that are high risk

Access to social housing - availability generally, rent in advance requirements and increasingly risk averse.

We are continuing to mitigate affordability issues across the district by working with RPs

Social Landlords becoming more risk averse as a result and refusing households who pose any level of risk.

### **Affordability/accessibility of Private Rental Sector housing**

Affordability and the access to the PR sector.

Access to PRS housing - this is being stimulated by new process regarding attracting and retaining new PRS Landlords.

PRS rents in <Area name> are significantly above Local housing allowance and local landlords are reluctant to accept applicants without considerable deposit to guarantee the tenancy.

PRS accommodation is widely unavailable and unaffordable and rent costs are much higher than the LHA.

PRS is now above the LHA so is in some cases unaffordable

PRS - LHA far from market rent, <Council name> is an area where clients struggle to find any landlords who will rent at LHA amount or will accept those on benefits.

Affordability of and access to PRS housing - <Council name> is in the top 5 most expensive local authorities in which to buy or rent privately in the UK and this has got appreciably worse since welfare reform. We are increasingly having to offer private rented accommodation in areas away from <Council name> our residents naturally do not want to live in. Either they will refuse the offers, increasing TA provision and length of stay therein and ultimately ending with households somehow having to make their own arrangements, or they will accept the offers but often under duress, which does not make for sustainable accommodation or cohesive communities. This impacts negatively on children's educational attainment and inhibits families from achieving their aspirations, it also tears communities apart, both in the exporting areas and the importing areas (for example higher pupil turnover in schools).

The private sector increased rents significantly over the last few years, naturally and in reaction to Government policies, and there are now few properties that are affordable to households on low income.

Affordability of PRS - rents are increasing to such an extent that the PRS sector is difficult to access for those on benefits or low income. Access to PRS - Increasingly difficult as landlords can pick and choose their tenants with a majority choosing tenants who are working and without debt.

Private rented in <Council name> is very expensive and most in unaffordable if the client is reliant on benefits.

PRS - need funding to support new initiatives to get the PRS to assist in homelessness in <Council name>.

There is no PRS accommodation that is affordable within LHA rates anywhere in the district and landlords are increasingly reluctant to take people on Universal Credit.

We are trying to work with local private landlords who have ex-student accommodation to find out what would incentivise them to take our customers. Also commissioned a consultant from successful bid to LGA to look at how we can improve access to PRS. As a result we are looking at commissioning a payments by results service to get singles with low support needs into PRS.

The affordability of private rented accommodation is a concern in the <area type>, with very few options for those under the age of 35 relying entirely on the local 'shared room' housing allowance rate. This lack of options also increases the likelihood of sub-standard accommodation being offered and accepted by those individuals who may then experience having to live in unacceptable conditions and subsequently find themselves circling back to the Housing Options service for advice and assistance regarding this issue. It is also difficult for some customers to access affordable housing, given that the <Council name> has four broad market rental areas and has a diverse group of wards in regards to affluence. This means that calculating market rent in order to influence affordable rent is very difficult and can increase rents above what would normally be expected in some areas; meaning customers on a lower income may struggle with affordability. It would also appear that a significant proportion of landlords within the <area type>, own a small number of properties and, given the changes in tax-rates reducing overall profit, a number of them have decided to sell their properties. Prevention in this case is difficult and further reaffirms to customers that the private rented sector is unpredictable, making it more difficult for staff to support them into such accommodation.

<Council name> has seen significant and unprecedented increases in property and rental prices in recent years pricing most local residents out of the PRS and limiting supply.

As with most <councils> PRS is unaffordable for the majority of household within the <council type>.

The affordability of private sector accommodation in the <council type> has greatly impacted the ability to prevent and relieve homelessness at an earlier stage - nearly all applicants who are owed a full duty will have their duty discharged through a part 6 offer, when a full duty decision is made, applicants are placed in band A on the housing register so are prioritised but this results in sometimes a longer wait in B&B/TA accommodation when compared to neighbouring <councils> who have much more affordable privately rented accommodation and schemes and more funding available so that they can loan customers larger amount of monies to help them secure privately rented accommodation.

Formalising prevention duties has led to increased focus but without significantly more affordable properties in the PRS it is increasingly a losing battle.

<Area name> is the most expensive <council type> to reside outside <Area name>. PRS rent is extremely high and landlord do not wish to take on tenants with benefits.

Private rent is much higher than LHA.

PRS affordability is a concern but we have a very good PRS offer.

There is a significant lack of affordable properties in the private rented sector. This has not changed. The LHA rate in this area is nowhere near the level of the cheapest available property in the private sector.

PRS has always been difficult, with our <council type> being so rural there is a huge gap between LHA rates and the rent charged. Private sector landlords want top rental amounts and our clients cannot always afford to pay this. We struggle to pay all fee's required to secure PRS properties and it's such a shame when they could be for as short period as 6 - 12 months

The divergence of LHA levels and market rents is a problem that continues to worsen.

Unaffordable private sector in this area is not an option for the people we see.

A meeting with the Private Landlords Steering group clearly emphasised the lack of PRS accommodation available for use, despite the introduction our Private Landlord offer. We have commissioned a consultant to work with us to review the approach with the aim to streamline the process

Access to affordable PRS is a significant challenge, due to landlords being incentivised by <councils>, to a greater extent than we can compete. Currently exploring options in relation to PRS access scheme development.

We are able to mitigate the impact of most of the ... [factors] but the price of PRS in <Area name> and welfare reform are massive hurdles

Due to high demand of PRS accommodation in our area, a lot of agents/LL asking for no HB and also guarantors which unfortunately the majority of our clients do not have. We have offered numerous packages to the PRS but no take up thus far.

Private rent costs in the area has always been above LHA and landlords have been reluctant to take on people on HB, the advent of UC has compounded an already difficult situation. As a result we've reviewed the type of help we give to people securing private rent accom. We've also changed the way we administer the waiting list to try and make better use of this limited resource.

The main concern for us is access to the PRS. Private landlords are often unwilling to work with us when they can attract holiday lets. The difference between rents charged and the LHA is a major factor and the changes to UC mean landlords are reluctant to let to households on benefits. We have submitted a funding bid to the PRS Access Fund in the hope that we can mitigate some of these issues.

There has always been a lack of suitable private rented housing within the local area - Landlords are not keen to take on tenants in receipt of benefits.

We have limited access to PRS and have submitted a joint bid for the PRS access funding to enhance provision.

The supply of PRS accommodation has not increased address increasing demand.

We have seen a slight improvement in the availability of accommodation in the PRS. However there is still a large disparity between LHA and the market which means that in order to use this as a realistic option we need to support clients into this financially

Whilst welfare reform is a contributory factor, it must be acknowledged that for many years applicants dependant on welfare benefits have faced challenges in accessing the PRS market and it was not uncommon for landlords and their agents to refuse clients on DSS.

Access to the PRS has always been difficult due to affordability issues and a reluctance on the part of many clients to move outside of the local authority area. We have tried to mitigate against this with the introduction of an Accommodation Finder Service to assist the work of the Housing Advisors and though a financial scheme designed to supplement a qualifying person's HB entitlement.

Addressing issues within the Private Sector is proving difficult within <Council name>, we have made a joint application for PRS funding which would enable us to direct resources in this area.

Effective move on options especially in the private rented sector limited particularly to people reliant on benefits. Can be mitigated by referring for employment support in PHP.

Affordability and access to PRS is extremely difficult in <Council name>. Where we do prevent/relieve homelessness via the PRS it is usually in the <Area type> (adjoining council) where there is cheaper accommodation.

Access to suitable and affordable accommodation for customers in <Council name> is a key issue. Whilst we have put increased resource into developing a PRS access scheme this is limited by affordability of the PRS, landlords willingness to work with the Council and partners to accommodate homeless people and customers attitudes when offered alternatives to social housing.

In <Council name> the PRS is becoming more scarce and less affordable due to the huge demand for housing in general in the borough. Clients wish to remain where the work is and near to their social networks but cannot afford <Area name> prices.

Our private rented sector rents are very distorted rendering this option as not affordable for those reliant on HB/ UC housing costs

Some customers have secured private rented and requested financial assistance to secure this, we are finding however that some landlords are requesting up to 6 months RIA before they will agree to offer tenancies.

We have extremely limited access to PRS accommodation and huge shortfalls between LHA and market rents

Housing market in <Council name> very challenging around PRS affordability. Really need LHA reform. Until this happens <Council name> will need significant funding to enable homeless households to access PRS

We have a private sector service to enable access to the sector but this remains a challenge as we are in a high rent area where low wages and benefits claimants are not needed to support the private sector and therefore access for these groups is often unaffordable.

PRS is difficult to access with frozen LHA rates.

The large gap between Benefits and rents in the <council type> renders the PRS sector unaffordable for a lot of clients.

We have a team of officers who support tenants in the private sector; we have introduced a selective licensing scheme which is improving PRS housing

The biggest driver is private rented eviction through no fault and families desperately wanting to achieve stability.

### **Conditions and suitability of PRS housing**

Conditions of properties are worsening and there is a severe lack of suitable PRS accommodation in this borough.

Conditions and suitability of PRS - accommodation with the lower rents will often have issues with e.g. disrepair.

### **Security of PRS housing**

Security of PRS - Security becomes an issue when rent rise on an annual basis.

Security of PRS - historically end of tenancies puts customers off because they want a settled home for more than a couple of years

Security of PRS - ending of AST is one of the biggest reasons for homelessness.

### **Overall accessibility/affordability of housing**

We are really struggling to help larger families, limited social stock of large families and PRS unaffordable.

In our area there is a lack of both social and PRS accommodation which makes the challenge of moving people on a notable issue.

Affordability is not as much of an issue as some of our <area name> neighbours, but we do struggle with access to all forms of accommodation. This is exacerbated by other <councils> procuring private rented sector accommodation in the <councils> using inflated landlord incentives, and a larger proportion of NASS placements than other areas.

Affordability issues are increasingly commonplace.

Lack of suitable and affordable single persons accommodation - pilot of 15 shared accommodation tenancies
Shortage and affordability of social and private rented housing is a major impact on the prevention relief of homelessness.
There is a lack of housing options in the <council type>, especially in the private sector and supported accommodation.
The cost of private rent is marginally higher than social rent in <Council name> and this squeezes the market towards public sector stock which is limited in availability.
We have a good housing supply in <Council name>, in both PRS and social housing and this has helped us to move people out of temporary accommodation.
The availability of suitable homes across the tenures remains a factor.
There is a shortage of affordable accommodation for single people, especially with the clients that have multiple needs.
More social housing providers now will not take higher risk tenants, neither will all private landlords. Many are now asking for significant rent up front and guarantors which people do not have. The issue around not enough smaller unit accommodation at affordable prices is impacting.
<b>Local authority finance</b>
Looking at gov't funding streams and developing systems/ partnerships. Reviewing structure and resource but difficult to determine solutions with resource available
Another concern is the lack of consistent funding available for housing support. In two tier authorities this is very unhelpful and does not enable the sustainability of tenancies.
We are concerned about reduction in HRS funding and general cuts to social care. We have also had a roughly 25% reduction in DHP budget. We are spending budgets where possible on accessing the PR sector and bidding for grants to top up resources.
Funding currently available to be creative and respond to increased demand on service however we have concerns regarding long term funding to meet needs.
To overcome funding cuts in <Council name> we have jointly commissioned floating support over 2 years to bridge a 50% cut. We would like to review all funding and jointly commission with <Council name> to protect the most vulnerable and meet both authorities statutory obligations under the care act and HRA17. There is duplication.
LA finance - LA funds are limited meaning schemes have to be restricted and cannot access all or provide open ended rent guarantees. Also limited to number of staff.
Local authority finance - the funding is simply not available to develop a robust PRS scheme or provide sufficient incentives for landlords.
We don't have the funds to support long term rent top ups
LA Finance - lack of ability to build social units
Whilst we can demonstrate the highest affordable housing delivery in the county in recent years, we continue to experience high demand, the housing market is expensive and this is a challenge and the challenge of engaging the wider system when it is also affected by decreasing resources and increasing demands is a problem.
New Burdens grant and flexible homelessness support grant have helped meet the increase team demands. However funding runs out April 2020, therefore significant impact on general fund at that point.

Budget pressures for next year already identified due to additional prevention spend and additional staff required to carry out our duties.

The interim funding does not look to be enough to meet the new duties at this stage. We will keep this under review.

The upper tier had the Housing Related Support Budget, which is not a statutory function for them and most has been cut putting extra pressure on districts. Districts need a budget for HRS and more funds for employ staff to meet the extra demand.

Use of a prevention Fund to access or maintain PRS.

The pressure on budgets has seen a rolling back of support

We have needed to increase staffing and the New Burdens funding was insufficient, hence some use of FHSG for this purpose in the first year- in future years we are having to try to mainstream the increase in staffing costs to that we can use the FHSG to enhance prevention initiatives- this is a balancing act in itself.

Ultimately it is down to money but you cannot pay your way out of it. We do need access to sufficient funding to meet the cost of incentives to landlords.

Use of Flexible Homeless Support grant and New Initiatives have helped mitigate - if this is discontinued or not increased then burden will have to fall on Council Tax payers and/or services

The new burdens funding in no way matched the additional burden of this legislation.

### **Clients' attitudes**

Client expectations has an effect as some only want a certain area of preference

Security of social tenancies are always deemed more attractive to clients than PRS, even though the gulf has reduced with market rents and fixed term tenancies in social, clients continue to chase Social housing and staff delivering services continue to try to manage customer expectation around the availability and supply vs PRS and Social. client expectations is the biggest area of work for a housing officer - in terms of managing the client expectations around affordability, availability, size, location, cost etc.

The Act will hopefully start to change clients' attitudes but so far, there remains an expectant culture.

Client attitudes - expectations of LA service remain unrealistic. Client's willingness to compromise on options/areas. Social housing always wanted but not always available.

Clients' attitudes - customers still see social housing as the golden ticket and some see it as an entitlement.

Client's attitudes - Clients expectations appear to have increased, they have become more demanding and expect housing officers to find them accommodation as this is what the HRA suggests (possibly misinformation from advice services).

Clients all want social housing as private is not secure enough

Clients all have unrealistic expectations despite trying to manage these from the outset.

PHP's help to change client attitudes to help themselves.

There is a lot of work to be done in regards to selling of PRS as a viable options to our clients especially outside of the < council type > where accommodation may be more affordable. Clients do although insist on remaining within the < council type >. Yet again work around this is being captured in order to improve and manage expectations.

Applicants do not always want to go into PRS accommodation.

Clients refusing prevention options and officers having to continue into relief and main duty is very frustrating. We have clients refusing suitable PRS at prevention stage who we then have to place in emergency when they become homeless and we have to start the process again.

Clients attitudes remain that they want the securing of social housing and do not always wish to rent in the private sector which is understandable when it comes to work, children's schooling etc.

Client resistant to the PRS sector and believe that they should be housing in council accommodation.

Client's attitudes – expectations relating to social housing an availability in particular locations.

<Council name> is an area of multiple deprivation with many homeless applicants not being in work and or not aspiring to entering into employment and training.

We are still finding the customers are still unwilling to consider private rented as they prefer to have the security of social housing.

Much of the officer's time is spent managing applicants expectations. Therefore, rather there being a lack of support, the issue tends to relate more to managing applicant expectation.

Some customers have unrealistic expectation

### **Partner engagement**

Partner engagement - some good, others more difficult such as social services, hospitals and health. This is down to lack of resources and services being overstretched.

Partner engagement - partnership working has always been good within this area however, reduced funding and difficulty accessing grant funding for the voluntary sector threatens these services and their ability to deliver homelessness prevention work.

<Area name> Homelessness partnership developed and implemented and led by the voluntary sector and our stakeholders to improve homelessness options and solutions.

The partnership collaboration and the support services offered to clients within the <council type> are pivotal to the needs of the clients and pathway plans which we have in place.

Joint working with local organisations is enabling us to improve services to those Rough Sleeping in the district, we have seen an increase but are confident that with a joined up approach we can manage this.

Use of duty to refer to engage early via contact with Partners.

Some partner agencies not aware of their responsibilities especially under duty to refer.

