

Strategic Commissioning **Consultation Report**

**Kent Homeless Connect
Public Consultation Report
July 2022**

Table of Contents

Executive Summary.....	3
1. Introduction & Methodology	5
2. Coverage	7
2.1 Geographical Coverage.....	8
2.2 Response Profile.....	8
3. Consultation Responses.....	12
3.1 Support in a supported housing setting	13
3.1.1 Support in a supported housing setting – Summary of findings.....	19
3.2 Prevention Support to avoid homelessness or rough sleeping	20
3.2.1 Prevention Support to avoid homelessness or rough sleeping – Summary of findings.....	24
3.3 Resettlement support in your own property following a period of homelessness	24
3.3.1 Resettlement support following a period of homelessness – Summary of findings.....	27
3.4 Outreach support to people who are rough sleeping.....	28
3.4.1 Outreach support to people who are rough sleeping – Summary of findings	31
3.5 Equality Impact Assessment.....	31
3.6 Other comments and suggestions	32
4. Consultation Events Findings	34
Conclusion.....	37
Appendix A: Consultation Documents.....	37

Executive Summary

Since 2003, Kent County Council (KCC) has commissioned a range of prevention and support services for adults with support needs that are also facing homelessness. In October 2018, the model changed significantly to provide a more integrated offer of support, delivered through the Kent Homeless Connect (KHC) contract.

The service aims to empower people to recover from the effects of homelessness.

The contract is split into four geographical lots with two Prime Providers who organise the care and support in their contracted areas. The contract is delivered in a trauma-informed manner in psychologically informed environments.

The service includes three core elements; supported accommodation, prevention and move on, and rough sleeper outreach.

The contracts with the two Prime Providers are due to end on 30 September 2022.

To meet the financial challenge posed by the budget this year and in years to come, KCC consulted on whether the county council could allow the KHC service to come to an end on 30 September 2022, saving the council £2.5m in 2022 and £5m annually each year after that from its Adult Social Care budget.

The consultation ran for six weeks, ending on 6 June 2022 and its documentation provided details on the proposed changes to services and the opportunity for people who are or have been supported by the current service, and other interested parties, to tell KCC how these changes could impact them.

The consultation documents were publicly available at, www.kent.gov.uk/homelessnessconsultation and the consultation questionnaire offered in both online and hard copy formats.

Four public drop-in sessions were arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

Summary of findings

A total of 228 responses were received. Of these, 35% (79) of respondents stated that either they, or the person they are responding for, have accessed KHC services that could be affected by a future decision to allow the service to come to an end.

Those responding to the consultation were asked to identify whether there would be an impact if the council's funding to KHC came to an end. The majority of respondents identified that there would be an impact. However, the proportion differed between each service element.

Over 80% of respondents identified that there would be an impact on support in a supported housing setting; the same proportion and impact in both prevention

support to avoid homelessness/rough sleeping and in outreach support to people who are rough sleeping.

A lower proportion, 65% of respondents identified that there would be an impact on resettlement support for people in their new home following a period of homelessness.

Respondents identified that, if this proposal is agreed, there would be an increase in:

- homelessness and rough sleeping
- homeless people being impacted by anti-social behaviour, crime, and exploitation
- mental health related issues including suicide ideation and self-harm
- drug and alcohol dependency
- pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

Respondents also outlined that:

- there would be reduced access to necessary and appropriate accommodation
- people would not be able to achieve and sustain a successful move on to a home of their own
- people who need the service would struggle to establish themselves and resettle successfully
- the situation for those currently in this position would not improve and their personal safety, health and wellbeing will be more at risk, including from exploitation, such as cuckooing.

Those responding to the consultation were also asked to identify what alternative ways would they or the person they represent get support. The most selected options were no alternatives, support from local housing authority and support from local charity/voluntary organisation. A small number of people identified that they would be able to manage by themselves.

In response to how support could be provided differently in the future, respondents stated the need to:

- increase, retain, redirect, and seek new funding
- increase prevention and outreach services
- bring existing funding within the sector together to redesign services
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house
- promote, publicise, and increase charity funding
- commission face to face walk in centres, floating support and monitoring to prevent tenancy breakdown
- utilise other properties.

Finally, those responding to the consultation were asked do they have any other comments or suggestions they would like to make about the proposal to allow the

KHC service to end. Respondents suggested that KCC should reconsider the decision due to:

- the negative impact on other public bodies and individuals who are or at risk of homelessness
- the council not fulfilling its statutory duties e.g., under the Homeless Code of Guidance
- the resulting increased costs to other public bodies, such as Health, Adult Social Care and housing authorities.

Respondents also said that the timing is inappropriate, alternative services should be provided and core elements should be retained.

Many of the views shared during the consultation events echoed the responses expressed in the consultation, with attendees stating the proposal would result in:

- increased mental health related issues including suicide ideation and self-harm
- increased risks regarding personal safety and exploitation
- negative impacts on other services and public bodies, including increased costs
- a disproportionate impact on young people.

Attendees also expressed the importance of supported housing in tackling homelessness, the inappropriate timing of this proposed change due to increases in demand and cost of living, and questioned availability of other Adult Social Care services and why the NHS do not contribute?

1. Introduction & Methodology

Since 2003, Kent County Council (KCC) has commissioned a range of prevention and support services for adults with support needs that are also facing homelessness. In October 2018, the model changed significantly to provide a more integrated offer of support, delivered through the Kent Homeless Connect (KHC) contract.

The Kent Homeless Connect service aims to empower people to recover from the effects of homelessness.

This contract is split into four geographical lots with two Prime Providers who organise the care and support in the areas detailed below. The contract is delivered in a trauma-informed manner in psychologically informed environments.

Lot	Geographical area	Prime Provider
Lot 1	Canterbury, Dover, Folkestone and Hythe, Thanet	Porchlight
Lot 2	Ashford, Maidstone	Porchlight
Lot 3	Dartford, Gravesham, Swale	Look Ahead
Lot 4	Sevenoaks, Tonbridge and Malling, Tunbridge Wells	Look Ahead

The service is for adults with complex support needs that are facing homelessness. To get help, there is a single point of access and assessment, to identify risk and support needs and divert people to the most appropriate element of the service for them.

The three service elements are:

- **Supported accommodation** - provides a safe place to live while support is being offered to aid people in their journey to independence and recovery from homelessness. Lengths of stay in supported housing vary according to the needs of the individual. Once people have gained the skills they need to live independently, they are supported to move on to more permanent accommodation. Most people are able to do this within two years.
- **Prevention and move on** - support delivered in the community to people who are at risk of homelessness or people who are already homeless, regardless of where they live. The service also helps people to settle into a new tenancy.
- **Rough Sleeper Outreach** - workers look for those sleeping rough, either following a referral or through searching local areas, to assist those they find, to help them access accommodation, health care and support appropriate to their needs, in order to recover from homelessness.

The contracts with the two Prime Providers are due to end on 30 September 2022.

To meet the financial challenge posed by the budget this year and in years to come, KCC consulted on whether the county council could allow the KHC service to come to an end on 30 September 2022, saving the council £2.5m in 2022 and £5m annually each year after that.

The consultation documentation provided details on the proposed changes to services and the opportunity for people who are or have been supported by the current service, and other interested parties, to tell KCC how these changes could impact them. This information was used to review and update the Equality Impact Assessment (EqIA) and will be considered before any decisions are taken.

This document provides an analysis of the results of the consultation, which ran from 27 April 2022 to 6 June 2022, with those wishing to respond invited to complete an online consultation questionnaire. Hard copy questionnaires were available on request and all the consultation documents were publicly available at www.kent.gov.uk/homelessnessconsultation.

Four public drop-in sessions were also arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

The main body of this report provides a summary of the key findings of the consultation.