The support from partner organisations is out there but the reality is the accommodation is not and private landlords are becoming more wary of taking applicants with a history of failed tenancies. Duty to refers that are coming in are sketchy and we feel it is being seen more as a tick box exercise rather than genuine wanting to share information and working with us.

We have a multi-agency hub and have excellent partner relationships.

We have good partnerships and excellent relationships with voluntary and statutory sector organisations and our local RPs.

Duty to refer has been successful however some stat bodies (DWP, NHS) are refusing to adhere to local arrangements meaning Councils are creating more than one process and method for these referrals coming in.

We have strong partner relations with the police and mental health services

All agencies are keen to be involved in the duty to refer and improve service delivery for clients.

### **Administrative requirements of implementing the HRA**

Officers have reported that the administrative requirements are impact on the actual support that they can provide to households.

Admin of HRA has had a significant impact.

More time is being spent on administering cases and so far this is an additional workload for staff.

The administrative requirements of the HRA have been felt by frontline staff, but this has been mitigated by increasing staffing via New Burdens and other funding. If this funding were to cease however, the local authority would struggle to continue to finance the increased staffing levels needed.

Admin - The HRA is extremely administratively heavy, this impacts officer time and removes the time available for homeless presentation work.

The HRA introduces a greater degree of data collection which I think is good in a sense that there is the potential for better analysis of the data however it creates an administrative burden on staff and is time consuming, reduces the time available to officers to do that actual prevention work the Act intended. The majority of PHP's are not read by customers. The number of decision notifications is confusing for customers and time consuming for staff who must ensure they are legislative compliant or face legal challenge.

Admin requirements of implementing the HRA - The HRA is an administrative burden for housing officers in both paperwork & data collection and takes some of the focus away from assisting customers.

Administration of the HRA is overwhelming and mostly unnecessary which has frustrated staff and lowered morale.

Administrative duties attached to the HRA have added pressures on existing resources

Additional staff have been recruited to deal with the additional administrative workload but it is not felt this is leading to better outcomes for customers

HRA administration is burdensome - approx 3 x the amount of time to deal with a case post April 18

Administration is a big concern as staff struggle with understanding all of the written notifications and review rights.

<Area name> wide administrative software (<software name>) to help implement the HRA and <Area name> initiatives. Strategic <Council name> meetings to implement the HRA consistently across <Area name>. New IT provision to assist the team operationally.

New way of working under HRA has increased officer stress levels.

We have struggled with the bureaucratic processes the HRA have burdened us with

The increased duties under the HRA has generated much more work for officers to undertake and whilst we have recruited more officers we still do not appears to have the time to be able to take effective reasonable steps with the applicants to prevent and relieve homelessness.

Administration of the HRA is a high burden on staff time and resources.

Administrative requirements have been minimized due to employment of additional staff within the Housing options Team.

Administrative burden is extensive. Commissioning new software to help mitigate.
Interview times with customers significantly increased, meaning customer queue time or unable to wait/get through, impact adversely on ability of council staff to manage caseloads. additional staffing resources put in place but not sufficient
The administrative burden continues to be a problem for the authority and we continue review to minimise impact on service and officers.
The administrative requirements has increased the staff resources needed without benefiting the client.
The HRA involves a lot more bureaucracy than older legislation and we have experienced a high number of applications. Challengeable notifications being provided to applicants on so many stages of the process increases processing time and makes the whole process less effective.
The main impact on the service has been the administrative requirements of the Act. We are really struggling with that part of the process.
We have had to use most of the funding we receive to pay for additional staff to mainly meet the administrative burden.
A lot of administration work for HRA is impacting on the case time.
<b>Staff retention and morale/Staffing issues</b>
There is a national shortage of housing officers and very difficult to recruit
Admin and Staff recruitment has been a significant issue over the last 6 months - have had to continuously recruit over this period.
This has had an impact on staff morale due to the inability to find timely or secure solutions - although we are providing good quality mediation with landlords to help families/households to retain their homes along with excellent budgeting advice and assistance, Staff morale is also affected with the recording requirements on systems, as it is time consuming for staff, requiring more time spent in the office and less on households needing help. IT System issues have been very problematic for staff, which has caused considerable stress.
It has been very difficult to recruit the right staff as nationally most councils are advertising and seeking similar staff.
Staff morale - no issue with retention but staff morale at times very low, front line staff very stressed and struggling.
Initial intro of HRA was difficult, but now bedding in and staff morale is high.
Staff retention and morale - retention has not necessarily been an issue however, the changes and administration has impacted on morale.
Staff morale is so low and the quality of the temporary staff around is low so it's an ongoing process to try and keep on top of the workload.
Morale - most officers like the HRA but they feel hamstrung because of the quick implementation which has resulted in significant ICT issues and data collection
Some staff have left or are known to be looking for other employment as a result of the introduction of HRA.
Although we have funds to recruit staff cuts to other departments in the council such as HR have limited our ability to recruit. Also there is a general shortage of experienced staff available in <area name>.
Staff morale high but staff retention poor based on new ways of working.

Shortage of qualified staff, administrative burden both create stresses on the team IT not matching expectations of the MHCLG is challenging
100% change in the positive culture of officers and customers. Staff satisfaction is the highest it has ever been and customer satisfaction is now 91%
Staff possibly being deskilled due to lack of decision making
We have seen a high turnover of Housing Advisers in the last 12 months.
Increased workload has had an adverse impact on staff morale, additional staffing is beginning to mitigate
We have employed a permanent tenancy sustainment officer in order to provide floating support to both help people find accommodation and also to prevent people losing accommodation.
The pressure upon the staff has led to increased caseloads, resulting in low morale and increased sickness absence.
The only reason we are able to provide a service is due to the commitment of staff but it is reaching the point where morale is such that staff are going to start leaving voluntarily. It doesn't help that the councils IT systems are rather unreliable.
We have appointed additional staff to undertake assessments.
<b>Availability of relevant support services (including in the voluntary sector)</b>
The impact of the BC and UC alongside securing employment with suitable hours and access to childcare is becoming extremely hard to achieve - use of Jam Jars has been amazing but without constant support - these have been failing in times of family crisis (hardship)
Of particular concern for us has been the gradual reduction in what were formerly SP funded services by the upper tier authority. Pressures on statutory social care have resulted in the decommissioning of many specialist services. The lack of support services and specialist accommodation to help the most chaotic and vulnerable is by far the biggest challenge.
Support services - more support required in a number of sectors, such as debt and budgeting, mental health, young people
Availability of relevant support services - Reductions in funding have had a significant effect on all service areas, particularly the voluntary sector.
Cuts to mental health, addiction, adult social care etc. has reduced support available and LL won't accept this genre of client - it sometimes feels like we are fighting all the time to get the care some of our clients need
The withdrawal of services following Supporting People cuts have had a significant impact.
A further challenge experienced is mental health support in the area, we are currently liaising with local members to facilitate discussions with the CCG to push for an improvement in this area as there are concerns that client's needs are not being met.
Access to supported accommodation in our area is a limiting factor as is access to mental health and drug and alcohol services.
Cuts to the voluntary sector means there are fewer services available.
Without the services to assist the client it is difficult to prevent or relieve homelessness.
We continue to face barriers with social care services and vulnerable adults which is becoming an increasing problem as we see more people approach us with multiple and complex needs.

Insufficient supported housing/floating support services has impacted on just how our partners can help us. Being a two tier Authority area this is managed by the Upper tier <Council name> albeit they are in full engagement with the Districts and boroughs to tackle homelessness - particularly street homelessness.

The Act needs to be streamlined. Resources are lacking amongst partners and so this causes issues - particularly social care, Registered providers and mental health services.

### **Complexity of client's issues**

The client groups we are working with under HRA are becoming more complex with significant barriers to housing which both social and private landlords will not accept.

Many people approach with mental health/drug/alcohol issues or are young people who require supported lodgings which are not available locally.

Staff training to identify new skills and culture within the team to work more efficiently and effectively to support and help the complex needs of our clients.

Seeing more people with complex needs where it is difficult to find suitable accommodation.

Specialist complex needs worker has managed clients' expectations.

We have a growing proportion of people with high complex needs.

So many of the issues that we are having to address involve deep seated issues faced by those with addiction and include care leavers and others that lack the skills/experience.

A lot of the reasons of client's homelessness is due to their finances, references and issues such as substance misuse and mental health.

### **Emergency/temporary accommodation issues**

The greatest increase in pressure is for those who are in emergency/interim accommodation on relief duty, for which it is difficult to secure a resolution. Numbers in interim/temporary accommodation are expected to increase further

The continued increasing costs of emergency and temporary accommodation has resulted in a large proportion of the grants available having to be diverted into funding this which in turn reducing the amount available for prevention of homelessness.

Relief stage complete waste of time as customers spend longer in interim accommodation generally out of area and costly to the LA. Cannot accept as homeless during this stage so cannot be given a higher band on waiting list. Pointless.

We are creating additional temporary accommodation/Hostels from our own assets (former Council offices and some HRA stock). This is to mitigate against the excessive costs of private B&Bs that is hitting us hard financially.

We have had an increase of singles in interim accommodation and finding move on options are harder to facilitate

We have limited access to temporary accommodation of any sort, though it is hoped that this will improve in the medium term. The lack of decent interim/temporary housing has a negative impact on clients and their prospects.

### **Other factors/mitigation**

We are developing new initiatives to increase options for prevention but these have not yet been made operational

The duty of the client to co-operate/engage has helped us to use PRS and PSL to a greater extent. Clients are no longer able to refuse these options out of hand and wait for a homeless decision.

We are focusing some of our energy on a different assessment process and moving towards a model that looks to engage customers and wider services, in a model that supports people to achieve their aspirations and to become more self-reliant. This has had some successes and the Council's Cabinet has approved additional investment to support this model.

All the [listed] factors influence the service with very few clients not being influenced by multiple factors.

We have not as yet been able to mitigate

## Funding of the Act

The survey asked respondents to provide details of any additional services they had commissioned or provided as a result of the HRA (Q7a). Table 4 shows the answers provided group into themes, the main one included partnership working, recruitment of additional staff/team restructures and provision of additional areas of support.

**Table 4: Additional services commissioned or provided as a result of the HRA**

### Partnership working

CAB support

The development of pathways/partnerships, which is an ongoing process.

Partnership with Citizens advice to provide debt advice service.

A prototyping fund which has funded a number of initiatives in partnership with the voluntary sector, including initial steps to delivering "Housing First"

Better coordination of partners

Multi-agency task and targeting fund

Debt and budgeting support service for clients who are homeless or threatened with homelessness through the citizen's advice bureau.

Shelter based within the service providing independent advice and advocacy. Solace Women's Aid provide independent and advocacy in the service.

Additional funding to the local CAB for housing advice/assistance.

Grant funding to homeless forum partners. Funding for local IDVA service.

Increased funding bids/partnership working on extra services (such as domestic violence);

Increased funding to CAB and Rent start to support clients in housing need.

Specialist accommodation

Procurement of rooms for single people

Funding to local RP to provide 6 vital bed spaces of refuge accommodation.

We have commissioned Changing Lives to provide supported accommodation for single homeless.

Young person's accommodation provision

Temporary accommodation

Funding temporary accommodation
The number of Temporary accommodation units has increased from 2 to 4 and we are pursuing more.
Increased supply of temporary accommodation
Increase in temporary accommodation
Purchase of additional TA.
Funded additional space in hostel accommodation for a limited period
We have purchased our own temp accommodation
Emergency accommodation
Financially contributed to a night shelter.
Night shelter
A small refuge in our area.
Cold weather provision has been agreed.
New IT system
New IT system and laptops for field staff
Developed IT and web based solutions.
NHAS Jigsaw computer programme
We have purchased new software to help us with case work and manage this in a better format.
Other
Exploring support options, Housing First, outreach etc
The flexible homeless support grant has been more essential in terms of development of new services than the Act
Administrative requirements under the act are affecting the service we are able to offer at a time we are seeing a marked increase in clients approaching us
We are currently working with <Council name> and <Council name> on the homelessness review as part of the next iteration of the <Area name> Homelessness Strategy due in March 2020
Consultants engaged to deliver IT project and service improvement.
First impressions clothing bank, to enable access to smart clothing for seeking employment or interviews. Currently scoping Housing First and PRS access.
Provided more training to staff and partners on the HRA.
A coaching service for more complex homeless people
<b>Additional staff/restructured team</b>
We have used the flexible homeless fund to increase the number of homeless officers by .5 and also to provide a private sector landlord liaison by .5
1 full time support worker - need at least 2 more of these.
1 x extra Housing Needs Officer

Extra staff member
Additional 1.5 members of staff
2 year contract for 2 new staff.
We have employed 2 Housing Support Officers to assist with increased duties.
We have recruited two additional officers and are looking to fill a further post in the new year
4 housing advisors 1 support officer
Funded four new posts in varying roles to support staff.
Additional (temporary) resettlement and support coordinators
Additional frontline staff
Additional staffing (x 9 respondents)
All New Burdens Fund were spent on staffing at the front line. No new provisions were made for supported housing - currently approx. 550 placements.
Appointed more staff on fixed term contracts to work with in the Housing Advice Team
Enhanced staffing resources predominantly
Extra Housing Options staff to meet increased demands in approaches and increased demands in administering the act
Increase in staffing by 22% as a result of a restructure
Increased staff team substantially
Increased the number of officers within the homelessness team and appointed a 'duty to refer' officer.
More resources available in terms of temporary assistant roles - money set aside for temp staff to work exceptionally complex staff
<Council name> have employed additional staff members to manage the HRA
One Full time Housing Options Officer Two Full time complex needs workers
Recruiting to a new triage worker
The Housing Options Team has increased in size from 1.2 FTE to 4.2 FTE.
The size of the team has increased and we have introduced two new roles - one to develop pathways;
Using new burdens to fund early intervention Housing Advisers and additional reviewing officer. Additional commissioning/new services not as a result of HRA but <Council name> commitment to early intervention and prevention
We are recruiting for an Accommodation Officer so that we can try to secure more PRS properties and we have recruited a temporary Housing Solutions Officer
Staff to implement and deliver HRA
We have increased the core staffing of our commissioned housing options service to manage to increased demand and administrative burdens. This includes staffing across homelessness assessment, housing advice and temporary accommodation.
Homelessness team restructured as a result and additional staff recruited.
Carried out a small scale staff restructure.

Additional homeless case workers
New post created for additional admin support and two new posts created to work with cases in the prevention stage.
An increase in staff numbers (funded by the FHSG) given the councils new duties to work with people at risk of homelessness earlier and provide a more intensive level of support.
Increase in core staff.
<b>Service review</b>
Amendments to Allocations Policy in accordance with HRA requirements
Total restructure of existing services and growth of service and functions. Integrated service across housing, health and social care preventative agendas now in place. More joined up across the Council as a whole with greater investment from joint commissioning.
We are also in the process of looking at the services we commission or provide as part of our new homelessness strategy for 2019.
We have had a service review of the Housing options Team, amalgamating Homeless Prevention Officer Roles with Housing Officer roles to offer the throughput of continuous case handing. Further to that we have taken on an additional member of staff. All staff are at full capacity at present.
<b>Enhanced/improved services</b>
Expanded our offer to landlords, increased incentives
Enhanced service provision
Increased front line customer support and advice service. Staff developed to provide welfare, money and debt advice
We have set up an Intervention Team who deal with first customer contact responsibility for eligibility and homeless checks before referring to Options Team for full prevention and assessments.
Increased capacity of frontline services to respond to the demand and develop prevention options and customer pathways.
Some enhancement
We are providing more depth to the homelessness advice and assistance given
Better quality front line service with 91% customer satisfaction
Better links with internal discretionary housing payments.
<b>Prevention support</b>
Additional support through trailblazer funding
Increased prevention funding for clients to access Financial assistance for clients on Universal Credit to increase housing options.
The Act has helped us re-focus on prevention
Have provided funds to carry out prevention work
Employed 2 homeless prevention advisors.
Homelessness Prevention Plus - to include borderline IH household
Now employ Prevention Assistants to hold a caseload of non-priority clients and rough sleepers.

New upstream prevention service targeted at PRS landlords.
Prevention services (SLA with Income & awards for financial assistance and management of a prevention fund, safer homes scheme for victims of domestic abuse, funding for rent deposits and landlord incentives)
Recommissioning of our services took into account impact of HRA therefore more floating support provided to look at prevention support
We have a prevention fund
Used an allocation of county council funding to prevent homelessness to commission into the <Project name> commissioned by <Council name>
New support prevention services
<b>Tenancy support</b>
Development of tenancy academy
External provider to provide tenancy related courses to customers.
Tenancy Training
We have bid for additional funding to look at tenancy sustainment as well as employability. Through the council's CPF funding we are supporting local advice agencies to provide early intervention to help tenancy sustainment.
Tenancy Training Complex Need tenancy Support Service Tenancy Support service for non-complex needs clients accessing tenancies with LA funding for RIA or rent bond
We are looking at developing: tenant sustainment officer; private sector offer housing first scheme pre-tenancy training
We have bolstered the level of in house tenancy support service
New tenancy sustainment services across all tenures
Extension of our Tenant Academy scheme, to provide access to training/education to homeless clients.
<b>Rough sleeping support</b>
Extensive support was increased to RS initiatives through some bid funds received via MHCLG
Support worker to work with Rough Sleepers
New rough sleeper officer new team leader
Rough sleeping provision
Variety of services linked to the Rough Sleeper Funding
Given Flexible Homeless Support Grant funds to <Organisation Name> for rough sleeper outreach
Recommissioned external rough sleeper outreach.
We had previously commissioned rough sleeper services prior to the HRA, however the changes within this have reinforced the need to retain that commission and we have committed to extending the contract.
<b>Private Rental Sector support</b>
We are hoping to access the PRS Access Fund for more units of PRS accommodation and the appointment of a further F/T Officer.

Created more emphasis on building initiatives with PRS
Additional staff to search and secure private rented accommodation
An officer to assist landlords in the PRS to enable them to work with us.
Expanded PRS access work
Extended the private lettings team to obtain more private rented accommodation
Widen scope of support for access private rent
<b>Temporary accommodation support</b>
Recruiting additional resource to support people in TA
We have also employed a temporary accommodation officer who deals with all aspects of the accommodation. This frees up officers time to deal with case work.
We utilised New Burdens funding to employ an additional 1fte temporary Housing Options Advisor, we have also employed a temporary TA Support Link Worker using FHSG
<b>Rent support</b>
Rent Bond Guarantee Scheme
We continue to fund rent in advance and deposit schemes.
One off payment fund for rent advance, rent arrears.
<b>Single person support</b>
Access to single person's deposit.
Commissioning more accommodation for complex single people
Commissioned additional support services hard to access single non-priority clients.
A single homelessness fund to ensure no-one sleeps rough without first being made an offer of emergency accommodation, regardless of priority need
Expanded single homeless provision.
More funding for single people assistance
Widening of RDS scheme for single homeless.
<b>Accommodation finder support</b>
Employed an advisor to assist clients' self-source accommodation.
Family Accommodation Finder service
We have our own in-house specialised property finding and lettings team.
<b>Advice services</b>
Debt advice service
We have set-up Housing Advice surgeries in the community to reduce footfall i.e. Children and Family Centres, Local Church Community Hubs, Probation and Hospital Psychiatric Units. Also invited ourselves to give presentations to other services and outside agencies attempting to manage expectations.
<b>Outreach service</b>
Embedded workers in statutory services e.g. hospitals, probations social services etc.
New Outreach service - rough sleepers

We have developed a new in-house Outreach Service to meet the increasing demand for support not met by other agencies due to Supporting People cuts

**Cross service support**

Linked Independent Living Support Services to Personalised Housing Plans

Co-located colleagues in Integrated Prevention Earliest Help Team

The survey asked respondents to provide details about whether they had developed a new homelessness strategy or reviewed their service provision as a result of the HRA (Q8a). Table 5 shows these grouped by stages of the review process.

**Table 5: Details of whether respondent councils had developed a new homelessness strategy or reviewed its service provision as a result of the HRA**

**In the process of developing a new strategy**

Homeless Strategy under review (x 10)

New strategy currently being developed (x 9)

Drafting new strategy (x 9)

The homelessness strategy is currently being updated (x 3)

Consulting on new strategy (x 2)

A draft strategy has been written but a review was commissioned of the service.

A Review of the Councils Homelessness Strategy is currently being undertaken in partnership with <Name>, Housing Consultant. A new Homelessness Strategy will be in place from April 2019 and we will be tendering the Homelessness and Housing Advice service from April 2020.

A review and revised strategy was scheduled for 2018 as previous strategies came to an end, we are working with 2 neighbouring authorities to develop a strategy and action plan that is co-produced, delivered and monitored alongside partner agencies as tackling homelessness requires all players in the system to do their bit, just putting a roof over someone's head isn't always the solution

Currently developing the homelessness strategy and reviewing our single homelessness contracts

Homelessness strategy currently being reviewed to include new HRA obligations and rough sleeper service. The current service has been reviewed and process mapped to enable the team to work more efficiently and effectively to create greater capacity to meet the increased demands. IT software and solutions have been implemented. Reviewed all our policies and procedures to include HRA.

Homelessness & Rough Sleeping Strategy has recently been written and will be published around April 2019.

New housing and homeless strategy supported by <Regional Organisation name> currently in draft being consulted via homeless forum/web in Jan 19

<Council name> did review its services in preparation for the introduction of the HRA. <Council name> are in the process of developing a new Homelessness & Rough Persons Strategy to be delivered in 2019

Ongoing - amended Allocations Policy pending a full review.

Our five year strategy coincided with the implementation of the HRA, however, we have included an additional review which will take place 12 months following HRA to highlight impact and implications.
Review has started and consultation on new strategy will be in 2019
Reviewed existing strategy as this is due to expire in 2020 and therefore a full review will be undertaken in 2019 with stakeholder engagement.
Started with a new rough sleeper reduction strategy
The strategy is still in the process of being written and consulted on
The current homelessness strategy is going through a review process at present and a new homelessness strategy will be developed for Autumn 2019.
We already had a strategy which ran out in 2017. We held back writing a new one until the HRA was introduced. Our new strategy is in the process of being agreed and will be published early next year.
We are currently reviewing our homeless strategy and implementing a rough sleeper strategy. We are also reviewing our allocation policy.
We are in the process of reviewing our existing strategy and are currently working with partners.
We are in the process of writing our new strategy for 2019 following 6 months of learning and meeting with our partners to determine what our housing needs are for our district.
In the process of tendering Homeless Review to inform future strategy.
We are now a year into the new strategy and are reviewing it. It basically was all around the needs of the HRA and vulnerable clients and how we were going to meet the needs
<b>Completed a review of housing strategy</b>
New strategy implemented (x 9)
New strategy awaiting member agreement (x 3)
A new countywide Strategic Direction for Homelessness has been developed for <Council name>.
A new Housing, Homelessness and Rough Sleeping Strategy has been agreed for the period 2018-2023.
Countywide Homeless Strategy incorporating all new required elements including those for rough sleepers. Housing Options Service has been reviewed to comply and meet new requirements & ensure adequate and appropriate service provision to all client approaching
Homeless Strategy reviewed and new action plan produced to reflect HRA.
Homelessness Needs Assessment was completed. This and the HRA led to the development of the new three year Homeless Prevention Strategy
Members approved an entirely updated preventing homelessness strategy delivery plan, which was developed in partnership with the wider system, in March 2018. We are in the process of developing a more specific set of actions for how we intend to deliver against increasing single homelessness pressures.
New Homelessness & Rough Sleeping Strategy written and to be launched in 2019
New HRA action plan
Reviewed Homelessness strategy & action plan

The previous strategy was due to expire in 2018 and so the strategy was reviewed with specific reference to HRA.
Was due for review anyway so timed in with HRA - new strategy launched April 2018
We have done a temporary 2 year strategy up until 2020 so we can measure the impact before we develop a 5 year strategy. Now we are required to do a separate rough sleeping strategy by winter 2019 issues will be reflected in this as well.
We reviewed the Homelessness Strategy Action Plan to ensure it reflects the new legislation. The Strategy itself didn't need changing as it was prevention focused anyway.
We were reviewing our homeless strategy and therefore HRA was included
<b>Plan to review strategy</b>
An informal review has been undertaken to prepare for HRA. Our new Homelessness Strategy will be produced in 2019.
Review to commence once detail of the RS Strategy emerge
We have completed a revised action plan as an addendum to the previous strategy and will complete a full review in 2019 once we have a better picture of the impact.
We will be reviewing our strategy in the new year
We have not yet developed a new homelessness strategy.
<b>Service review/changes to service</b>
Employed additional homeless case workers
Carried out review of service provision
Service provision changed to target many more early prevention activities, such as co-location with key partner agencies.
Service is subject to ongoing review
The service has changed considerably because of the Act.
The service was reviewed as a result of HRA and new customer pathways put in place.
We are giving more advice at triage stage, upskilled staff and we are using support officer within the team to assist with PHP work for the most vulnerable
We restructured our service to create more generic officers, and more of them.
Adapted processes in line with HRA
Additional frontline staff/caseworkers
Restructure of the team has taken place
Reviewed service provision as part of interim Homelessness Strategy Action Plan
Reviewed staffing structure to respond to HRA
Service provision restructured and reviewed to meet needs of HRA.
Service was review and new Prevention Assistant posts created. The Lettings service was also strengthened from 2 posts to 3. A Review and Quality Officer was also created.
Services are being provided differently.
We have reviewed the service provision and amended how the service is delivered and keep under review.

We implemented a restructure ahead of the HRA coming into force, to increase the number of staff on the front line to deal with early interventions.
We have had two new posts in to help with those none priority homeless.
Undergoing a restructure and now looking at options to resource services to assist
<b>Development of new strategy and service review</b>
2018 Homelessness Strategy considers impact of HRA and action plan includes actions from the HRA implementation plan. Service reviewed prior to Acts implementation to create staff capacity and reviewed on an ongoing basis.
This LA previous homelessness strategies has homelessness prevention as a key priority. The strategy was due for review this year, which was concluded recently - The strategy included the introduction of the HRA and its new duties - Although we reviewed our whole service provision, it was already a fully comprehensive providing a full prevention service prior to the new duties - Early intervention was introduced in this authority many years ago - In preparation for the HRA, we introduced a good quality triage system and employed some temp admin assistance to support staff.
Whole review of service, homeless strategy review and staff structure amended to reflect change in demand and resources.
Full service review and restructure in preparation. Homelessness review and new strategy is underway. Due to be published in April 2019
We have not developed a new strategy yet, but we intend to review our current strategy and service provision over the next 12 months.
Yes we have identified that provisions around HRA will be reviewed and services re-designed where required. There is a commitment to look into increasing preventions, particularly on PRS acquisition. Our Homelessness and Rough Sleepers Strategy will also look into increasing and strengthening our partnership working for the prevention of homelessness but also to increase support provisions.
Service provision under review and new Homelessness Strategy to be written for 19/20.
We are changing the way we deliver front line services in a phased approach that will take us to the end of March 2019. We are in the process of reviewing our existing Homelessness Strategy and will be publishing a new one in 2019.
<b>Other</b>
Homeless strategy already included HRA provision.

The survey asked for details in relation to new costs generated by the HRA that were not adequately funded (Q10a). Table 6 lists the answers provided grouped by theme, the main themes included additional staff costs, increased working time on cases, increased use of temporary accommodation, and concerns about long term funding.

**Table 6: Details relating to new costs that were not adequately funded**

**Additional Staff Costs**

The additional duties means far more work requiring much higher staff levels than which we currently have or are planning for

Extra staff allocated to the front end to manage the administrative burden. Officer posts have been re-evaluated and increased.

Basically we are using most of our funding to pay for temps do complete the work. We are going through a transformation and cannot recruit perm staff yet however we would have had to have taken temps on for 9 months to a year till we had seen the impact and could then look at full time staffing resources to meet the need.
Increased staff costs, we are unable to give permanent contracts due to a lack of funding.
Initial contact/triage and prevention has required new staff recruitment.
New staff recruitment
Staffing levels have increased to deliver the new HRA services - initially funded through grants received.
Staffing, but <Council name> have recognised this issue quickly and have addressed this by setting budget pressures for next year.
The council has funded an extension to the team, but the government's New Burdens funding was inadequate to cover the additional resources required. Growth in team of around £100K - compared to £35K New Burdens funding.
The New Burdens funding has been used to fund the salaries of two new Housing Options team members on fixed-term contracts. This has allowed front-line staff to spend more time with individual customers. Given that the additional staff are new in post, the funding has so far been sufficient; however, the Duty to Refer was not formally introduced until October 2018, so it is difficult to ascertain whether this will have a significant impact on resources as more local services and public bodies become aware of it.
Three new triage officers have been put in place.
We created a temporary role specifically to undertake triage and initial assessments to enable advisers to focus on undertaking casework.
We do not have enough funding to adequately staff the team to meet the increase in demand of clients to allow for rapid interviews, support placed into accommodation following a placement
We have just increased our staffing by 1 FTE to cope with the increase in workload created by the HRA
We have received the flexible homelessness support grant which has enabled us to increase the number of frontline staff and are looking at additional housing options.
Not enough floating support provision
Our grant is being spent and committed on staffing.
Additional staff costs to meet increased demand.
Staff should have a lower caseload to be able meet HRA duties for each case and this equates to a need for more caseworkers or support staff.
Additional staffing is required, but the HRA funding is not sufficient to cover the costs, which is reflected in the service delivery.
During recent restructure created new Research and Review Officer to help with reviews and developing new processes and procedures - this has been adequately funded though.
Floating support for applicants with multiple and complex needs who need intensive case management to both find and sustain suitable accommodation. We have increasing numbers of applicants with dual diagnosis of mental health and drug use on nil income with no proof of ID available.
Really need at least one procurement officer

F/T Staff x 3
Main additional costs are staffing provision to implement.
<b>Increased use of temporary accommodation</b>
Accessing emergency and interim accommodation has not been resourced appropriately
Additional TA management costs
Increased Temporary Accommodation Costs
Need for more temporary accommodation
Longer periods spent in interim/TA have increased costs
Clients remain in TA for longer. Recent approach to use TA almost as a starter tenancy due to lack of other options
Significant increase in temporary and emergency accommodation due to the longer period we are required to work with individuals. The £40,000 costs are over and above the HRA funding we have received and are attributable to increased B&B costs.
Temporary accommodation
Temporary accommodation costs are rising if this continues that will be a very serious problem for us.
Temporary accommodation is a particular issue in <Council name>; last year this cost approximately £630,000, compared to £390,000 the year prior. The costs provided above do not reflect this amount, but do include the additional staffing our provider has cited they see as needed since HRA was implemented. This is particularly for officers dealing with assessments and the relief duty - the latter including people in temporary accommodation.
The significant new cost being experienced by the council is the cost of providing temporary accommodation.
The cost of temporary accommodation has increased substantially due to the longer period of prevention required. We are accommodation short in <Council name> and therefore there is a need to look wider afield and travel costs associated are incurred. Aside that, we are rapidly running out of local providers willing to continue to host homeless clients as many with chaotic lifestyles have abused the accommodation.
The increase use of temporary accommodation
We are spending much more on TA and more on options to help access the PRS. Our grant is being spent and committed on staffing. However the biggest challenge by far is the lack of revenue to pay for support services/ specialist services.
The extra interim accommodation costs due to not been able to discharge s.188 duty to households even if obviously intentionally homeless for at least 56 days plus notice.
The council has seen a significant increase in its use of temporary accommodation over the past year; partly due to the new duties of the HRA. Average length of stay in temporary accommodation has also increased. This creates additional financial pressures for the council and also impacts upon the quality of life for the individual living in temporary accommodation.
Lack of move on options from temp accommodation that's significantly increased length of time in temp. From 13 weeks on average to 32 weeks due to the lack of suitable accommodation and access to accommodation. 56 days relief duty has also impacted and increased the time in temp.
TA numbers have increased from April to September of this year in comparison to last year.

The time spent in temporary accommodation during the Relief period has been increased for those families that are deemed intentionally homeless. Where previously a Council may make the decision fairly quickly and then provide a reasonable period of temporary accommodation under s190 (2) duties, Councils are now required to provide 56 days of temporary accommodation followed by a reasonable period of temporary accommodation under s190 (2) duties. The Act's aim was for Councils to instead resolve the case within the Relief period, removing the need to move to an intentional homelessness decision, but difficulties in accessing new accommodation solutions has made this very difficult to achieve whilst balancing with prevention and main duty work. We believe that the government should recognise this burden and contribute to Council's ability to fund the accommodation.