2. Coverage

The consultation documents were publicly available at, www.kent.gov.uk/homelessnessconsultation and the consultation questionnaire offered in both online and hard copy formats. The consultation was promoted through several routes, including social media and media (press) release, key stakeholders, Equality Cohesion Council, Kent Homeless Connect and Kent Housing Group websites and Healthwatch. It was also promoted by Kent Homeless Connect providers to individuals accessing the service and to registered participants of KCC's online engagement platform, Let's talk Kent.

Four public drop-in sessions were also arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

In total 80 individuals attended these events, which enabled them to express their views, ask questions about the questionnaire, and get support to complete the consultation questions.

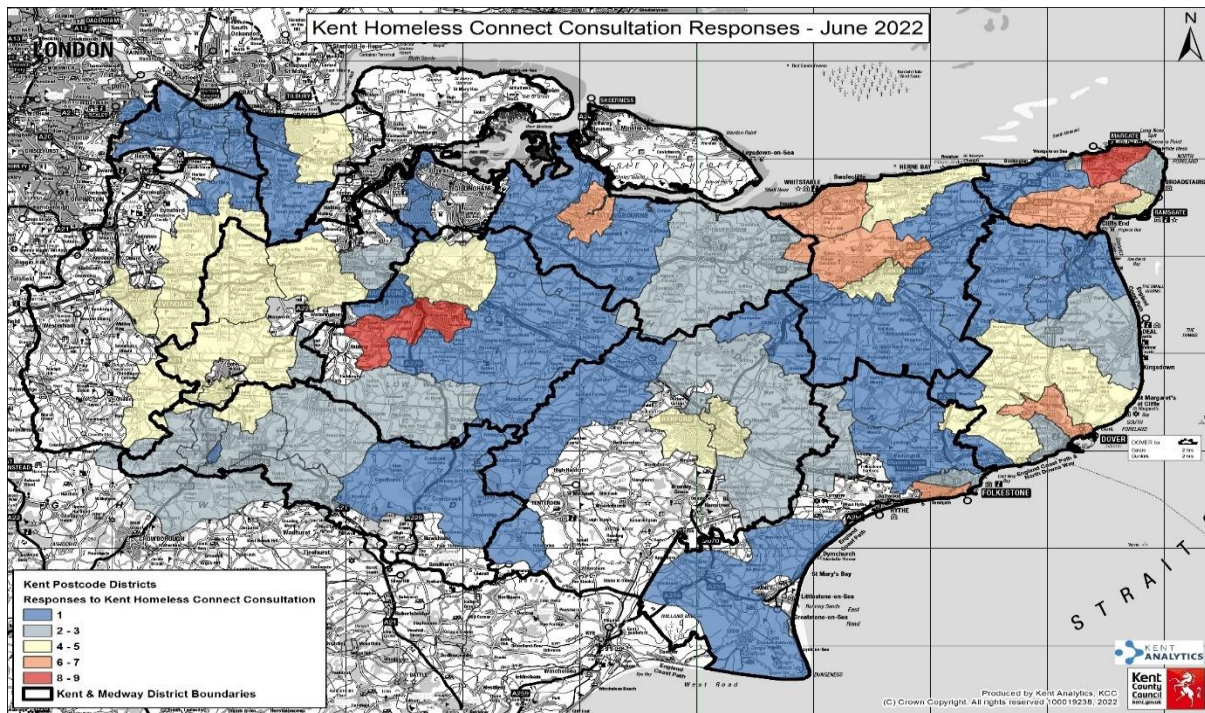
Dates, times, and locations of the four public drop-in sessions are detailed below.

Date	Drop-in Time	Location
Monday 9 May 2022	10am – 12pm	Canterbury Library, Canterbury
Thursday 12 May 2022	1pm – 3pm	Kent History and Library Centre, Maidstone
Tuesday 17 May 2022	10am – 12pm	Gravesend Library, Gravesend
Wednesday 18 May 2022	10am – 12pm	Tonbridge and Malling Library, Tonbridge

A total of 228 responses to the questionnaire were received. Of these, 45 were from people who are either supported or a relative and carer of someone supported by Kent Homeless Connect.

2.1 Geographical Coverage

The figure below shows the geographical distribution of the responses received.

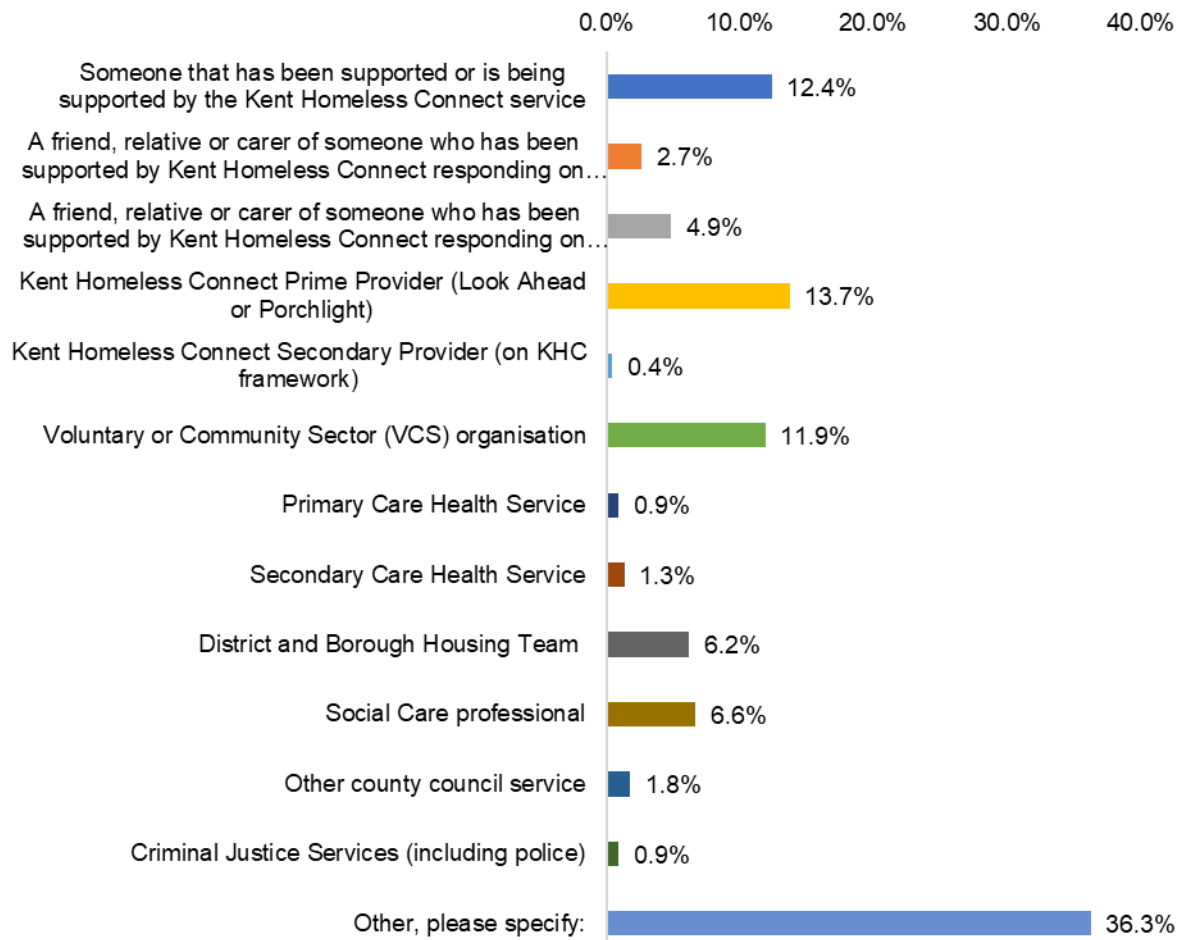


Responses to the consultation were received from residents in all twelve district, city and borough authority areas. However, there were postcode sectors from which no responses were received.