This has also impacted the amount of money spent on temporary accommodation due to the length of time applicants spend in temporary accommodation.

The most concerning thing is the increase in TA and associated costs since the abolition of TAMF and its replacement with a time-limited block sum grant, which has removed the connection between numbers in TA and the payments. We do not know what the eventual cost implication of this will be. Lack of reliable reporting data (due to new IT system) makes it very difficult to draw conclusions about effects/outcomes/costs etc.

### **Increased working time on cases**

Assessments and completion of PHP has means increased resources for which we were not adequately funded.

More casework time needed

Additional time with clients to cover Personal housing plan, plus managing the PHP and client relationship on an ongoing basis.

Advisory duty assessments would cost considerably more if we were to fully engage with full reviews of PHPs.

Case work required to complete personal housing plans

Cases take longer to set up, process and administer through the HRA stages and this leaves less time to carry out practical work for keeping, finding and setting up accommodation especially for the more complex cases in terms of needs and/or circumstances.

Extra staff time needed.

Increased cost per case.

More intensive support needed for single people and appropriate accommodation needed for this group, many of who have complex needs.

More involved and lengthy interview/assessment.

Some slightly longer interview times.

Staff resource - officers need more time with clients, more time recording outcomes

Staff time to triage & assess

Staffing resource is a major issue, due to the time constraints and lengthy assessments, the staff are under considerable pressure.

The two-hour interviews have injected high cost into the service.

We had transitioned to longer appointments before the HRA. The main difference is the amount of time spent with customers and the more onerous assessment/support assessments as well as the protracted period before a homeless duty is accepted.

The amount of time spent on each case has increased.

The length of time being taken with applicants had added pressure on overall resources, becoming more time consuming.

**Concerns about long term funding**

New burdens funding is time limited, we need to keep the additional staff (12) beyond the period of 2 years of the funding.

New costs have been generated and fixed term posts are currently funded via Flexible Homeless Support Grant, future funding to be determined.

Significant increase in costs associated with the requirement of the HRA being temporary accommodation and prevention and relief toolkits. Which is currently met via time limited funding.

We will not be able to reduce the workforce due to the increased workload so when the HRA funding ceases the additional funding burden will be with the local authority to mainstream these posts.

The lack of clarity on whether the homeless support grant and new burdens funding will continue after the present funding period gives us great uncertainty. We are completely dependent on receiving this funding to continue to providing a homeless service.

At present the new Flexible Homelessness Support Grant and the new burdens fund are adequate to cover additional expenses. However we would have severe pressures if these were reduced at a future date

Funding was only given for a short fixed period. Once that period has ended we may not be able to make positions permanent within our team. This is at a time when the county are making a 47% cut in adult social inclusion budgets countywide

Longer term financial certainty is required to prevent short term commissioning. The risks of further Adult Care and Health decommissioning of services including Citizens Advice and other debt related services.

New costs have been generated and fixed term posts are currently funded via Flexible Homeless Support Grant, future funding to be determined.

The FHSG is considered adequate to meet the additional duties and service; however, were this funding to cease then this would present a significant challenge in being able to meet the service demands from core budget.

The Flexible Homelessness Support Grant (FHSG) has enabled us to resource the additional prevention options and increase in frontline provision but these services will be at significant risk if this funding stream does not continue.

The New Burden Funds for 3 years provides adequate resource for 2 years and needs to be sustained to support change in the medium term and sustainable reduction/prevention.

To be clear, where I have recorded Low Costs, this is where those additional burdens are currently adequately funded. However, the Act has failed, nationally I understand, to reduce use of temporary accommodation and therefore failed to help Council's to achieve those associated savings. As such, the Act is unlikely to "pay for itself" after the period of New Burdens funding, which was the message given by Government. As a result of this, it is important to note that a failure to recognise this and extend the New Burdens funding for authorities will result in these costs becoming significant.

Took decision in 2017 to increase front line staff on fixed term contract, using prevention grant - this could be at risk if changes made to this grant.

We do not know what the long term impact will be - staffing levels depend on future funding to continue to be provided - a reduction will result in an inadequately funded service

There will be a question of whether resources are adequate when the first of our fixed-term contracts is due to end and the team potentially lose a member of staff.

Staff costs after April 2020

We can afford the services for the time being but the extra funding is time limited, after which there is much anxiety that we will not be able to afford to do this anymore.

We have increased staff team for two years as per the funding but are concerned about the long term funding to maintain services at this level

We have new burdens money which we are using for additional resource currently so one could argue that we are adequately funded for new costs at the moment. However, this is time limited and we are unsure what resource we will need in future as it is still too soon to tell with regards to long term staffing requirements (we need to allow the HRA to 'settle in'). What I have highlighted above is the areas where we have significantly more work and therefore higher costs than before the HRA.

Temp staff employed until funding runs out will have a significant impact if those staff are lost to the service

### **Increased administrative burden**

Costs in Officer time - so many different letters required for different outcomes. Legislation is very complicated for customers and staff.

Increased paperwork per customer and the additional costings with the paperwork.

Housing staff feel overwhelmed with administration of HRA

I feel that Officers time is not always being spent working on true prevention / relief outcomes due to being tied up with producing paperwork etc.

Increased administration associated with the workload of undertaking prevention/relief cases.

The administrative and written requirements of the HRA are creating significant demands on the staffing. We have experienced an increase number of reviews with the associated staff pressures.

The staffing resource required to complete all of the notifications is immense. Staff training we have had to complete three times over. The Act has been made too complicated for staff to deliver as there is too many possibilities for clients as they work through the system (i.e. if they refuse a property at prevention, they can still go to relief, if they refuse property at relief then refuse to cooperate, they proceed to another duty if in PN.)

The issue is time, the administrative burden takes too much time from what we previously provided so I am looking at relocating staff from other sections but this can't be done until we make our waiting list self-service.

There has been a great increase in administrative work. Officers have difficulty in processing all the necessary paperwork.

Time spent on quality intervention has been impacted by time spent by officers completing administration functions.

The HRA has created considerable administrative functions and processes that did not previously exist and officer time is being caught up with admin tasks.

Officers are finding producing the Housing Support plans for each customer does take time, and the customers tend not to engage with this element of the process.

Updating policies and procedures

The administration is time-consuming
<b>Increased caseload</b>
We worked on 26% increase as per government guidelines but ours are around 62% increase
The additional approaches has caused significant issues across the team
Increase in number of cases and duty to refer has yet to take full effect.
With the introduction of the duty to refer in October we are anticipating there may be a higher workload and therefore associated cost to the authority.
Increased workloads
Additional casework required
Cases have increased. Staff upon an average have a caseload of 45 for HRA. Ideally this number should be lower in order to deal with the work required hence the HRA New Burdens Fund although required, has not been enough.
I cannot comment on costings as I am not a budget holder - however it would be fair to say that costings would have increased due to the increase in presentations.
Seeing a greater proportion of clients attending service although they don't all necessarily move through to homeless application.
The cost to our Customer Services Organisation, <Name>, of significantly higher numbers of phone calls and footfall are high. <Organisation Name>, has recorded an increase by 45% in their interactions with homeless people.
<b>Prevention/Relief Duty burdens</b>
More prevention work.
Not enough funding for prevention as we are seeing a significant number of clients being placed from <council type> offering private landlords within our region significant sums of money that we cannot compete with.
Prevention duty casework will have higher costs as we need to undertake more home visits and engage with clients over a longer period.
The work to develop more prevention tools is not covered by additional funding adequately and work is very slow in developing tools and pathways. We are struggling with the burden of elongated casework (relief and prevention).
There is an increased pressure across the board but particularly in prevention and relief caseloads, as these are more time consuming. As stated previously this isn't necessarily HRA related - but demand is increasing and funding isn't.
Providing housing related support to households who are homeless/at risk of homelessness
financial assistance to single people under prevention and relief
In order to achieve meaningful prevention more resource is required to allow for the time to be put into this however at this time the funding simply does not allow for this.
We are concerned that the ability to properly do proactive prevention is an issue when we are being bombarded with referrals that are almost at crisis point and therefore relief is still the higher percentage of the workload - this needs to change
Working in HRA is still very new, there is an increased cost associated with the preventative casework however it is difficult to confirm whether the associated funding reflects the additional workloads.

Prevention activity
<b>Cost of PRS accommodation</b>
We are paying RIA for up to 12 months for clients who would fail credit checks although I would rather see this than paying for staffing.
Increased costs to provide access to PRS (DHP, Rent Arrears, Bond etc.)
We are spending much more on options to help access the PRS.
Additional duties to help secure PRS accommodation has coincided with more approaches and therefore additional costs.
Access to PRS accommodation, rolling out the '<Project Name>' Private Rented scheme
Access to the PRS market
Private rented accommodation is available - but the costs and charges mean that this is not easily accessible. High costs are incurred to secure PRS accommodation and to support the landlords and tenants to sustain the tenancies. Culture change for both applicants and staff has been required so that it is clear that we will be discharging or relieving a duty through use of a private sector tenancy.
Making payments to landlords in retaining or procuring PRS accommodation.
<b>Reporting/H-CLIC burden</b>
We have employed a full time project manager for IT/H-CLIC.
Additional man-hours required to make H-CLIC return and ensure that data is reliable. Managing the migration of legacy cases from old reporting mechanisms to new - there is significant cost involved with our IT provider to deliver this to meet MHCLG/H-CLIC requirements.
What we did not factor in was all the additional IT resource and data analytics/input that was required to implement the IT system and ensure that the H-CLIC reporting was accepted. This has taken a huge amount of time and resource.
H-CLIC element and reporting has been burdensome and staffing has not been enough for this area especially as staff are learning around the new systems and what H-CLIC schema require.
We need funding to deal with legacy cases IT migration
Main additional costs for IT system required to comply with MHCLG data requirements
Recording systems and data gathering meaning staff pulled off caseload to help with significant issues.
Required changes to the online systems in order to collect statistical data in the way it is required.
<b>IT related costs</b>
The costs of transforming the ICT provision to meet the requirements of the Act are very high. <Council Names> jointly attempted to procure software prior to April 2018 but the supplier was found wanting and a contract was terminated. A temporary fix was created, requiring a lot of work and investment. We are now looking to procure a supplier for a second time as a single LA and anticipate the cost of this being around £150 – 200,000. The overall ICT costs from start to finish will end up being somewhere between £250,000 and £350,000.
IT provision

Costs for IT. Changing processes on new IT system as we work out the process of the HRA and the impact it makes in different areas.

Mainly IT costs - new system costing far more in excess to funding - provision of laptops for field staff - required to meet the recording requirements of the HRA and the onsite assessments and plans

The on-going IT and Digital on line assessment costs.

### **No funding shortfall**

In the main, we are compliant with HRA but could do more for our clients such if we had more staff.

Our services were geared for many years prior to HRA towards triage and initial contact plus always wrote PHPs for clients. Where we have had to adapt is by keeping non-priority casework open and following these cases up, and also have had to keep cases open for the 56 day relief duty. We have managed within our own resources by shifting work between different tiers of staff.

There are no new costs that are not adequately funded.

We have adequate funding

We have ensured we have budget to provide for all of the new burdens of the HRA but this has required finding cost savings across the organisation.

### **Other**

The continuous development and evaluation of service to ensure HRA requirements are being met and services amended to minimise impact and maximise outcome.

As we have not had a full staffing complement over the last 6 months it is difficult to accurately respond to the question

The biggest challenge by far is the lack of revenue to pay for support services/ specialist services.

The conflicting information provided by training providers. One says they have to sign the form and we have to chase what they have said they would do and don't - yet another advising statutory requirement is limited to the local authority taking actions and client does not need to sign the form.

All the available funding is being used to meet the requirements of the HRA, with none to deliver changes in provision or support.

For many applicants the short term security of PRS homes is not an adequate solution. Supported housing is required and is costly to resolve the frequently complex issues of single applicants. Since the Supporting People/Housing related support budget cuts there is not adequate supported housing available and these applicants are homeless and living in interim/temporary housing for a long period (up to 3 years) in some cases making temporary accommodation more permanent than discharge to PRS

Increase of homelessness across the board is the main issue rather than discrete areas of work.

Some costs are still unknown e.g. reviews are just starting so the detail and time behind these will be significant.

I think this section needs to be understood in the wider context of cuts made by top tier councils, which impact on new ring fenced homelessness funding from government. MHCLG new burdens funding has not been anywhere near enough to cover the reality of the new legislative framework and the Council has invested heavily in our front line service.

The issue of accessing any affordable housing can make the officer time spent of PHP's ineffective.

The team at <Council name> work generically so the customer only has one case worker throughout the whole process. Currently <Council name> haven't received any requests to review decisions under the new HRA.

Training staff and partners on the new duties

The gap is not in funding more officer time to administrate HRA requirements, it is to increase the housing options available and to ensure households are able to remain in their current accommodation, additional supply of social housing and a welfare system that works are the essential elements that require funding.

The whole HRA process has lacked support and funding. We were ill prepared and are understaffed.

## Preparation and other issues

Respondents were asked to provide details in relation to any elements that were still presenting issues relating to their delivery of the HRA (Q13a). The answers provided are shown in Table 7 grouped in order of the number of comments received.

**Table 7: Details of issues relating to respondents' delivery of the HRA**

### H-CLIC

Changing of H-CLIC specifications after Acts implementation

Data errors for H-CLIC remains problematic.

Delta recording system was very poorly communicated and is still not clear

Difficulties with H-CLIC mainly due to government changing the goalposts.

H-CLIC - has been changed by MHCLG on several occasions - and so this has impacted on data being provided

H-CLIC and Delta still evolving which makes staff training difficult. The Act and H-CLIC/Delta do not always match and you have to do a work around which confuses staff who thought that they understood and then cannot understand why taking a different approach.

H-CLIC changes via delta requirements. Although our submissions have been successful compared to others

H-CLIC has been a significant burden (rectifying errors and resubmitting the info to Delta). The reason being that the legislation and IT was new in April, therefore numerous errors were generated (as staff got to grips with the IT) and has taken a lot of time to rectify. This work is ongoing and will remain so until the end of first year of the HRA being in force.

H-CLIC has been challenging, our software provider has made tweaks that have helped but it is still clunky and time consuming

H-CLIC has been hugely problematic, taking up significant staff time to correct multiple errors and we still are not confident it is reflecting the work carried out.

H-CLIC has been problematic and time consuming for officers. One error or misinterpretation can cause numerous errors which take lots of time to resolve.

H-CLIC is a real concern for us, as it came in late and is still not fully set in stone.

H-CLIC is causing problems as it was late in the day and still changing, different people within MHCLG seem to request same and different information from different contacts within our services, creating confusion and duplication

H-CLIC is not user friendly and the data collecting criteria is constantly changing.

H-CLIC is poor

H-CLIC remains an issue but I believe this in part to be a problem with the IT system although the collection of personal data is also outstanding and I am concerned about the impact as and when this is requested.

H-CLIC remains problematic - leading to an increase time spent on managing this process

H-CLIC return is so time consuming and throwing up all sorts of problems.

H-CLIC still proving to be a problem although it is slightly better.

Issues relating to the H-CLIC and IT system Jigsaw is proving extremely difficult.

On-going issues around H-CLIC recording

Our system automatically produced the data for H-CLIC however I understand that the data needed has been changed frequently

The biggest issue is the amount of statistical data that the government require. We do not have our own admin so have to gather and input this in an unwieldy computer system. This in turn means staff have less time to do their core work assisting those with housing problems.

The changes regarding H-CLIC and last minute timing caused problems. We still have to spend too much time sorting out issues over IT and submitting for H-CLIC. We wish we kept our own spread sheet independent from the IT systems as you get this issue over H-CLIC issues been blamed on the IT system and vice versa.