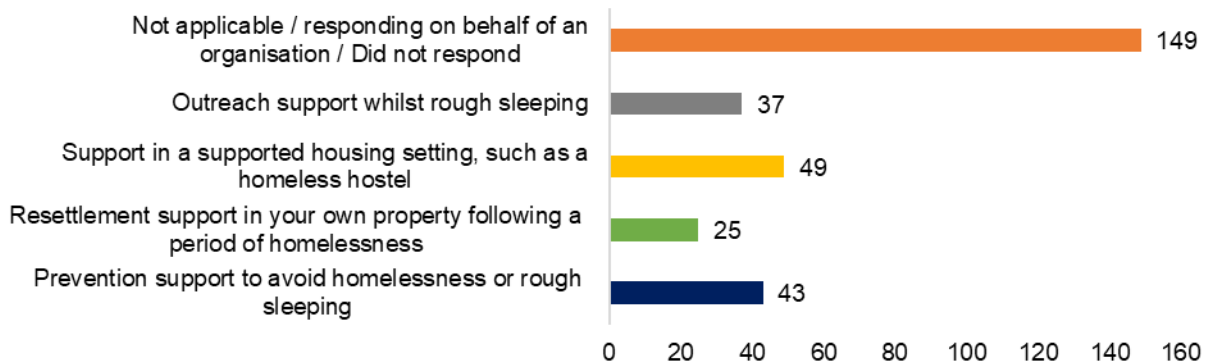
2.2 Response Profile

The charts below provide a summary of the profile of those responding to the consultation. Of those that responded, 35% (79) stated that either they, or the person they are responding for, have accessed KHC services that could be affected by a future decision to allow the service to come to an end.

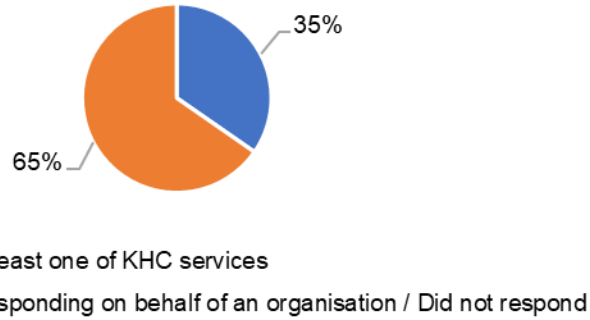
Are you responding as?



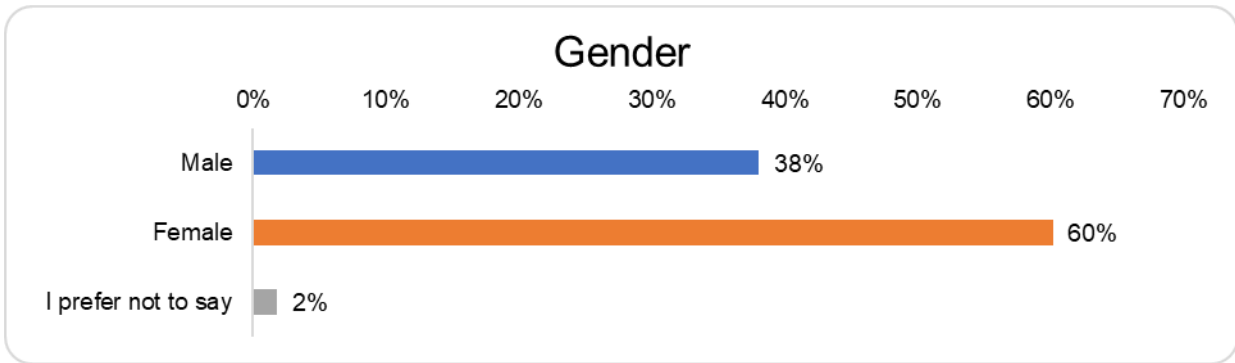
Have you or the person you are responding on behalf of used any of the Kent Homeless Connect services that could be affected by a future decision to allow the contract to come to an end (Respondents were able to select more than 1 option)



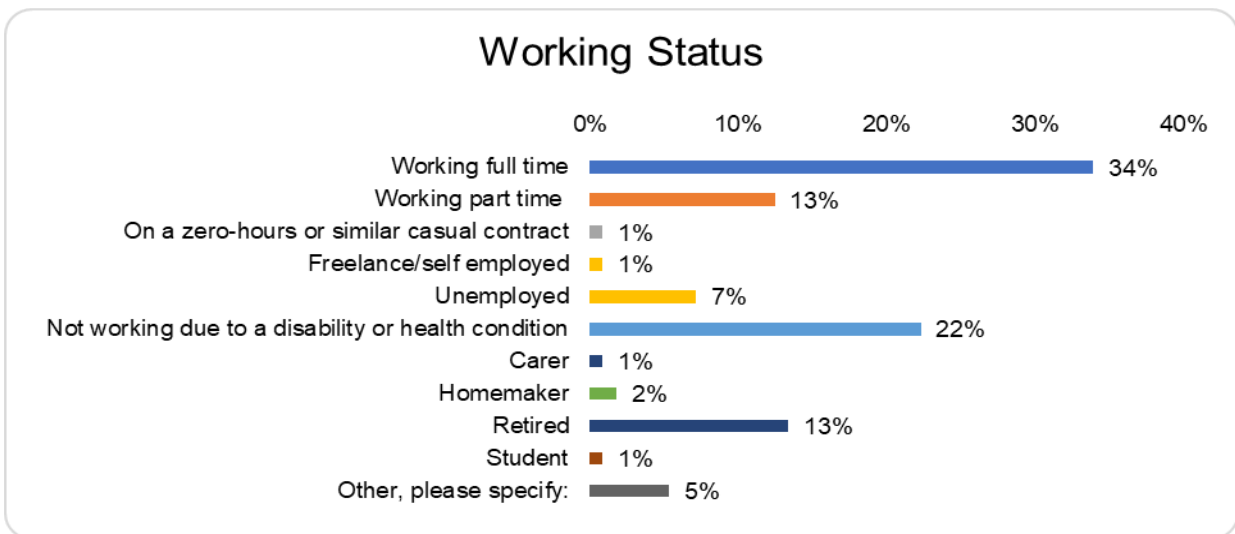
Percentage of respondents who or the person they are responding on behalf of have used at least one of the Kent Homeless Connect services that could be affected by a future decision to allow the contract to come to an end



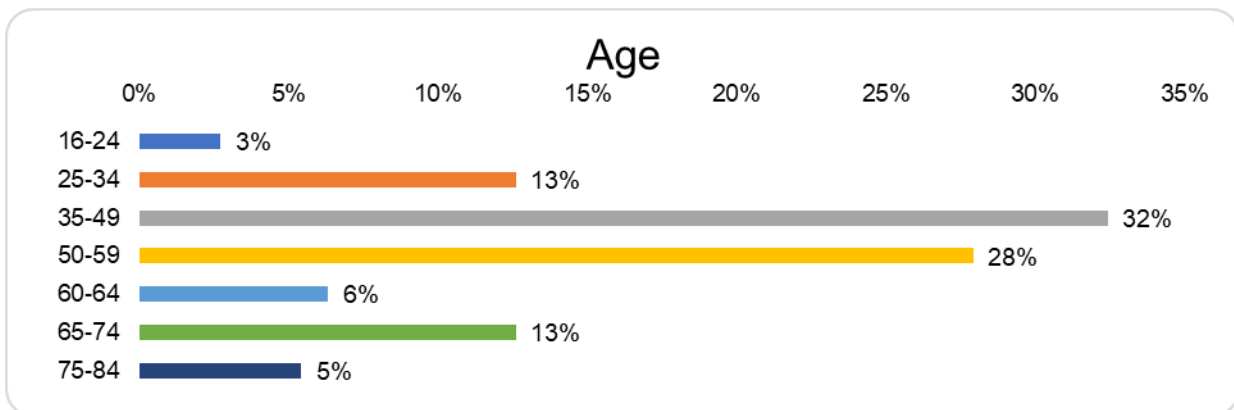
2.2.1 Percentage of respondents by Equality Groups