The data recording for H-CLIC does take longer to validate than the P1E system. The processes and options on H-CLIC do not always fit with real time and scenarios and the option fields in some areas are limited. The recorded data has limited value so far compared to P1E reports that were produced previously

The H-CLIC reporting system is not completely aligned with the legislation itself for examples outcomes in the legislation are different from those being captured for H-CLIC. Also H-CLIC requests temporary accommodation data for cases owed the prevention duty which can't be - only homeless persons are offered TA

The H-CLIC has been a nightmare. The system itself is difficult to use, and it is not clear whether data has been submitted. The errors indicated by the system are often not errors - the H-CLIC system does not adapt to the social issues associated with homelessness. The issue regarding whether the MCHLG can have personalised information has not yet been resolved as there is concern that there is no basis for sharing from legal teams. The amount of time taken to provide quarterly stats has gone from 1 day's work to 4 day's work and it appears that most of the information they are collecting is fairly meaningless - particularly as we have now been advised that this information is being treated as trial data only.

The key issues for us relate to the reporting and analysis of key performance information.

The late issue of H-CLIC requirements made it impossible for us to resolve IT requirements ahead of the act coming into place.

The requirements for H-CLIC have proved to be enormously time consuming and frustrating due to lack of feedback of data. It is hard to understand the reason for much of the data requested and the linkage of some of the questions is confusing.

The longer we have to prepare, the better. The preparation for H-CLIC was very rushed and left us with issues in procuring Locata.
There have been issues in getting the H-CLIC records completed, which has been time consuming.
We are managing the data collection carefully and entering into the spirit but are unsure whether the data will be used.
We are still struggling with H-CLIC due to reporting errors. We are working with the IT to try and overcome the issues.
H-CLIC is still an issue
The H-CLIC has been a major issue, this takes a significant amount of time over and above the P1E, weeks instead of hours.
Loading issues have caused problems with H-CLIC data uploads to Delta - Errors caused during uploads taking significant staff time to decipher and correct.
HCLIC - difficult to understand - has generated lots of errors. Data difficult to understand.
Difficult to provide accurate information on H-CLIC.
The H-CLIC has presented significant challenges. Part of the reason for this was the number of changes, right up to the final weeks before the first submission, to MHCLG's schematron. This presented IT suppliers with a large challenge and affected the quality of returns. MHCLG have been very flexible in allowing LAs enough time to rectify issues, but it must be acknowledged that this has taken a significant and disproportionate commitment of resources, and continues to be difficult. The additional of the Personal data section in coming months may add to the concerns above, and also raises questions about necessity – a matter LAs are debating with MHCLG currently alongside the development of the DPA to accompany it. We are worried about the impact of further reconciliation and returns, and would welcome MHCLG rationalising necessarily before requiring LAs to return unprecedented amounts of personal data.
H-CLIC - deadlines are often extended due to changes in requirements from MHCLG.
H-CLIC collection was continually changed which affected the IT development.
H-CLIC data recording is causing huge problems due to the volume of data collected and new staff.
H-CLIC relies on a high degree of data input and accuracy which leads to lots of time spent cleansing data
H- CLIC still has significant issues, continuously changing parameters.
Reporting on H-CLIC has caused issues both with the changing data collection require and the system's ability to capture it.
It's been hard work getting used to new database and new statistical collection requirements - made more difficult by the constant changes to these requirements.
H-CLIC is unclear, system errors
Issues with H-CLIC reporting, difficulties with officers using it/outages etc. Too much data to be recorded for H-CLIC means unwieldy housing needs assessments and huge amount of data to be collected which officers say detracts from the service they provide and to begin with they were not collecting all of this data adequately.
IT and H-CLIC is still a real issue in terms of errors that we are having to work through with Delta (MHCLG)

There is a major issue with H-CLIC.
Revised code of Guidance The H-CLIC data collection changed after IT systems had been introduced, the recording does not produce any statistics for LA staff.
Issues relating to H-CLIC are ongoing and have been difficult to rectify.
H-CLIC has been an ongoing issue, due to a number of changes being made to the data requirements and validation process. This has taken a significant level of staff resource to complete over the first two quarters.
The main issues still presenting is the understanding, implementation and reporting for H-CLIC
IT and H-CLIC was very rushed though and is still problematic - particularly with constant changes to data requirements.
H-CLIC continues to cause angst and waste.
H-CLIC has been a pain but hopefully that's just initial issues which will be ironed out from Q3 onwards.
H-CLIC is the one continued area of challenge, this has been onerous due to the number of repetitive errors created and having to resolve these. Additionally some of the areas of information requested, is not in sync or joined up with what has been developed by system providers, meaning that we are unable to fully meet data requests.
Continued amendments to H-CLIC and its data recording which means the supplier is having to continually amend back office package, again requiring training and service evaluation.
H-CLIC aspect has been time consuming as staff as well as managers try to learn about the errors and how to resolve these so that they pass validation.
<b>IT Systems</b>
There have been untold issues with the [IT] system [Jigsaw], which still persist, given that the system is not able to record basic data, subsequently, additional recording mechanisms are being devised.
ICT is a big issue and customers felt initially that they would get social housing which has not come to fruition.
Code of Guidance came out far too late, and the software companies did not have time
Development of IT systems seemed to be being fine-tuned until the very last minute by external providers.
<Council name> is yet to implement a HRA IT system, this has caused significant problems in being able to deliver the service in terms of the duties, follow up work, being able to develop robust business process to ensure performance management etc.
IT and data are an issue - difficult reporting on the impact of the HRA changes.
IT and H-CLIC has been a major issue for us. The purchased IT system was not ready until 03/04/18 and still remains not a full product, unable to do all we need it to do for the HRA.
IT system has had significant issues loading issues - complex system for staff to navigate and work with - manager's inability to manage by virtue of the IT system not producing reports on service provision and workload.
IT system still being worked on so it can work to full ability.
IT system still in its infancy - does not report on what we need it to. Was built incredibly quickly but is not as useful as it should be. Lots of teething problems.

IT systems & data recording main issues.
IT Systems have been challenging to implement as there were no pre-existing systems. All new development, whether from scratch or on top of an existing solution, is difficult and risky. We are just now getting to the stage where the IT system is stable.
Main concerns around IT and H-CLIC. IT system needs to be constantly updated due to H-CLIC amendments
Our current IT system is not fit for purpose and we are looking to re procure
Our IT and data recording for H-CLIC has been the most problematic element.
Our IT system is extremely old version of Northgate and as we are getting a new IT system in May 2019. We have just updated our current system to meet the HRA requirement. This has therefore increased admin for the team.
Still configuring IT systems to suit our needs and processes.
The IT system has only recently been implemented, and as such is still in the early stages of use.
The IT system procured to record cases under the HRA has not been as effective in doing so as we would have hoped and has taken considerable time to get it to work properly and record H-CLIC data accurately.
The IT systems compatible with HRA literally become available on the day the Act commenced. There was no time for staff to become comfortable with the systems, they have had to work it out as they go.
We continue to have issues with the jigsaw system as there are currently no standard reports for monitoring the service we provide.
We have had significant issues with our IT provider Capita in their readiness for the introduction of the HRA and subsequently in the ability to use the system when submitting our H-CLIC quarterly return.
We were unable to procure a case management system in time which has significantly impeded our ability to record prevention and relief activity and provide H-CLIC returns.
IT continues to be an issue with an over emphasis on paperwork
I.T. is our biggest weak point too many products not delivering what they promised. Causing more work for managers, still waiting for specific system. Would have been helpful if one system used i.e. tried and tested and recommended to all authorities way before HRA coming in. Using old system to gather H-CLIC having programmed the right questions, not sustainable in long term as not really fit for purpose.
IT was insufficient time for such a big change
Changes to IT specification made by government even after live date.
Difficulties have been faced by the team in regards to IT provisions and by extension, data recording for H-CLIC. To begin, our original IT provider was not willing to offer a HRA package, meaning that as well as working under the new Act, the team were also faced with having to navigate an entirely new IT system. Subsequently, given the length of time it took for the Code of Guidance to be published in its final format, the majority of IT systems were largely created beforehand. This reduces their mirroring with the Act's processes, causing frustration for staff and increased administration time.
IT systems are an ongoing issue. Not 100% about current system.
IT system has been a significant issue - not ready, can't provide proper data

There is a major issue with obtaining IT systems
<Council name> has benefitted, as part of <area name>, from <Name> funding to implement a new IT system as well as accompanying paperwork, so this has made this aspect of delivering the HRA somewhat easier.
IT issues relating to transforming the system for the HRA.
IT is a challenge as we are running two systems and there is still a big issue with how to migrate legacy cases to H-CLIC
Engagement with the system provider was challenging and there was some difficulties in receiving consistent updates, due to the apparent lack of information from MHCLG.
<b>Recruitment and retention</b>
We have recruited well and have not lost any of our experienced staff.
There has been significant staff turnover with long standing staff members leaving the service due to the added pressures of the HRA.
We chose not to fully recruit prior to HRA coming in so we could assess what staff would be needed. We are now in the process of recruiting additional staff but this is challenging due to lack of applications.
Cuts to support services has made recruitment of staff very difficult.
Recruitment due to the delays experienced in the approval of the new structure and engagement from other services in relation to developing protocols / referral agreements.
Recruitment has been an issue for temporary positions.
Recruitment is an issue as <Council name> does not attract experienced staff. So we adopted a grown your own approach, however, this takes approximately 6 months for officer to be fully competent. Having to rely on agency staff who when they eventually go often leave a backlog of cases. They are also very expensive and from experience not always that good having done the rounds throughout <area name>, also not grasping HRA to the full tend to default to Part VII if not closely monitored.
Staff recruitment & retention which has always been challenging in this area has escalated and compromised to build the necessary additional capacity that the HRA demands
Staff recruitment and retention is an issue. There is an extreme shortage of housing officers available in the market. We have had 100% turnover of housing officers within the last year. I have raised this issue nationally with MCHLG as all councils I am aware struggle to recruit trained housing officers. I have suggested much like other professions if MCHLG could get a national apprentice / training scheme off the ground perhaps...
We didn't not envisage the amount of upturn in approaches so didn't have enough staff. We are training up new staff ourselves as the quality isn't available at the moment via agency.
We have not recruited fully still and have had retention issues. However overall staff morale is good and values of staff are right for the roles. If we were fully resourced it would be easier to train and recruit, organise services and develop partnership working. All roles have been offered and we are expecting full resource to be in place Feb 2019.
Changes in working practice and additional pressure has made it difficult to retain and recruit staff.
There has been no staff recruitment.
Staff needed, no funding
It seems that most LAs are recruiting so it is difficult to get decent applicants for jobs.

We had virtually a whole new team and the first five months we had 30% less staff than establishment. Now have many new staff with the right skills and aptitude, but lots of time spent on training.

Staff recruitment was not an issue due to the staff in place through the <name> initiative

Changing staff and recruitment.

Need to recruit more.

Competing demands for staff across <area name> in particular

### **Interpreting the act**

The duties within the Act are clear however as with any new legislation it does take time to bed in and there are varying interpretations.

I do not feel that we have got to the stage yet where we have been openly challenged as I think that everyone including the solicitors are still getting up to speed on the Act and a lot of this will be driven by case law

Not enough time to interpret the duties in the act as the guidance was provided so late.

There are sections of the Code that have been amended and sections of the legislation that will no doubt generate new case law so the team are still interpreting the duties in the Act as further case law passes.

Final Guidance issued late.

Given that it is relatively new in implementation, there are very few case laws surrounding the interpretation of the Act; which is often how Local Authorities learn to best interpret the duties expected of them. The guidance does provide a general overview of how the Act should be interpreted, but often the finer details come via case reviews and court of law appeals.

Interpreting the duties does not appear to be a great problem.

Keeping up with Code of Guidance first published in Feb 18, and two amendments already. Anxious to ensure we are getting updates any new case law and thinking how best to deliver this to the team.

Many areas of the Act are woolly. Parts of the guidance are open to interpretation, no case law yet

Officers are still finding some elements of the Act confusing and as such are not always making decisions when they should do. It is hard to tell with lack of proper reporting data, but it appears that this is leading to more people in TA.

Staff have handled the new legislation well and are up to speed with requirements of the Act.

Staff still do not feel confident in interpreting legislation and find that there is a lack of consistency between staff particularly with making intentionally homeless decisions during the relief period and final offers of accommodation through social housing.

Staff still seem to struggle to understand the complexities of the different stages and issuing the correct paperwork.

The Act has drafting issues which impacts interpretation.

The code of guidance was a last minute publication very close to the Go Live of the HRA.

The code of guidance wasn't as clear as was promised and there are areas of ambiguity which leave some decisions open to interpretation

Ongoing changes to case law etc.

## Training

The code of guidance was only published a month or so before the commencement of the Act, leaving little time for the correct training, rather than training on the anticipated code.

We have had to train brand new officers which has had a significant impact on wider team.

Adequate training has been available however bespoke training 6 months on had to be sourced and funded.

Changes to the procured IT system can have a negative impact on the training of teams.

Due to a higher than average number of new staff coming into the service, training and getting them used to interpreting the duties in the Act - whilst learning existing legislation - has taken some time and is still ongoing.

HRA implemented based on training rather than implementation of Code of Guidance as this was not available early enough.

Ongoing operational issues such as training

Staff and partner training started early and is ongoing - so not an issue.

Staff need retraining to a far greater extent than pre-HRA e.g. in basic interpretation of this Act.

We had a slow start with our trainees, picking up now

We still have staff very confused about the duties and we have done training three times. We are trying a new way of working to hopefully resolve the issues.

Training staff to record data for H-CLIC accurately has been an issue.

The time it takes to train new staff.

## Partnership working

It is not helpful that <Council name> have still not shared their budgets for 2019/20 and we don't know if the required support services will continue to be funded.

Work still to be done around partnership working.

Partnership working requires a longer lead in time to maximise the benefits and opportunities.

Due to cuts in services due to finances we are finding some partnership work challenging.

Insufficient time to properly prep partners, to get the most out of services.

Effectiveness of local partnerships is patchy and the support offered by third sector is at risk as a result of budget cuts at upper tier authority. Early concerns that Duty to Refer has raised expectations of other organisations that we will be able to prevent / relief homeless in all those cases

Partnership working is continuing to improve, it has been time intensive training external organisations but this will be beneficial long-term.

Partnership working across <area name> is positive, which has been helpful.

Need to establish enhanced triage service face to face which requires agreement of pathways with customer services dept.

The new Duty to Refer is still being imbedded with partners and whilst joint protocols are being implemented the process is still being developed. We reviewed our working practices prior to the Act coming into force; however, we continue to keep these under review and adapt arrangements as we interpret the new duties of the Act.

"Housing" is viewed as a local housing authority problem even where the housing problem results from a convergence of several other underlying causes that could be addressed or supported by other parts of the system. Bricks and mortar doesn't resolve people's wider support needs. Engaging the wider system remains a key challenge. The view that housing issues are "housing's problem" is fairly endemic.

Some local partner protocols still to be established

Still having difficulty in engaging with certain services

Partnership working has been impacted as agencies have wanted to understand the impact before they realign their priorities however awareness sessions were conducted in time and well in advance of April

### **Organising services**

There is still more work to do to develop partnerships and support existing staff and recruit to new positions but these areas are in progress with development plans clearly set out.

Late appreciation of the impact meant that the restructure and recruitment of staff followed behind the acts implementation and we continue to struggle to catch up.

We are generally pleased with our implementation given the changes that have taken place organisationally.

As regards organising services we are still trialling different ways of working to best meet client and staff needs.

We are constantly having to rejig and refocus staff on tasks as new pressure points emerge

The service did little to prepare for the Act. A New Service Manager was appointed and restructured the service introducing IT systems and new processes to meet the requirements of the act within 6 months of appointment.

The transition is more significant than expected with the length of engagement with customers in danger of overwhelming the team at one point.

We have few issues as we had prepared some time in advance through interpretation of the Act and implementation of a project lead, this enabled us to effectively deliver the change.

We have the on-going evaluation, training and service amendment to ensure day to day reflection of the requirements.

### **Administrative burden**

Under HRA, it's much more complicated and time consuming to record a prevention or relief than prior to HRA.

Admin is way too much

Main concern is the administrative burden

Staff feel they have not got adequate time for the administrative elements of HRA such as the notification letters and require more 121 guidance on these operational matters.

### **No issues**

Everything is great and the new Act is brilliant

None of the above elements are resulting in delivery issues

### **Other issues**

Staff training, partnership working and organising services are all aspects of delivery that we continue to review.

Social housing is still the goal so customers are not always engaging with the PHPs particularly single people

Due to staff sickness/maternity leave hitting in April 2018 a restructure has been postponed and we are just undergoing this now.

Systems are clunky and timely. Accommodation pathways to respond to the additional duty have impacted throughput.

The duties of themselves are not the difficulty, it is finding solutions to the practicalities which are more challenging.

Respondents were asked to comment in relation to whether sickness absence levels in homelessness services had changed since 3 April 2018 according to their official in-house data (Q14a). The answers provided are shown in Table 8 grouped into the themes which emerged, including stress, increased workload, decreases in sickness absence levels.

**Table 8: Comments relating to changes in sickness absence levels since 3 April 2018**

**Increase due to stress**

Staff have reported high levels of stress which may be impacted on their general health.

Staff finding it difficult to adjust to changes causing them stress and anxiety about job roles. Additional demands on them and legal timeframes to meet mean there is also more scrutiny of their work which can cause stress.

New duties and way of work under HRA increased stress levels and uncertainty of day to day work.

The restructure to change job descriptions to meet the needs of the HRA has caused stress in 1 member of staff.

Stress of keeping up with the demand. Such a shame as very experienced and capable Officers are struggling.

Stress levels

Stress has been the primary cause of the sickness.

Stress related. Recruitment drive necessary to compensate for new act but to also cover staff that left due to change in working practice. Recruitment then successful based on person skills rather than homelessness legislation knowledge.

**Increase due to increased workload**

The increase in workload and the need to completely change the culture approach to homelessness

The Sickness absence in Housing Needs Group has risen by 12% between 31st March 2018 and 31st October 2018. Staff have been reporting feeling unable to cope with the workload and having to put in extra hours to try to keep up. They have been demoralised.

In addition to increased workload, implementation of new process and procedures and difficulty in recruiting and retain staff to respond to this, sickness has increased.

Lengthy and time consuming assessments, including the additional updating of PH plans. The HRA duties place considerable pressure upon the team, which is contributable to the increased officer sickness absence.

The administrative demands of the HRA were significant on staff and for some, they ways they had been working for some years now were challenged. This, along with a lack of proficient IT systems and an initial staff shortage at the time of implementation, did impact on staff sickness levels.
Administrative functions associated to the role.
More work load. Those that have not gone off sick have said that the continued work load will make them sick.
Being a small team the effect of even one member of staff being off is very noticeable. Most significantly we have had a member of staff on long term sick since shortly after the Act was introduced and the effects of the Act in terms of increased footfall have been a part of the cause of the absence.
<b>Increase due to pressure of work</b>
Pressure of work load
Pressure of work
Work pressure and impact on staff morale
<b>Increase not related to the HRA</b>
No as it is throughout Housing Service and not particularly Part 7 staff.
I don't think that this is anything to do with HRA purely a coincidence
Not related to HRA.
Two individuals and I do not believe this is related to HRA but to unfortunate recruitment.
Not a direct reflection, more staff to account for.
not directly related to HRA workloads
No correlation to the introduction of the Act
<b>Decrease in sickness absence levels</b>
Officers more empowered
Staff have been resilient and well prepared for the Act, plus extra staff has helped
The team are really motivated to help people - we have recruited more staff which has boosted morale in the team.
A lot of employee satisfaction from more tools to help
I don't think that any changes in sickness levels are attributable to the HRA.
<b>Other comments</b>
We also introduced a new recording service which may have impacted.
Between April 2018 and August 2018 there was a significantly increase in sickness in Options Team
Our organisation had significant staff change as the HRA was being implemented. This has led in part to some of the increased sickness in the team. However the team are now more settled and working with confidence on HRA

The survey asked for comments in relation to changes in staff vacancy rates since 3 April 2018 according to respondents' official in-house data (Q15a). Table 9 shows

the answers provided group into the themes that emerged including increases due to HRA/workload and recruitment difficulties, and no change or decreases in vacancies.

**Table 9: Comments relating to changes in staff vacancy rates since 3 April 2018**

<b>Increase due to HRA/Workload</b>
A number of experienced Housing Advisers decided to look for new job opportunities
A number of long serving staff have left the organisation. Fearful of the culture change and the pressure of dealing with people with complex needs that they feel unable to assist. The remaining staff have adapted well and have become more confident in seeking solutions to prevent homelessness.
A number of officers left the authority. Recruitment of new staff has not been an issue and afforded us the opportunity to recruit people with no local authority housing background. This has been an advantage.
Because of HRA and the Act and the admin, going against what the role should be.
Due to HRA experiences staff moved sideways or retired
Expectations and pressures on roles
Officers not able to cope with demand
H-CLIC returns are cumbersome and time consuming while dealing with an increased work load
From January to November 2017 no Homelessness Prevention Advisers left <Council Name> From January to November 2018 3 Homelessness Prevention Advisers left <Council Name>, 1 of whom cites the HRA as the reason.
Staff are unhappy within the role, and have secured alternative employment or seeking to leave the service. Morale is extremely low within the team.
There has been significant staff turnover with long standing staff members leaving the service due to the added pressures of the HRA.
We had staff leave as a result of HRA as they did not agree with the new way of working. We have recruited new staff with limited housing experience which has resulted in increased levels of management and training.
When the Act was initially implemented, there were a few long standing members of staff who decided they wished to leave
Workload demands.
<b>Increase due to recruitment difficulties</b>
May not be directly related to HRA, more the difficult housing market in general.
We are unable to recruit so rely on a high percentage of agency staff
We have struggled to recruit skilled or experienced homeless officers.
Turnover of staff is high, extremely limited pool of housing officers, geographic location means staff unlikely to move to our LA as unlikely to want to drive 1 hour to work each way. Generally all councils I talk to struggle to recruit trained housing officers, meaning many services staffed either by officers training on the job or inexperienced officers.
Demand for staff across <area name> appears to be higher than ever, with some staff moving across services in the region. Our service provider has had to rely on agency staff from time to time due to vacancies not being filled.

As previously mentioned we have had a vacancy and difficulty recruiting.
Team fairly stable. Difficulty recruiting to new posts.
It has been difficult to find experienced personnel so we have had to carry vacancies for longer and recruit trainees
We have been very fortunate to retain our experienced staff and have worked hard at keeping morale up. As previously stated we have found it hard to recruit experienced staff to the additional vacancies.
<b>Increase due to an increase in staffing levels/team changes</b>
A high number of vacancies, including new resources which created new vacant posts.
Increased staffing levels and recruitment to meet HRA demands / obligations. Not due to staff leaving.
Mainly due to additional posts rather than vacancies of existing (pre HRA) posts
Quickly recognised additional staff required to comply with new duties, this is ongoing.
Vacancy filled in July 2018 Team leader post and an additional temporary position created to meet demand for a Triage post
Changes within department
<b>Increase due to staff changing roles</b>
My staff are resilient to be fair however we have had good staff leave and gone into other areas of work as they don't want to do homelessness anymore because of the changes. It's the same with temps who, due to changes in taxing on expenses, accommodation etc. and the stress of the HRA, are choosing to leave or stay closer to home causing the gap in quality huge and having impact on perm staff.
Some staff have left to take advantage of other opportunities created by HRA. Others have left as they can earn more in other local authorities.
The increase is not reflective of HRA, it can be attributed to career development.
The vacancy level has only increased due to opportunities to existing staff to be involved in other Homeless initiatives (Rough sleeper Initiative)
There has been a huge team shift around but some have left the organisation.
We moved from homelessness being part of a generic housing officer function to having dedicated case workers - some of these were seconded from their previous generic roles and didn't like spending all their time on homelessness.
We restructured 1st August 2018 and haven't yet got all posts filled (though all posts are under offer)
<b>Increase not related to HRA</b>
Again unrelated to HRA
Nothing concerning - just natural evolution of the service
This was not connected to the implementation of the Act.
Turn over within the team has historically been fairly high given the demands of the sector.
<b>Other comments in relation to an increase in staff vacancy levels</b>
Originally two members of staff pre-April 2018. Down to one member of staff between April 2018 - September 2018. Fully staffed now.

2 new staff
previously stable team, that saw no staff changes in 4 years but in last 12m (since Nov last year), 3 members of team have left although all for different reasons not necessarily or solely about HRA.
We employed 7 new members of staff, within 6 months a few had decided that the role wasn't for them. This was hugely frustrating as a significant amount of time and effort had been expended on training etc.
<b>Decrease in staff vacancy levels</b>
Empowered and engaged workforce
The contracted service tried to run the service with insufficient resources. Having brought the service back it is now more effectively managed and staff are really happy.

Respondents were asked to provide brief details about their preparedness for the implementation of the new Duty to Refer (Q16a). The answers provided are grouped together by levels of preparedness and the reasons for this in Table 10.

<b>Table 10: Details of respondents' preparedness for implementation of the new Duty to Refer</b>
<b>Adequately/well prepared due to working with partners</b>
Appointed an officer to work with partners on the duty to refer.
A lot of work has been done since April with different agencies to ensure they understand the DTR
As part of our work across <area name>, <Council name> has been well engaged with public bodies subject to the Duty to Refer.
We had recruited a project lead to dedicate to the implementation of the HRA. This post holder, engaged proactively with partners to ensure pathways and arrangements were suitably in place.
Communication with the partner agencies had been ongoing, prior to the implementation of the HRA. All agencies have been keen to be involved in the duty to refer, which has simplified the process.
Planned well with briefing sessions to relevant statutory and voluntary bodies followed up with leaflets / information and emails.
Staff were adequately prepared with the duty to refer - however prior to the act, <Council name> was working with an integrated ASC service with homelessness and access to housing. We have joint protocols with CS, staff from our service within the MASH and three family Engagement Officers within the homelessness Unit. We have a robust MAPPA process, attendance at the Local YOS board and have responsibility for chairing the Young person's homelessness panel. The Street Homeless staff chair the intensive supported and emergency panel for adult supported homelessness accommodation aimed at Rough Sleepers primarily and are a key partner in the larger Gateway panel for access to adult homelessness accommodation for move onto longer term supported homes.
Adequate time to brief partners
We held awareness sessions and attended partnership meetings to explain the duty to refer; including at the local CSP, DWP and Problem Solving groups. We produced a leaflet for partner agencies, including RP's and updated the website with referral links.

There was a sufficient lead time into this part of the Act and we have been able to engage with partners about this.
We expanded the duty to refer to all partner agencies
We took a proactive approach prior to the go live date and partners were well aware of what the DTR was
We were aware of the potential implications and led discussions with partners in advance of the HRA coming into force.
Attended team meetings & produced briefing papers for partner agencies to make them aware of the duty to refer.
Awareness of duties to referral agencies poor despite LA's cascading information at forum meetings
Met with a range of agencies to highlight the duty to refer at various team meetings
Road shows and presentations prior to the duty
Team leader prepared well and visited partnership agencies to explain duty to refer. However this remains an issue with many of those with a duty to refer making late applications expecting that this will result in temporary accommodation to relieve them of their own duties to support and assist to prevent homelessness.
We ran information sessions for internal bodies such as social care and held meetings
We worked in partnership with <Organisation name> in the delivery of the Duty to Refer and educating partners of this duty.
We had spoken with partners
Local discussions were held with agencies on a district level throughout homelessness forum.
We have good partnership arrangements and were able to draw on these to introduce the Duty to Refer.
Ensured all relevant agencies were made aware of the DTR and the obligations of it
<b>Adequately/well prepared due to development of referral pathways</b>
We developed accessible pathways so that it is clear and easy to make a referral to our services.
Set up on-line referral process for agencies to use.
alert function is part of our database
Email system; IT systems etc. in place for DTR, including training.
IT systems ready to accept referral.
Jigsaw IT system has made the process simple.
Set up a duty to refer email that partners are aware of
<Council name> have adopted the use of the Housing Jigsaw ALERT system to receive referrals from Public Authorities under the duty to refer and also have an email in place which was requested via MHCLG.
We had set up our email
We had the email address and an online referral process in place in time for the Act.
Implemented the ALERT portal through NPSS which was agreed by all <council> partners.

Duty to Refer email details were provided to all relevant organisations within our locality, the <Council name> website was updated and included a referral for and details of the referral process.

We had developed good referral pathways with partners prior to the HRA.

We set up the 'duty to refer' email address in the prescribed form and advertised the duty on our webpages.

We implemented the standard dutytorefer@authority.gov.uk in time. We feel we already had effective arrangements with the main referral agencies in and around <Council name> and so we don't expect or need to see much diversion of traffic to the 'dutytorefer' email address.

#### **Adequately/well prepared due to training**

We developed an e-learning package, bespoke training for the third sector (encouraging a voluntary duty)

We ran training session with some external organisation including the DWP

Training was carried out for partners giving them the opportunity to raise any questions.

Staff were trained and briefed on this.

Created an e-learning module to assist those with a Duty to Refer when making referrals. Also gave a presentation to the Department in June 2018 in preparation of the Duty to Refer.

Pre Duty to Refer <Council name> had delivered HRA training to Duty to Refer agencies in the locality offering both shared and individual events.

We did a lot of training and in the D to R and also trained partner organisations.

We had a good understanding of legislation and were able to take officers away from front line duties for 3 weeks to role play, train on new IT systems and to develop PHP's.

We provided a lot of training for staff and <funding name> allowed us to trail different ways of working prior to the Act.

We were able to provide training to all our local statutory bodies. We were fortunate to already have good working relationships with most of them to build on.

Training carried out to partners.

Training was a vital element of our preparations.

#### **Adequately/well prepared as were early adopters**

The service was working with the principles of the act for some time prior to April 18.

Referral route and process all up and running prior to implementation.

Started most of it in April. Only DWP waited until October

The service already had a number of established referral pathways and this regulation has not so far added significantly to the workload or affected systems.

The work was done in advance and we were ready from April to receive referrals from the wider system (not only specified public bodies).

#### **Adequately/well prepared as worked with other councils**

Cooperation with other <area name> <council types>

County wide referral form agreed and implemented.

There was a county wide approach within <area name> and a system developed in house. We are receiving a wide range of referrals.

Our county had a co-ordinator to discuss processes with agencies on a county level.

**Adequately/well prepared - general**

No issues with Duty to refer (x 2)

We have established procedures in place with local Public Authorities subject to the duty to refer through partnership working. Internal procedures have been drafted in accordance with the guidance in MHCLG's code of guidance for local authorities and have had some delivery of sessions by NHAS.

New business processes were designed and service implementation.

Central government did a lot to communicate the duty to public sector bodies.

Compliant by 01.10.18 and publicity for this new duty continues.

Duty to refer is a relatively straight forward process and was not a major concern to us in the light of all the other challenges that the HRA represented.

Had a long lead in period for this.

It felt like the 1 Oct came about very quickly after the commencement of the Act as there was so much to do to ensure compliance however there was time to prepare for its implementation.

It was useful to have a reasonable gap in time between the implementation of the HRA and the duty to refer being brought in, to allow time to adjust and to spread the changes over time.

<Council name> ensured that we had systems in place to manage the duty to refer

Reasonably well prepared.

The delay in implementation helped.

There was adequate time to prepare for implementation as legislation remained unchanged for some time in advance.

This is straightforward.

We are <Initiative name> authority so had a 2 year lead in to get ready.

We believe this is because we already offered a service which looked to find solutions for all those that approached us within the resources we had available

We had a detailed implementation plan the majority of which has now been actioned with remaining actions moving into the new Homelessness Strategy. So far this has been manageable but there is more work to be done to embed the process and develop customer pathways.

We had a project plan in place for the preparation of the HRA and met on a weekly basis. Our team has always been focused on prevention and has a good track record of successful outcomes, even those who are not considered to be a priority. We feel the cultural change was less.

We had sufficient notice that the duty to refer was to be implemented and were able to prepare.

We had systems in place and where public bodies had received direction from their central government the awareness and introduction was stronger.

With the implementation date changing we had ample time to put mechanisms in place

**Adequately/well prepared - issues raised**

Local protocols still to be actioned.

The main issue is around the lack and consistency of information provided, which at times, creates additional work for officers.

Whilst we were prepared the fact that many partner agencies did not receive their guidance until shortly before the duty came into action did create challenges.

Late changes to guidance and confirmation of the exact effective bodies with a legal duty caused delays. This resulted in late notification to partner agencies as to their legal responsibilities under the act.