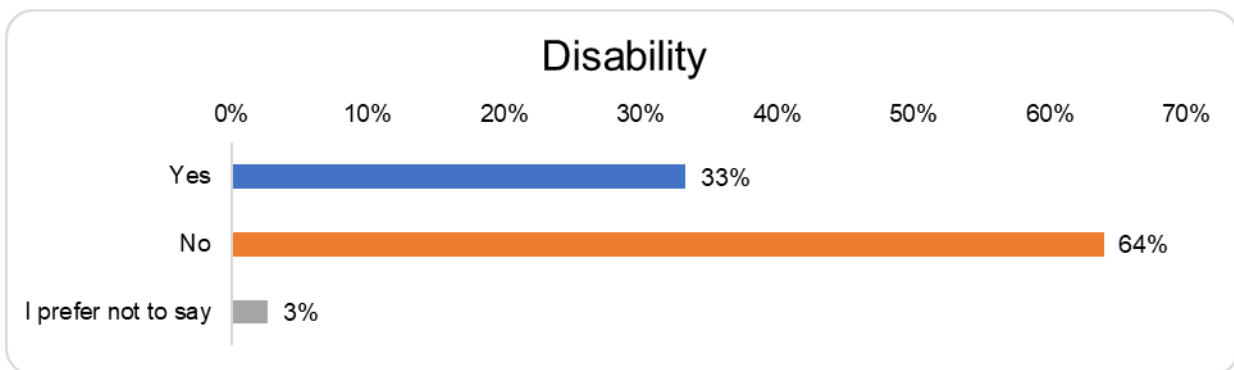
Out of 113 respondents who provided their gender, 60% (68) identified as female of which 53% (36) are employed. 38% (43) identified as male of which 42% (18) are employed.



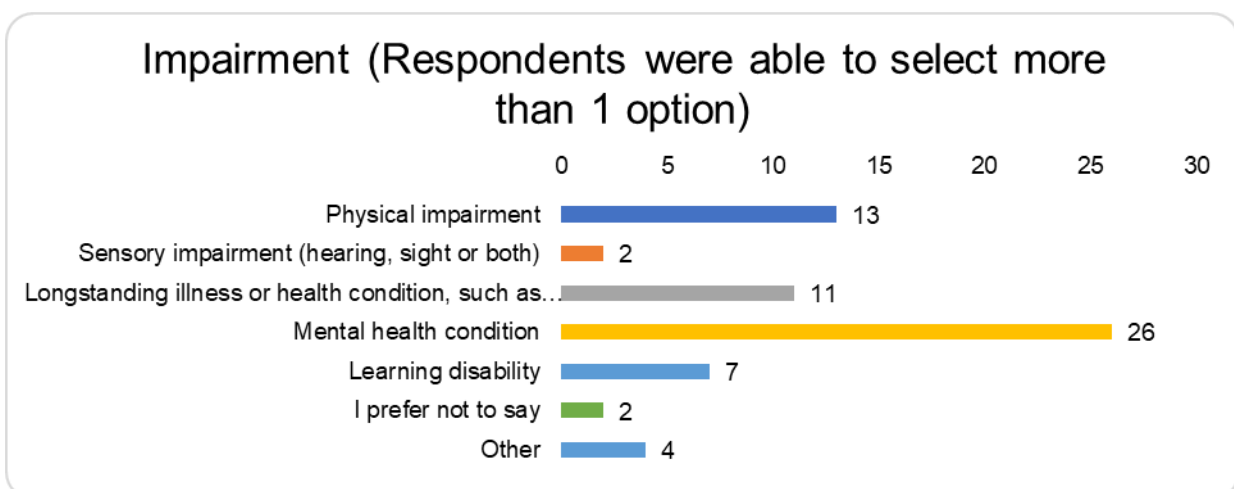
Out of 112 respondents who provided their working status, 48% (54) identified as either working full time, part time, on a zero-hours or similar casual contract or freelance/self-employed.



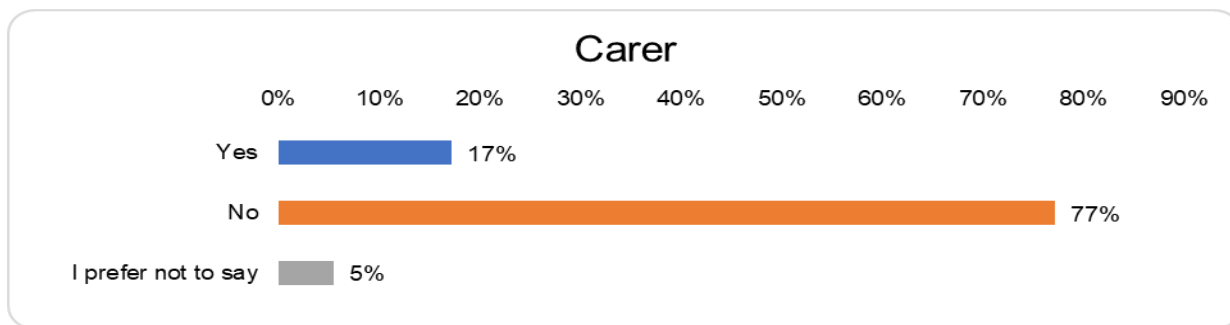
From those who provided their age (111); 60% (67) stated their age is between 35-59.



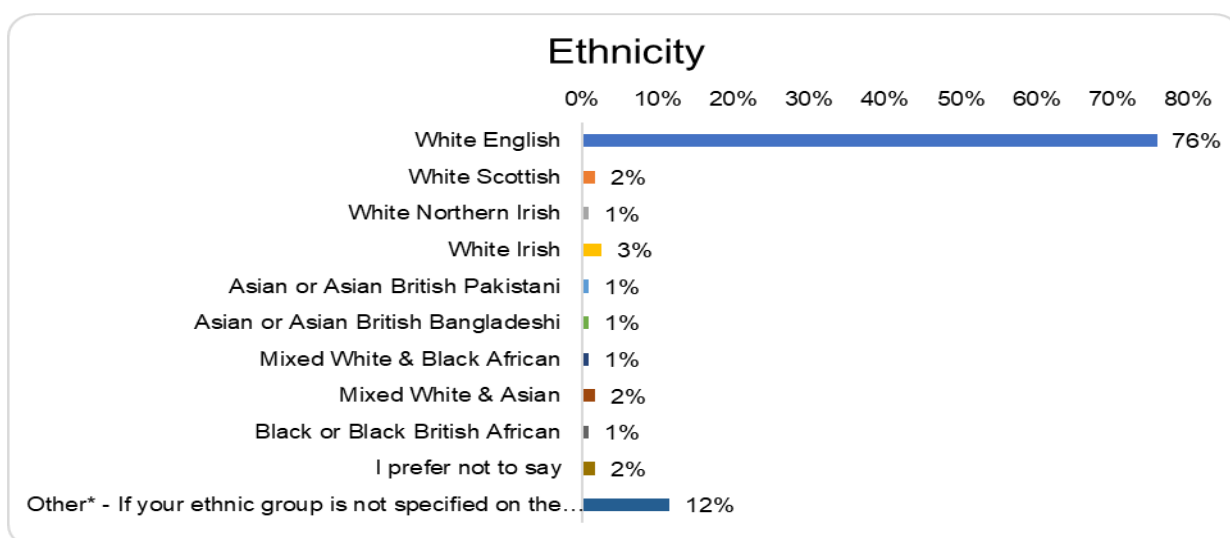
33% (37) of respondents (111) identified as having a disability of which 26 stated they had a mental health condition.



From the responses, 26 people identified as having a mental health condition, 58% (15) of which said they have used the service or are currently being supported by the service.



Of those who responded (110), 17% (19) identified as directly being a carer. 77% (85) did not have any caring responsibilities.



Of those who responded (112), 76% (85) identified as being White English.

3. Consultation Responses

The public consultation intended to understand views on the following:

- The impact of the proposed change to KHC
- The assumptions KCC have made in the draft Equality Impact Assessment (EQIA)
- Additional information KCC needs to consider about the approach and proposal set out in the consultation documents.

On this basis, those responding to the consultation were asked to identify for each service element:

- Whether there would be an impact if the councils funding to KHC comes to an end
- Would the respondent personally or the person they represent be affected by the impact on support and how
- What alternative ways would they get help/support

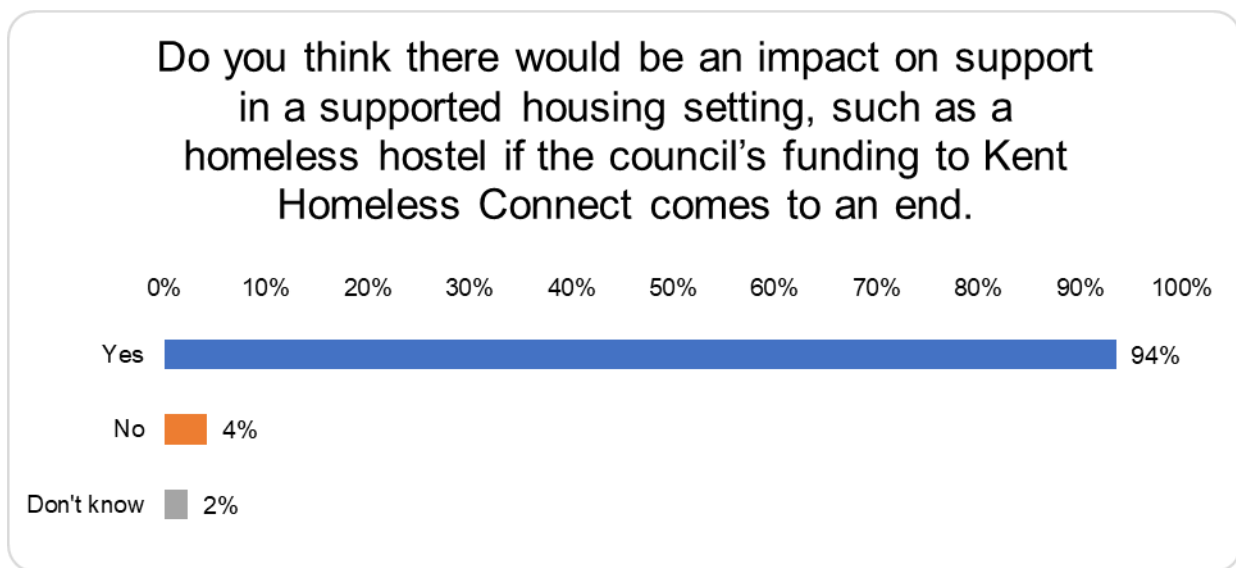
- Any thoughts about how the help could be provided in a different way in the future.

Respondents were also asked for their views on the EQIA and whether there is anything else KCC should consider in regard to equality and diversity.

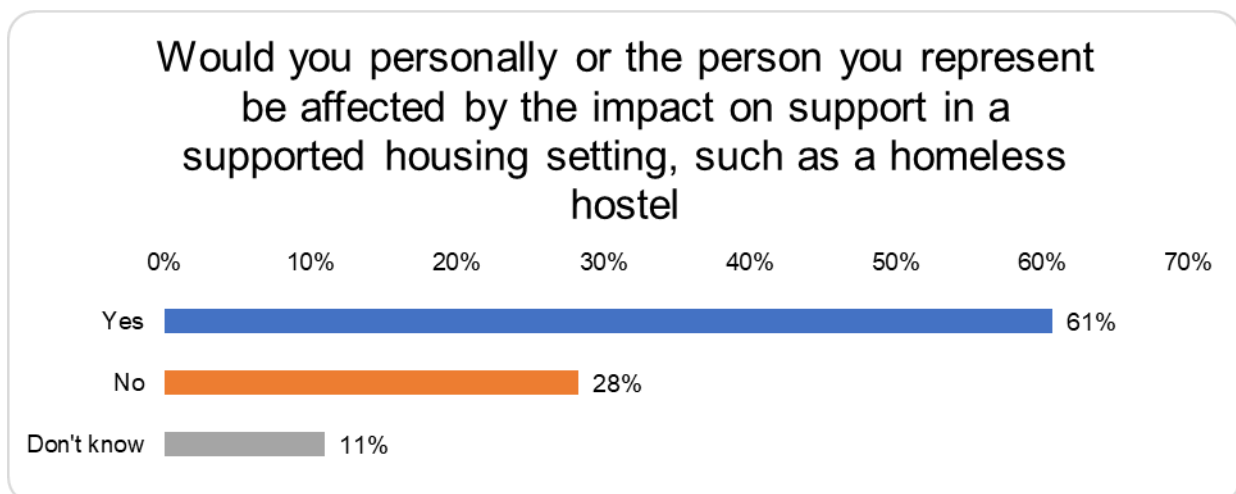
Finally, respondents were asked if they have any other comments or suggestions regarding the proposal to allow the KHC service to end.

The charts and analysis below detail the results.

3.1 Support in a supported housing setting



94% (208) of those who responded (222) identified that there will be an impact, with consistent replies across all demographics and profiles. Of the 4% of respondents who answered “No”, only 1 had accessed the service.



61% (135) of respondents (221) stated they personally, or the person they represented would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 37 respondents identified there would be an **increase in homelessness and rough sleeping**.

“The supported housing, houses some of the most vulnerable and complex individuals that would not be able to maintain independent accommodation. This will increase the number of street homeless people”

“Loss of this contract is likely to lead to an increase in the number of those who are in insecure housing or on the streets and exacerbate all the issues that come with this requiring more costly interventions from already overstretched services such as adult social care, children’s services, mental health, physical health, criminal justice etc. The prevention role of this contract cannot be underemphasised for not only homelessness but for its much wider impacts”

“Supported accommodation is very limited currently, it would create a larger strain if these were to end and close and a higher number of homelessness clients would be the end result”

“A lot of clients within the current Kent Homeless Connect contract would not be able to manage in general needs housing without being supported. They tend to have specialist needs and chaotic lifestyles that limit their successful housing options. There is likely to be an increase in rough sleeping as any non-supported placements/tenancies fail.”

“More homeless people will be sleeping in doorways”

“They'd end up on the streets”

“There is obviously danger of a higher incidence and visibility of rough sleepers in and around the city centres”

“This will affect the whole of our community If the people accessing this service are unable to it will lead to an increase in rough sleepers”

“Will increase rough sleeping”

32 identified there would be an **increase in mental health related issues including suicide ideation and self-harm**.

“They are likely to be street homeless longer than necessary due to the stigma attached to being street homeless. This has an adverse effect on their mental health and an increase in substance misuse.”

“Without this support I would be homeless & would have really bad mental health”

“Without Porchlight's help I would not have had my medical diagnosis - Mental & Physical health”

“I really struggle with very bad anxiety, OCD, depression and PTSD. Having a support worker from Lookahead has been the best thing since being in temporary accommodation the days you feel so lost they are so supporting, help you see light at the end of the tunnel and put in place measures to improve your mental health & get the best out of you even when you're at your lowest to enable you to make the correct choices to get out of temporary. Without my support worker I'm not sure where I would be - probably on the street.”