Our concern is that this is becoming a tick box exercise especially with DWP, yet for us to get information from them is cumbersome and non-forthcoming in order to assist us with the clients they have referred in.

We could have been further forward if we had recruited earlier but unfortunately we didn't.

Interpreting some of the more vague aspects is still taking time and causing some anxiety with officers making decisions

DWP's response has been disappointing as they have refused to provide anything more than the very basic information required of them, despite the fact that all referrals made must be done so with the consent of the applicant.

A lot of work was undertaken prior to the introduction of the Act. However, the delays experienced in introducing a new structure has not helped since April. Recruitment is underway but is not completed.

Late issuing of guidance didn't help. Prepared through our own interpretation of Act and other organisations experiences.

Did not anticipate staff sickness and officers moving sideways

<Council name> <Initiative name> helped considerably with preparation and implementation. However, disappointing that DWP and Probation staff have been advised not to use the ALERT online referral system.

There is an issue over the DWP just sending names and no proper information about cases. They state they cannot provide more, a mockery of the true meaning of the Act and partnership working. The ministry has been advised of this.

The implementation of the duty to refer was relatively simple although there is some more work we can do as a <council type> in ensuring a single consistent message. We can appreciate the need for the duty to be publicised at a local level but that some promotion from central government to the public bodies included in the act would have been beneficial. We would also recommend that GP surgeries are included in the duty as this presents a good opportunity for timely preventative work.

There has been some reluctance by agencies such as DWP to provide the information required

There is concern that despite awareness raising and training by the Council the statutory referral agencies are not as aware of their duties as they should be.

We were prepared as much as possible, with the exception of staff recruitment. Due to the sheer amount of recruitment being done by all local authorities simultaneously, it was difficult to achieve the forecasted adequate establishment in the time given. This has put pressures on us in the first two quarters, attempting to achieve output to match input.

### **Under-prepared**

ALERT system not finished not working properly and limited if you don't have their Jigsaw homeless system.

Partners were unaware and unprepared of the Duty to Refer which resulted in additional work on the LAs part. IT solutions were delivered barely in time for implementation and still require improvement/development.

As a district authority, it has been difficult to try and ensure a universal referral process throughout the county. Different public bodies as well as partnering Councils have approached the duty differently, especially given the lack of clarity afforded by the Code of Guidance. This has consequently increased administration times for staff who are already trying to manage an increased workload. There is also a risk that, once an agency has completed their Duty to Refer, they feel they have done all that is required to support the customer in question and that the case is then passed on to Housing Options to manage. We would like to encourage a more co-operative approach to this process and ensure that the referring agency remains a support to the customer if it would be in their best interests and important to a successful outcome for them. This relates to wider issues pertaining to multi-agency working, which have been noted subsequently.

Delays due to establishing which public bodies had the duty to refer. Tailoring a referral form for all partners and linking email addresses. Exploring GDPR

<Council name> is yet to implement a HRA IT system, this has caused significant problems in being able to deliver the service in terms of the duties, follow up work, being able to develop robust business process to ensure performance management etc.

Due to recruitment of new staff/training etc.

It is getting into some of the organisations that are key e.g. Health, quite difficult when they have their pressures. The late notification did not help and we were not made aware of any communication that was sent out from the national organisation. It is clear it was rolled out with DWP because we get regular referrals but this does not appear to have happened with the other bodies.

Local partners, particularly JCP, decided that they would use their own referral mechanisms rather than use our specifically designed referral procedure.

More time to interpret the act and implement new processes would have been helpful

Our IT provider was not adequately prepared and therefore we had to seek an alternative

Small team and absence not been an issue. The time given to implement the HRA was far too short given the release of the CoG and the H-CLIC requirements. H-CLIC validation changes after submission and make you then re-submit, it took two weeks the first time.

Took too much time discussing things

We adopted a 'grow your own' approach a number of years ago. With HRA being implemented the newer less experienced officers don't default to Part VII their emphasis is on preventions and finding solutions. Lost a couple of experienced officers the newer ones have remained.

We are a small local authority with limited officers to develop and deliver the changes required by the HRA and we didn't have time to deliver training to public bodies in line with its implementation.

We put in place a new structure but didn't have all new staff in post until May 2018.

We were quietly concerned come the 3 April as we did not know what to expect and it had been brought in at such speed which left us lacking in ICT terms.

Whilst we prepared as much as we could, we knew that the majority of learning would take place once the HRA was in force and only then would we be in the best position to see how we needed to change the service to meet the changing demands on it.

<b>Other comments</b>
Again poor communication, not sure why statutory agencies are not signposted to local authority route and are being allowed to have their own system for referral
Duty to refer has increased workload. Over 400 since October.
However this has brought in more work load.
In some respects were able to make some earlier preparations - increased staffing in Oct 2017, held training event in Nov 2017 and Mar 2018. But in other respects preparations were more difficult, previous database provider told us in Jan 2018 that would not be providing system compatible with HRA so we had 3 months to investigate, procure and train on a new system.
No concern on our ability to recruit as we pay slightly more than neighbours.
Secured funding through MHCLG as part of the initial round of rough sleeping monies for a Duty to Refer Co-ordinator
The duty to refer has been a bit of a damp squib. We have not received any from partner agencies to date - despite a launch with local partners and signposting on our websites and systems.
We took the view that, as the duty rested with the named organisations, it was down to those organisations to put place procedures for carrying out the duty. In addition, it was presumably the responsibility of MHCLG to inform those organisations of the duty and we did nothing additional (other than what I've specified above) to promote the duty. I believe we're yet to see the full impact of this duty on our housing advice service. In other words some organisations will currently be better at making referrals than others.
We did recruit early in the process and identify need for additional staff. We have not seen an increase in staff absences - but having spoken to Team members - they feel that they being stretched with challenging cases and having limited resources available to offer accommodation to all that approach.
We were able to produce an electronic form for organisations that produces a PDF document for back office staff. Had we had more time we would have been able to integrate this with the back office data recording solution.

## Additional Comments

At the end of the survey respondents were given the opportunity to detail any other issues relating to the HRA they wished to raise (Q17). The comments received have been grouped together in themes, including funding, issues with aspects of the Act and administrative burden, as shown in Table 11.

<b>Table 11: Details of other issues relating to the HRA</b>
<b>Administrative burden</b>
As the HRA is very admin heavy it restricts how much extra work you can do, this means if a client comes in after their relief duty has been closed and we assist them into a new property there may not be capacity to take a new application. This means the client is helped but this would not show on the H-CLIC. This also applies to helping people prior to the 56 days.
Too much statistical data collection required which has a negative impact on staff ability to provide a service.

Admin, admin clients do not like it. We feel we gave a better service before.
HRA is essence is great, it's just adhering to all parts of the decision making process and providing paperwork that wastes officer's time. Feedback from all officers is that they don't feel they are dealing with enough true prevention work.
Increased levels of administration have been an issue.
Process is confusing for customers, administrative burden is too heavy, too many decision letters, clients cannot follow them, need to give a main duty after relief duty ends does not make sense to them, they feel it is delaying a decision on their case by going through prevention and relief. Too many appeal points, another administrative burden.
It is very difficult at present to assess the lasting impact of the HRA on resource as it has been with us for a relatively short time and issues have been exacerbated due to new IT systems, the need to restructure and review the service, staff getting used to new and complex legislation, training new staff, issues with H-CLIC etc. What is clear is that there is significantly more bureaucracy involved which is actually hampering our ability to prevent and relieve homelessness effectively. Officers feel bogged down and uncertain, and it is affecting their morale as well as taking up time that would be better spent on prevention. There is also a concern that those households who are very vulnerable are not getting as good or focussed a service as they did previously due to the increased numbers of people being processed.
The administration required for each applicant is lengthy and this is linked to the need to record sometime excessive information for H-CLIC purposes. There is a significant increase in the time that interviews take.
The HRA feels very admin heavy on front line staff taking time away from actual case work
The amount of time it takes with each client to record all the information required
There are too many written notifications.
This borough already had a prevention focused service so the HRA has impeded our ability to prevent and relieve homelessness by burdening us with increased bureaucratic processes.
Very challenging in terms of administrative element and as a result we are not closing cases as quickly as we should.
The applicants feel there is too much paperwork, this cannot be reduced much due to the review rights
The principles of it are good and for Councils that didn't focus on preventing homelessness, hopefully it brings a positive change. But for those Councils that already had prevention at the forefront of its approach, this has added additional administrative burdens that distracts from the actual prevention work the Act intended.
Homeless cases are requiring intensive case management, similar to Housing First, and Officers would benefit from a case load of 15/20 but are running at 50+ so are unable to provide that level of support.
PHPs are time consuming and difficult to identify reasonable actions and solutions which has increased admin.
Cases being worked on longer so caseloads going up.
<b>Funding</b>
We are very lucky that our authority has absorbed the costs unmet by the grant from MHCLG. Colleagues in neighbouring authorities have not been so lucky and are struggling.

Additional funding will be required post the present allocations to be able to comply with the new statutory duties. The authority is already seeing a significant increase in B&B placements for longer periods.

Another two years New Burdens Funding would be helpful, through to 2023 at least.

Budget pressures recognised for staff, prevention and this will include additional spending from Discretionary Housing Payments

Concerns regarding future reduction in Council Budgets and funding availability to respond to the HRA requirements.

Funding has been inadequate to deliver the intended outcomes of the HRA.

Funding remains an issue, particularly with regards to Temporary Accommodation. The HRA has not significantly impacted these duties, other than for intentionally homeless households (the requirement to accommodate until the end of the Relief Duty) - but expectations have risen across partner agencies. We would welcome clarity with regards to long-term funding of temporary accommodation, and an acknowledgement that the current subsidy system places a financial burden on councils. For example, the current 90% of LHA rate does not reflect the true cost of delivering temporary housing to complex individuals.

HRA is totally right in what it is aiming to achieve. However there just is not enough funding to fully do it justice. Not only additional funding for housing officers to assist in the first instance but also support staff to help clients maintain tenancies and provide support to landlords to help take on the higher risk clients.

Meeting ongoing costs as previously stated once the other funding ends.

Need certainty over future funding. New duties are here to stay and we need to keep the staff paid for via new burdens funding. The extent of legacy case IT challenge has not been recognised This needs to be funded and extension given to report on P1E until the summer.

The Act is well meaning but is being undermined by a lack of long term revenue funding to pay for support services to enable vulnerable people to sustain tenancies/ or receive more specialist accommodation based support.

The flexible homeless grant is very effective and it is essential this continues.

We are concerned about the new burdens funding ending, as this as paid for extra staff, without whom we would struggle.

Ultimately as there is in sufficient accommodation to meet the demand we are having to use additional interim/temporary accommodation resulting in additional staff and management costs.

The new pressure to accommodate those via a relief duty has added cost and a difficulty to fully relieve our duty.

### **Issues with aspects of the Act**

Some agencies use it to avoid their duty towards people and the Act needs to place a duty on other statutory agencies.

Issues around legislation itself i.e. non co-operation when in PN and in TA - no real incentive to work with us. People refusing properties at prevention that are suitable and yet still having to provide costly TA and full relief duty

It would be useful for the Act to be streamlined, there are many points of notification which can be confusing for the customer and for the staff.

Increased responsibility in provision of PRS temporary accommodation and blocking access to it.

The fixed 56 day periods has been an issue.

Introduction of the Act was rushed and left limited time for LAs to prepare and implement.

Staff are finding it more difficult to successfully work with customers in Relief Duty, further consideration should be given to the tools available to staff.

The lack of an accommodation duty for people not in priority need under the relief duty feels like a missed opportunity. TVBC are trying to fill that gap, but if other local authorities do not follow suit, I am left wondering how sustainable it will be to offer a truly universal service in this way... The Duty to Refer is a great start to engaging the wider system, but more needs to be done across government to generate a system that collectively owns homelessness as a shared problem to which there can only be shared (partnership) solutions.

We are using ALERT for referrals. However agencies like the DWP refuse to use it which makes it pointless.

The links between health, social care, welfare reform and housing must be acknowledged. The Act requires local authorities to very much take a holistic approach to resolving homelessness however this work needs to be happening further upstream if the act is to reach its full potential.

In terms of the D2R - better cooperation with DWP would have help as they are the only agency that refuses to use the <area name> portal for referring. 56 days prevention and relief duties are delaying decisions based on homelessness legislations which is process driven rather than looking at the client's needs.

### **Lack of affordable housing**

The culture of RPs has changed over the years. Their core business seems no longer to be the provision of homes for vulnerable people. Rather they act as businesses. Again this undermines the intention of the act. The PRS (often unaffordable, unobtainable itself and generally less secure) is now the primary source of accommodation for vulnerable people.

No other issues, just lack of suitable affordable housing solutions for customers.

We are in a high cost, high demand and low income city which with the impact of UC, renders access to PRS and sustaining people challenging.

Still early days, very many more vulnerable customers to support with very little housing options available, MHCLG have had very little input into local delivery and are not understanding issues with very vulnerable people and limited options to help them

We had always focused on prevention so that was not a change. We currently have limited options for housing. Our private rented has a top up. Our 2 bedroom private rented is now over £50 per week above the LHA. There is a lack of affordable house shares for under 35's. Our supported accommodation has been recommissioned by the County Council and the young person schemes can no longer be accessed by anyone other than care leavers.

Whilst the focus on early prevention is welcome, the Act has not addressed the key issues surrounding supply of housing and accessing long-term accommodation. This is demonstrated by the increased use of temporary accommodation and increasing the average length of stay.

We have particular problems in securing affordable accommodation with the required security and welcome longer PRS tenancies and local housing allowance rates that would help make more tenancies affordable.

The Act gives Council's zero new options to prevent homelessness. It hasn't made access to the private rented sector easier, it hasn't made properties more affordable, it hasn't increased the number of new homes built.

We desperately need access to the PRS in order to assist us in relieving our homelessness duty.

Reforms around the private rented sector must be considered to increase the levels of accommodation available.

<Council name> being unique due to not having any social housing stock of its own has less flexibility. Added to also having an extremely high rented private sector, very rare to have anything within current LHA rates, means we have less options to relieve homelessness unless you're willing to move out of borough. We currently have approximately 1500 placements in T/A with majority out of the borough as far away as <area name>. Unable to provide a local service to local people anymore.

We struggle to obtain PRS accommodation but that was a worrying issue prior to new act

### **H-CLIC**

By far H-CLIC and IT issues have been too complex.

Some prevention work has gone unrecorded on H-CLIC as partners use to conduct the prevention aspect for <Council name> so we are looking into how we combat this for the future.

Approach to HRA is generally positive. Biggest issue is with H-CLIC requirements which places a high administrative burden on local authorities.

Data requirements under H-CLIC are too onerous and we question the validity of the data being provided

H-CLIC - issues with data being uploaded and access to the information that we are reporting to MHCLG.

Late release of H-CLIC and guidance hindered our ability to implement. However staff were well prepared and had developed the required culture change and documentation early.

The IT aspect has been difficult especially getting H-CLIC right. We are a small Council and the lack of standard reports has made it difficult for us to report on the outcomes of the Homelessness Reduction Act.

There are still issues relating to data submission which need to be resolved to enable us to submit accurate data, the Delta system is not fully compatible with the different systems.

The H-CLIC data collection has been ill thought out and is likely to remain meaningless unless overhauled.

The H-CLIC has proven problematic and creates untold issues prior to reporting.

Our biggest concern is the recording requirements compared with the P1E and our IT system having far more 'teething problems' than anticipated .

### **Customer expectations/engagement**

We are not convinced the plans are being read/engaged with by the customers

Issues getting clients to fully engage with the process of personalised housing plans and to consider other options rather than just social housing

Customers not interested in engaging in the personalised housing plans they just want accommodation

Some aspects of HRA still raise false expectation and confusion amongst clients and partners. Local connection is a good example where clients are brought in with no local connection with the expectation that they will be straightforwardly housed. Clients and partners seem exasperated when this is not the case.

Expectations to work with individuals are high however this is difficult when options are limited and applicants have increasingly high needs and require intensive floating support in order to both prevent and relief homelessness.

### **Wider issues affecting implementation of the Act**

The wider impact of Welfare Reform/austerity measures on predicted demand was underestimated.

Issues with the welfare reform is not helping plus an increase in clients with mental health.