“I am in supported housing now; without this I would not have been able to get clean my mental health & physical health would get worse”

“One of few things that have kept me fighting to stay alive and not take my life”

“My friend would have committed suicide without the help he received”

“The longer people are on the streets the worse their mental health gets”

“Suicide”

“Mental health issues”

“It would affect me to the point of self-harming”

“My mental health would be much worse”

27 outlined there would be an **increase in homeless people being impacted by anti-social behaviour, crime, and exploitation.**

“There is a risk that, with the increase in street homelessness we will see an increase in crime such as exploitation and significant harm to this client group.”

“Anti-social behaviour and crime could increase, and the vulnerability of the clients could lead to exploitation especially of the young with placements in unsuitable accommodation.”

“likely increase in crime & antisocial behaviour”

“There will be more people sleeping rough in the area, leading to problems with ... safety and crime.”

“Failure to tackle and support alleviation of homelessness increases many forms of crime”

“There needs to be provision for these people to reduce reoffending”

25 identified there would be an **increase in drug and alcohol dependency**.

“Without Porchlight I would probably still be using”

“Reduced support will have an effect on people's mental health, ability to cope and drug/alcohol use”

“Relapse into taking drugs and alcohol”

“Drug abuse”

“More people of many ages will end up living on the streets and turn to drink and drugs”

18 outlined there will be **increase pressure on other public bodies and partnerships, including the NHS and KCC statutory services**.

“The end of KHC funding would be devastating and dangerous to homeless people across Kent. It will also cost KCC and councils a huge amount financially due to the impact upon other services.”

“Will increase other organisation cost, NHS, Blue Light Services, DWP”

“As a Mental HEALTH provider this could put pressure on urgent care services to provide meaningful support to Rough sleeping population.”

“The cost of ending the contract is likely to be higher than if it was kept in place due to the other services which would be put under pressure.”

“Providers may need to make cutbacks which will exacerbate unmet needs”

“We have already lost five members of staff since the decision on KHC was announced which impacts existing staff and with an inability to offer contracts past September”

“Without this support, this group would be significantly disadvantaged - leading to potential increase demand on other services including Mental Health and Primary Care”

“Would increase demand on organisation charity's interventions”

“Will negatively impact on the holistic joined up approach with partnerships with other organisations”

“The impact of the closure of the KHC Contract will have a huge impact on the statutory services”

13 identified there would be **reduced access to necessary and appropriate accommodation.**

“Access to supported housing will be reduced to virtually nothing at a time it is needed more than ever”

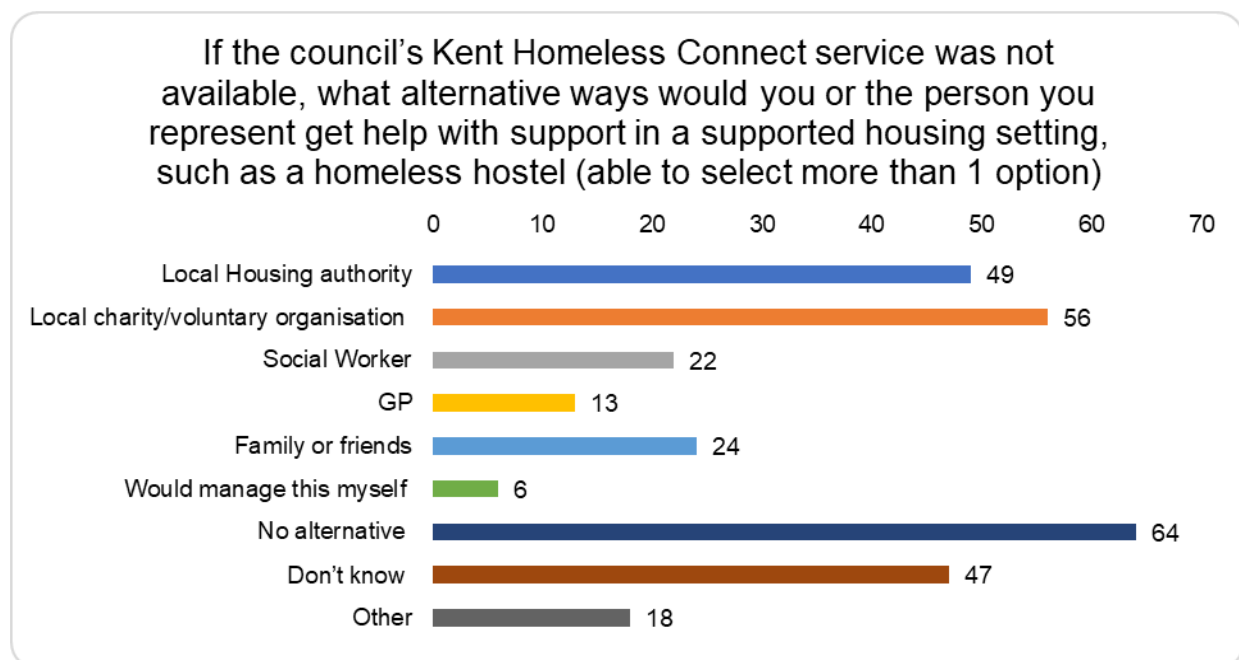
“One other potential negative outcome of this decision is that providers will be rationalising and repurposing their dedicated supported accommodation - if this leads to closure of established and successful services these buildings could be lost forever”

“I am concerned that without the Kent Homeless Connect service, people will die on the streets cold and alone. The people housed are often turned down by councils, or have no trust left in statutory services that have failed them. They will have no alternatives.”

“There is likely to be an increase on the numbers on the housing register for social housing when there is already a demand far exceeding the supply”

“There would be a delay in accommodation provision”

“Our organisation will lose access to supported housing”



From those responding, 64 individuals told us there is no alternative and 49 stated that they would need to turn to their local housing authority to get support. Only 6 said that they would be able to manage by themselves.

The questionnaire asked how support in supported housing could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 35 respondents stated the need to **increase, retain, redirect, and seek new funding**.

“This is a vital service”
“Retain funding, provide funding”
“Find funding from somewhere”
“Short sighted cut”
“Seek new funders “

13 stated the need to **utilise other properties**.

“Utilise B&Bs”
“Spare rooms”
“Convert empty office space”
“Holiday rentals”
“Provide more emergency housing hostels suitable for vulnerable people”

11 stated the need to **obtain more support from other organisations and increase joint working**.

“More support from charities to find alternative”
“Local charity + local council partnerships”
“Promote the services of other charities to increase reach and funding”
“Work more closely with local councils who have the responsibility to house homeless people”

6 stated the need to **increase prevention and outreach services**.

“More prevention outreach services”
“Intervene earlier to reduce the need and cost”
“Provide more prevention services through social housing providers”

4 stated the need to **bring services In-House**.

“Bring the contract inhouse at KCC / don't outsource the contract”

“Don't outsource the contract, provide it yourself”

3.1.1 Support in a supported housing setting – Summary of findings

Of those who responded, **94% identified that there would be an impact on support** in a supported housing setting if the councils funding to KHC comes to an end and **61% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

Respondents identified that, if this proposal is agreed, there would be an increase in:

- homelessness and rough sleeping
- homeless people being impacted by anti-social behaviour, crime, and exploitation
- mental health related issues including suicide ideation and self-harm
- drug and alcohol dependency
- pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

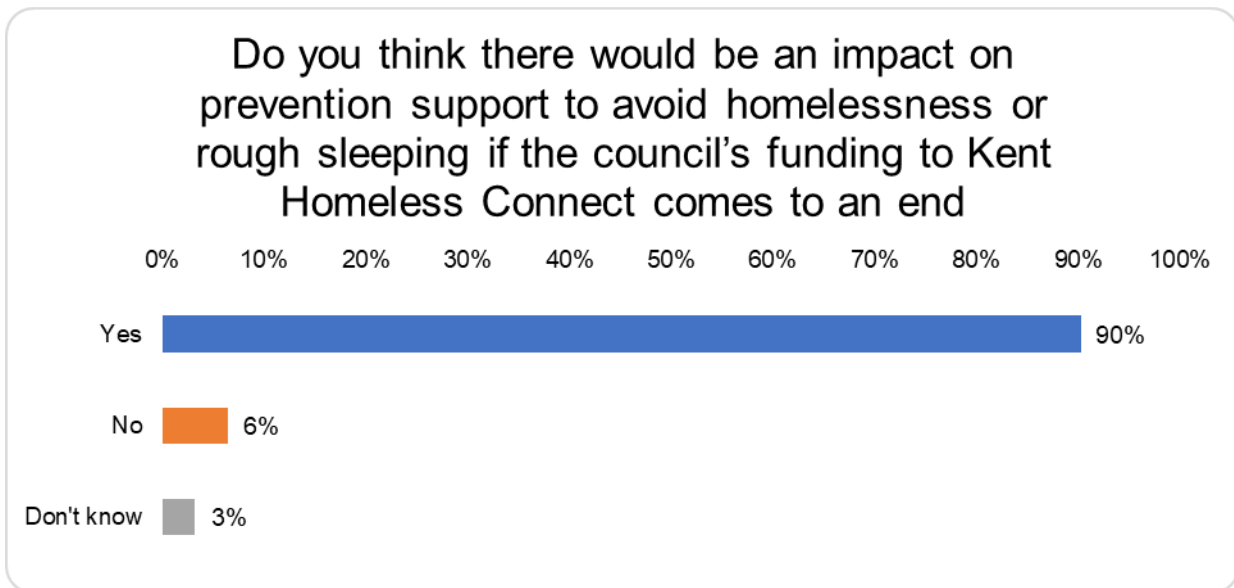
Respondents also outlined there would be reduced access to necessary and appropriate accommodation, which would disrupt an individual's support pathway to attain safe and secure accommodation.

In reply to the question about the alternative ways the respondent or the person they represent would get support, 64 individuals told us there is no alternative and 49 stated that they would need to turn to their local housing authority. **Only 6 people identified that they would be able to manage by themselves.**

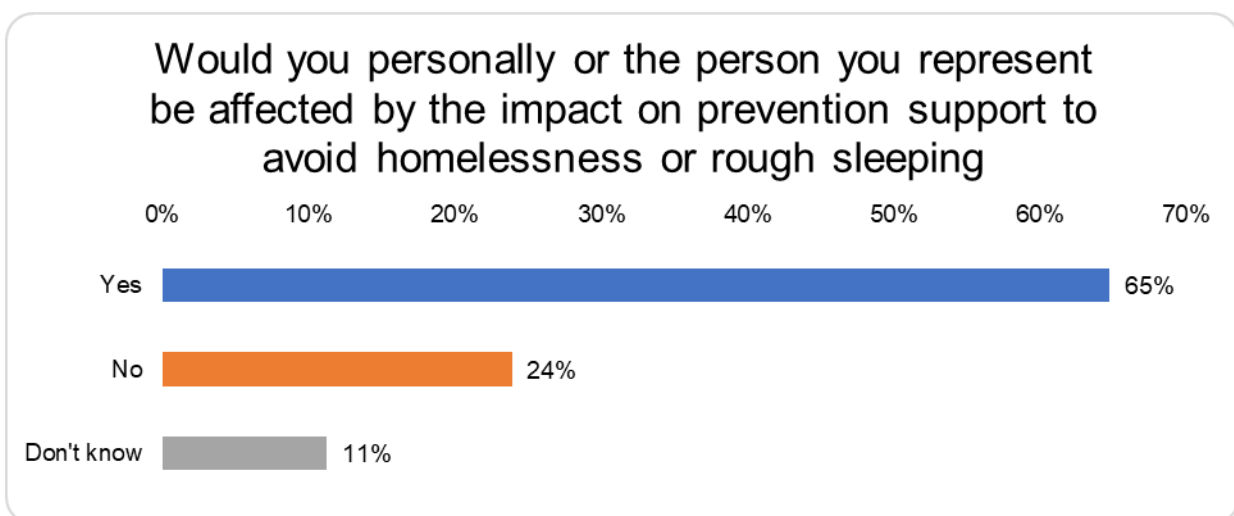
Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how the help in a supported housing setting could be provided in a different way in the future. Respondents stated the need to:

- increase, retain, redirect and seek new funding
- increase prevention and outreach services
- utilise other properties
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house.

3.2 Prevention Support to avoid homelessness or rough sleeping



90% (198) of those who responded (219) said there would be an impact, with consistent replies across all demographics and profiles.



65% (140) of respondents (215) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 64 identified there would be an **increase in homelessness and rough sleeping**. For some respondents this meant that this would increase the risk of abuse and personal safety. Others argued it would reduce

partnership working and joint pathways, resulting in barriers for those wanting to access support.

“The removal of floating support services for people who are at risk of homelessness will directly result in people ending up on the streets if they are not entitled to statutory accommodation”

“Without the support provided by Porchlight more people will fall into homelessness. The prevention services do just that - support people before they become homeless. without the funding this step will be missed and people will go directly into homelessness. There are more people than ever teetering on the line between secure and being homeless due to the rise in the cost of living. At this time, more than ever, the support is needed.”

“Prevention support is easily the most cost effective method for homelessness and rough sleepers. If the contract were to come to an end then it would become more vague to those at risk who are in need of intervention. It would make the path to support much more difficult for someone who is looking for alternatives or support in avoiding a situation where you end up on the street.”

“The notion of ending the prevention contract goes directly against the Homeless Reduction Act 2007 (sic) and it's (sic) emphasis on partnerships, planning and consistency to end homelessness. Ultimately it is inevitable that this will lead to more homelessness”

“the Local Housing Authority does not have the capacity or resources to provide this alone, and by KCC cutting this it is likely to increase homelessness and rough sleeping.”

“it would increase the numbers of homelessness or rough sleeping if there were no Prevention Support available”

“Important safeguards support will be removed resulting in homelessness”

“Homelessness is already at a great number and if KHC comes to an end it will increase massively.”

“More people will be deemed 'intentionally homeless and ineligible for council housing”

“the end of this contract would inevitably mean more homelessness & rough sleeping”

“Without prevention support, there will be an increasing number of people facing street homelessness.”

“Without early intervention there would be an increase in abuse and homelessness.”

47 people identified there will be **increase pressure on other public bodies and partnerships, including the NHS.**

“At the moment, other services such as social services, mental health providers, the NHS, education, GP's, and employers are all struggling to cope with people suffering from both minor and serious mental and physical health issues, debt, and breakdown of relationships. Any withdrawal of funding that enables early intervention to prevent an escalation of the above triggers of homelessness will have a massive negative knock on effect on other services both within and outside the county.”