Additional duties for the HRA are particularly burdensome for the local authority whilst not having a significant impact on the service available to applicants due to external issues such as welfare reform, private rented sector etc. that do not come under the HRA and cannot be resolved by the HRA.

Welfare reform remains the most significant challenge

### **Lack of support from other services**

A lot of these clients' issues are not housing. If someone doesn't get help with addiction/ mental health we just go round and round. Services are not delivered e.g. drug addiction to the client they have to go to a set place for an appointment here so of course a chaotic client doesn't attend. Mental health - Since we got funding to get a seconded mental health worker to our outreach team for rough sleepers we have seen a positive change in help for clients. Why do we have to fund other statutory services to ensure the most vulnerable, those on the street get help?

At present, multi-agency work frequently seem to focus on various departments advising what they are not responsible for, rather than focusing on what they can instead offer to the individual. Funding cuts are frequently cited as a reason for this, and many agencies are forced to withdraw from a customer when engagement is lacking. However, the needs of the customer, and the difficulties in re-housing them, do not reduce. Not only is more affordable housing therefore required, but more supported and specialist housing too.

Those with no recourse to public funds are increasing in numbers.

HRA is positive but there needs to be a legal obligation on other organisations to assist with resolving the core issues such as mental health, drug and alcohol addiction. Also, more pressure on social landlords to rehouse vulnerable people, especially for stock transfer authorities.

### **Complex cases**

It should be acknowledged that the complex needs of our customers have increased significantly in recent years and many require service intervention from various different departments. Multi-agency working therefore needs to be increased and processes made better.

The more complex cases are getting ever more challenging to assist

### **Satisfaction with the Act**

I think this legislation was needed to ensure that housing authorities who did not work with non-priority homeless acknowledged this group and provided assistance and followed a prevention agenda for all groups. Some authorities local were only working with priority groups, and had retreated to homeless main duties because of austerity. The HRA has redressed this - although I am not convinced that authorities are administering it as intended. Many appear to be leaving applications in Triage/advice and assistance rather than progressing through prevention, relief and full duties and it would be difficult to pick this up from the H-CLIC data.

On the whole HRA has been well adapted to in <Council name> - partly because we were operating in a similar way beforehand. On a positive - the principles of the act make for a better customer experience and greater consistency across the uk, however, on the negative - I have no confidence in H-CLIC and the excessive admin detracts from actual casework.

HRA has been an opportunity for us to strengthen partnership working and work together on tackling homelessness.

The Act and its intentions are welcomed however until other parts of the government start to consider the impact of their respective policies upon homelessness its impact will be limited.

It's the best piece of legislation since 1977

<Council name> welcomed the introduction of the HRA as this provided a formally recognised structure to the way of working that already existed here. We also appreciate the opportunity under the HRA for the client to have greater input into resolving their housing situation.

In general now the HRA is bedding in it appears to be having the desired impact of cases being either prevented or dealt with at relief rather than full duty. By allocating additional priority in accordance with our allocations policy and housing cases off the normal waiting list we are dealing with them earlier and very few are going to "full duty".

In general we are very supportive of the changes brought about by the Act. Staff have embraced the new approach and we believe are achieving a high proportion of successful outcomes (circa 70%) through the prevention and relief duties. The main problems we have encountered are significant issues about data reporting in H-CLIC (we are using Northgate for case management), significant increases in the use of temporary accommodation and homelessness units and a general increase in demand and complexity of cases as a result of welfare reform and austerity.

The prevention duties are working in the <council type>, and we are helping a lot of people to avoid homelessness.

#### **Other comments**

There are some inconsistencies with our housing allocation policy which we are planning to address in January. It would have been useful to have had sufficient time to do this in advance of implementation, but there was no time and insufficient resources.

Referring the relief duty to other councils' is time consuming and other councils are not co-operating.

At this stage we are not able to evidence whether prevention and relief have improved as a result of the Act's introduction. As our data integrity improves we hope to gain a clearer picture of this.

Delays are being experienced when cases are referred to other local authorities. There needs to be absolute clarity about how to deal multiple applications to multiple local authorities.

I also manage the enforcement of the PRS and we are fortunate that we can take a holistic approach to many issues facing clients. The approach to homelessness has to be linked to far wider issues such as debt, life skills, responsibility for payment of rent, minimum property standards. Homelessness is and always be a symptom of other issues, most of which cannot be fixed in isolation. The HRA has however moved things on.

Lack of training around the jigsaw IT system, which was given high reviews by CLG prior to HRA.

Makes homelessness figures look excellent. In fact they are probably the same.

Many aspects of implementation, working practices and staff development is monitored to establish good practice in accordance with the new duties as we have not yet got a full years data it is difficult to evaluate fully in order to complete this survey

Public appear to be making multiple applications to a number of authorities, like buying a lottery ticket. More applications from in borough schemes where placements are made by outside authorities or Probation. Especially true in regards to Approved Premises.

I think this ethos is great to work with all people but there is no learning for those who refuse to pay rents etc., they know they will be picked up again and again under prevention. We also have had to place single people pending referral to keep them off our streets as our rough sleeper problem has risen with the additional problem of spice causing issues in our town centre. We are having to rehouse clients evicted by partners for extreme ASB etc. for longer periods of time as they will not be acceptable for other landlords. We are looking at our own letting agency with full management rights to deal with this as a solution, finally due to the clientele we are having to house under s188 for long periods we are now having families over the 6 weeks as we can't move on those in our TA and that is concerning me. I feel that my staff are getting to breaking point as they are resilient but it is getting too much to deal with and morale is low as they never seem to get on top of their cases, temp staff come and then go as quickly for more money, job closer to home or because they are rubbish to be frank.

The duties under the new act have been easy for <Council name> to implement with little change as we had invested in a very successful prevention service - we have had no more or no less request for reviews since the Act.

We are having issues accurately reporting Prevention cases. <Council name> is putting a lot of effort into prevention cases, but on our housing system it is reporting it as general advice. Whilst some cases don't take that long to achieve an outcome, I am still concerned that MHCLG will have no way of seeing the true nature of the complex work being undertaken in general advice (and also achieving housing outcomes). I ask that this be taken into account when awarding funding.

We are very concerned that the vast public expense being incurred in capturing detailed data on this topic will be wasted. The complexity of the data capture exercise means that the detailed data is almost certain to be non-comparable, due to differences in interpretation being used by different councils and individuals in different councils.

## Annex A

### Survey form and notes of guidance

#### HOMELESSNESS REDUCTION ACT SURVEY 2018

The LGA is undertaking research on local authorities' experience of the Homelessness Reduction Act, six months after its implementation.

The aim of this survey is to understand:

- how well the Act is working on the ground
- the areas in which councils might be experiencing issues in relation to its implementation
- the extent of any funding gaps.

Our findings will be used to contribute to our lobbying work in advance of the Act's review, and the wider 2019 Spending Review, by providing us with valuable information about any changes needed to the Act: Please help us by taking part.

We are seeking the views of senior managers, policy officers, or staff who have experience of the impact of the Homelessness Reduction Act on your services. If you are unable to respond, please pass this survey on to a relevant colleague.

Thank you for taking part in this survey.

- You can navigate through the questions using the buttons at the bottom of each page.
- Use the 'Previous' button if you wish to amend your response to an earlier question.
- If you stop before completing the survey, you can return to the survey using the link supplied in the e-mail and you will be able to continue from where you left off.
- To ensure your answers have been saved, click on the 'Next' button at the bottom of the page that you were working on before exiting.
- All information provided will be treated confidentially and no information about any individual authority will be published without prior permission.
- The survey will take about 10-15 minutes to complete, depending on the answers you provide.
- Please note that the survey link is unique to you, do not pass it on to anyone else as any answers they provide will overwrite anything you have submitted.

- All responses will be treated confidentially. Information will be aggregated, and no individual or authority will be identified in any publications without your consent. Identifiable information may be used internally within the LGA.

If you have any technical queries about the survey, please contact Helen Wilkinson on 020 7664 3181 or [helen.wilkinson@local.gov.uk](mailto:helen.wilkinson@local.gov.uk).

Please update the contact details below, so we know who to contact in case of enquiries about the data.

Name \_\_\_\_\_  
 Job title \_\_\_\_\_  
 Council \_\_\_\_\_  
 Email \_\_\_\_\_

### Impact of Act

1. How has the number of homelessness presentations to your council changed since the Homelessness Reduction Act (HRA) came into force? Where possible, please base your answers on data.

- Significantly increased
- Somewhat increased
- Slightly increased
- Stayed the same
- Slightly decreased
- Somewhat decreased
- Significantly decreased
- Not sure/don't know

1a. In your view, to what extent can any change be attributed to the HRA?

- Significantly
- Somewhat
- Slightly
- Not at all
- Not sure/don't know

Please provide a brief explanation

2. Has there been a change in presentations from different groups of applicants as a proportion of total presentations?

*Where possible, please base your answers on data.*

	Significantly higher	Somewhat higher	No change	Significantly lower	Somewhat lower	Not sure /don't know
Priority need						
Intentionally homeless						
With local connections						
Without local connections						
Current or recent rough sleepers						

3. What effect have the new duties had on your council's support for people in the following groups?

*Where possible, please base your answers on data.*

	Significantly improved	Somewhat improved	No change	Somewhat worsened	Significantly worsened	Not sure/don't know
<b>Your council's ability to prevent homelessness for:</b>						
People sleeping rough						
Single homeless people						
People in priority need						
People with no recourse to public funds						
<b>Your council's ability to relieve homelessness for:</b>						
People sleeping rough						
Single homeless people						
People in priority need						
People with no recourse to public funds						
Your council's ability to house people via the main						

	Significantly improved	Somewhat improved	No change	Somewhat worsened	Significantly worsened	Not sure/don't know
homelessness duty?						

3a. Please provide a brief explanation of these changes

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4. What has been the impact of the Homelessness Reduction Act on the number of people in the following?

*Where possible, please base your answers on data.*

	Significantly increased	Somewhat increased	No change	Somewhat decreased	Significantly decreased	Not sure/don't know
Temporary Accommodation						
Emergency / interim Accommodation						

5. What has been the impact of the Homelessness Reduction Act on the length of time people spend in the following?

*Where possible, please base your answers on data.*

	Significantly increased	Somewhat increased	No change	Somewhat decreased	Significantly decreased	Not sure/don't know
Temporary Accommodation						
Emergency / interim Accommodation						

6. To what extent do the following factors affect your council's ability to meet your clients' needs?

	To a great extent	To a moderate extent	To a slight extent	To no extent	Not sure/don't know
Welfare reform					
Affordability of social housing (including affordable rent)					
Access to social housing					
Affordability of PRS housing					

	To a great extent	To a moderate extent	To a slight extent	To no extent	Not sure/don't know
Access to PRS housing					
Conditions and suitability of PRS housing					
Security of PRS housing					
Local Authority finance					
Clients' attitudes					
Partner engagement					
Administrative requirements of implementing the HRA					
Staff retention and morale					
Availability of relevant support services (including in the voluntary sector)					

6a. Please provide brief details on how the above factors have affected your council, and whether you were able to mitigate their impact:

### Funding of the Act

7. Has your council commissioned or provided more services as a result of the HRA?

- Yes
- No
- Don't Know

7a. Please provide brief details

8. Has your council developed a new homelessness strategy or reviewed its service provision as a result of the HRA?

- Yes
- No
- Don't Know

8a. Please provide brief details

9. Have you been sufficiently resourced to deliver the new duties contained in the HRA?

- Yes
- No
- Don't Know

9a. If no, please specify:

Roughly what is the funding gap faced by your council in implementing the HRA per year (in £)?	
What percentage of your current HRA funding is this (in %)?	
How much additional staff resource would be required to implement the HRA (full time equivalent)?	

10. Are there particular elements of the HRA that are generating new costs not adequately funded?

	Significantly high costs	Somewhat high costs	Moderate costs	Somewhat low costs	Low costs	Not sure /don't know
Advisory duty – initial contact and triage						
Advisory duty - assessments						
Prevention duty casework						
Relief duty casework						
Main homelessness duty						
Reviews of decisions						
Other (please specify)						

10a. Please provide brief details relating to any new costs that are not adequately funded

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11. To what extent can this change be attributed to the following reasons:

	Significantly	Moderately	Slightly	Not at all	Not sure /don't know
Increased footfall as a result of the HRA					

	Significantly	Moderately	Slightly	Not at all	Not sure /don't know
Increased workload per applicant as a result of new duties					
Other (please specify)					

### Preparation and other issues

12. To what extent did your council have enough time to prepare for the following elements of the HRA following the publication of the code of guidance?

	Significantly more than enough	Somewhat more than enough	Enough	Somewhat less than enough	Significantly less than enough	Not sure/don't know
Overall						
Interpreting the duties in the Act						
IT systems						
Data recording for H-CLIC						
Staff training						
Staff recruitment						
Partnership working						
Organising services						
Other (please specify)						

13. To what extent are these elements still presenting issues relating to your delivery of the HRA?

	Significantly	Somewhat	Slightly	Not at all	Not sure/don't know
Interpreting the duties in the Act					
IT systems					
Data recording for H-CLIC					
Staff training					
Staff recruitment					
Partnership working					
Organising services					

	Significantly	Somewhat	Slightly	Not at all	Not sure/don't know
Other (please specify)					

13a. Details

14. Have sickness absence levels in your homelessness service changed since 3 April 2018 according to your official in-house data?

- Significantly increased
- Somewhat increased
- Slightly increased
- Stayed the same
- Slightly decreased
- Somewhat decreased
- Significantly decreased
- Not sure/don't know

14a. Do you have any comments as to why this is the case?

15. Have staff vacancy rates changed since 3 April 2018 according to your official in-house data?

- Significantly increased
- Somewhat increased
- Slightly increased
- Stayed the same
- Slightly decreased
- Somewhat decreased
- Significantly decreased
- Not sure/don't know

15a. Do you have any comments as to why this is the case?

16. To what extent did your council feel adequately prepared for the implementation of the new Duty to Refer?

- Very well-prepared
- Somewhat well-prepared

- Adequately prepared
- Somewhat under-prepared
- Very under-prepared
- Not sure/don't know

16a. Please provide brief details

17. Please use this space to detail any other issues relating to the HRA which you would like to raise.

18. Would you be willing to participate in a telephone discussion with a view to creating a case study of your council's experience?

- Yes
- No

**Thank you very much for completing the survey.**

## Annex B

### List of abbreviations

ASC	Adult Social Care
ASBO	Antisocial Behaviour Order
BC	Benefit Cap
CAB	Citizens Advice Bureau
CBL	Choice Based Lettings
CoG	Code of Guidance
CPF	Central Provident Fund
CS	Children's Services
CSP	Combined Service Provider
DHP	Discretionary Housing Payment
DSS	Department of Social Security
DTR	Duty to Refer
DWP	Department of Work and Pensions
F/T	Full-time
FHSG	Flexible Homelessness Support Grant
FTE	Full-time Equivalent
GDPR	General Data Protection Regulation
GP	General practitioner
HA	Housing Association
HB	Housing Benefit
HMO	Houses of Multiple Occupation
HRA	Homelessness Reduction Act
HRA	Housing Revenue Account
HRS	Housing related support
ICT	Information and Communication Technology
IDVA	Independent Domestic Violence Advisor/Advocate
IH	Intentionally Homeless
IH	Interim Housing
IT	Information Technology
JCP	Jobcentre Plus
LA	Local Authority
L/L	Landlord
LHA	Local Housing Allowance

MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi-Agency Safeguarding Hub
MHCLG	Ministry of Housing, Communities and Local Government
NASS	National Asylum Support Service
NBF	New Burdens Funding
NFNO	No First Night Out
NHAS	National Homelessness Advice Service
NHS	National Health Service
NP	No Priority
NPN	No Priority Need
NPSS	National Practitioner Support Service
NTQ	Notice To Quit
PDF	Portable Document File
PHP	Personalised Housing Plan
PN	Priority Need
PRS	Private Rental Sector
PSL	Private Sector Landlords
RIA	Rent in Advance
RP	Registered Providers
RS	Rough Sleeping
RTB	Right to Buy
SLA	Single Living Accommodation
TA	Temporary Accommodation
UC	Universal Credit
YOS	Youth Offending Services



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