“Pressures on other organisations will increase NHS, Police, charities”

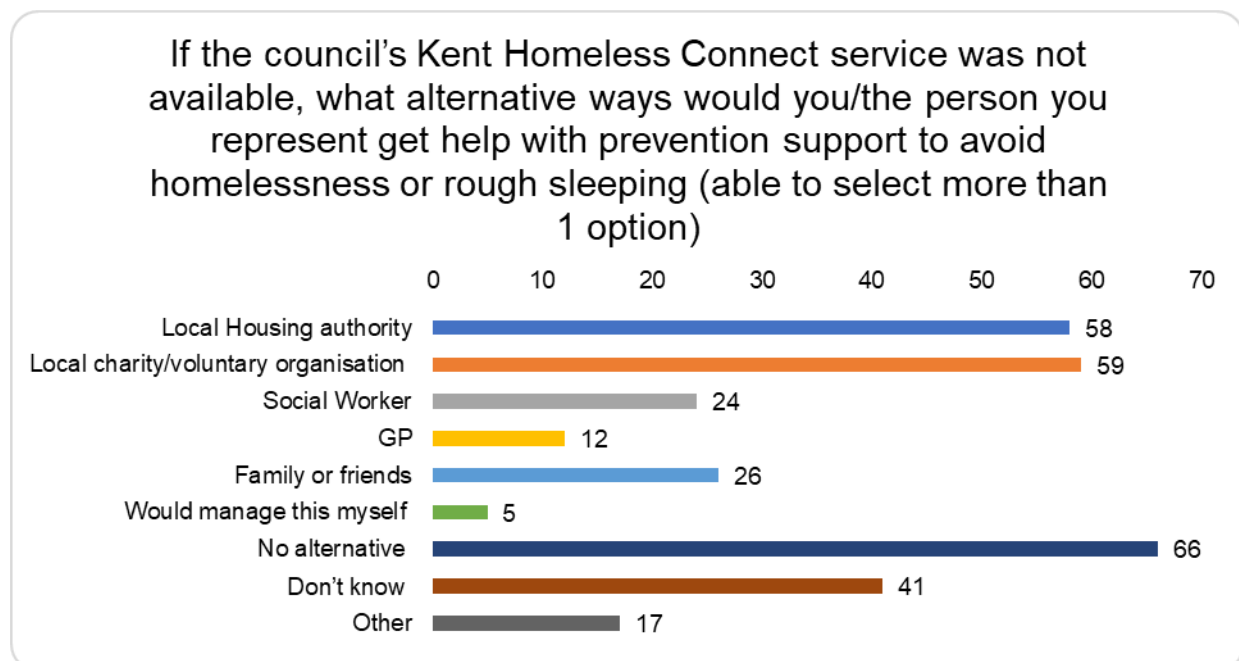
“By reducing the initial support, this would increase pressure in other services and health support services - trying to stop people ending up in this vulnerable situation should be the goal”

“Charities would need to raise more money from other sources”

“People will just end up with more crises, which will cost local authorities and the NHS more money.”

“The likelihood is that the pressures will shift to statutory services once issues are more acute.”

“the added societal problems that this will cause such as crime, disruption, ASB, health issues, destruction of communities, lack of opportunity especially for those with protected characteristics and ultimately a high cost to the public purse.”



From those responding, 59 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 58 stated that they would seek

support from their local housing authority. Only 5 said that they would be able to manage by themselves.

The questionnaire asked how prevention support to avoid homelessness or rough sleeping could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 26 stated the requirement to **obtain more support from other organisations and increase joint working**.

“Create a pathway of services from other providers working together”
“Involve charities more”
“KCC to provide more guidance advice and oversight to other support organisations”

15 identified the need to **bring services in-house and obtain more support from local district and borough councils**.

“Local councils need to be held accountable”
“Provide the services inhouse do not outsource the contract”
“More funding and strategic planning from local councils”

14 people suggested that **existing funding within the sector could be brought together to redesign services**.

“Apply levelling-up money to supporting people needing housing”
“Provide prevention services from existing resources redesign, strategic review”
“More funding is needed from somewhere”
“Who would be responsible for this in the future? Maximisation of funding streams does not guarantee funding availability. In addition, how will future opportunities be identified and circulated? Will additional assistance be provided to access such streams? Who will be responsible for this”

11 stated **promote, publicise, and increase charity funding**. For some respondents this meant that KCC should directly fund charities.

“Provide funding to charities”
“Publicise to increase donations to charities”

3.2.1 Prevention Support to avoid homelessness or rough sleeping – Summary of findings

Of those who responded, **90% identified that there would be an impact on prevention support to avoid homelessness or rough sleeping** if the councils funding to KHC comes to an end and **65% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

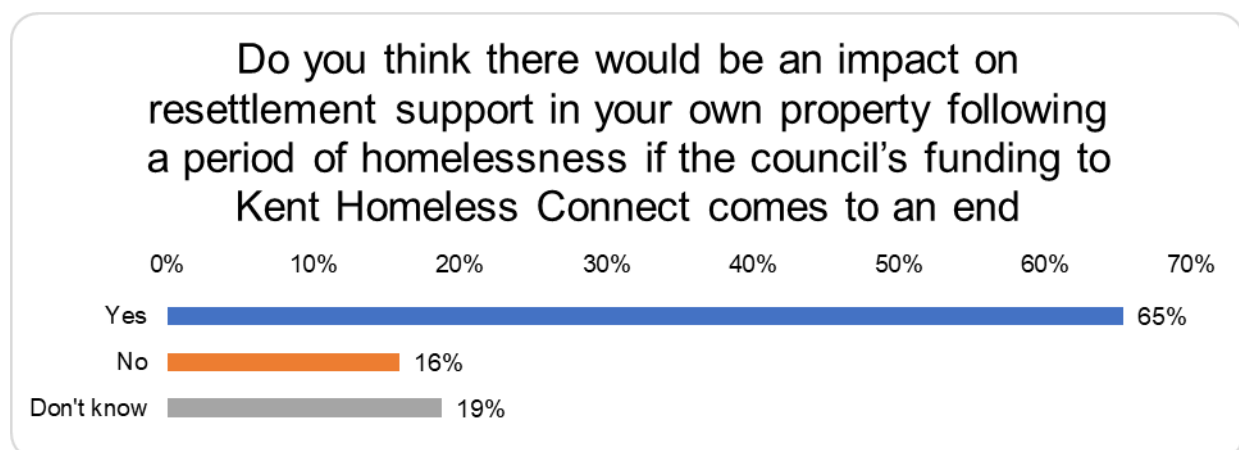
Respondents identified that, if this proposal is agreed, there would be an increase in homelessness and rough sleeping and pressure on other public bodies and partnerships.

In reply to the question about the alternative ways the respondent or the person they represent would get support, 59 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 58 stated that they would seek support from their local housing authority. **Only 5 people identified that they would be able to manage by themselves.**

Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how support to avoid homelessness or rough sleeping can be provided in a different way in the future. Respondents stated the need to:

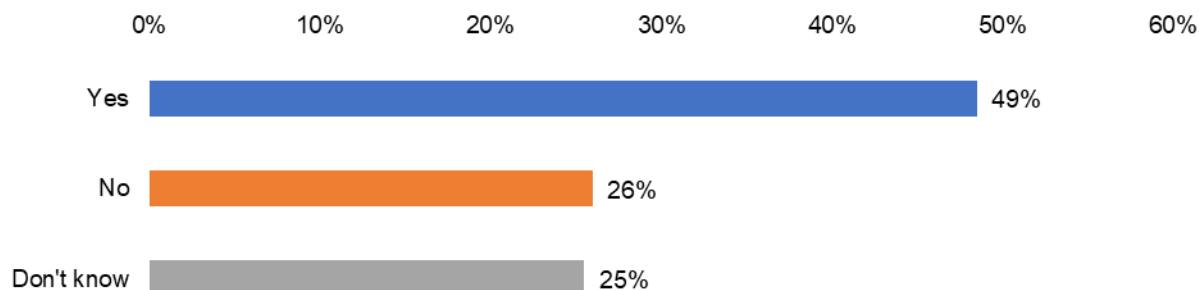
- bring existing funding within the sector together and redesign services
- obtain more support from other organisations and increase joint working
- promote, publicise, and increase charity funding
- change the commissioning model by bringing services in-house.

3.3 Resettlement support in your own property following a period of homelessness



65% (136) of respondents (208) stated there would be an impact, with consistent replies across all demographics and profiles.

Would you personally the person you represent be affected by the impact on resettlement support in your own property following a period of homelessness



49% (99) of respondents (204) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 21 identified that **people will not be able to achieve and sustain a successful move on to their new home following a period of homelessness.**

“Without this ongoing support period offered after a supported accommodation placements, clients will be set up to fail and it won’t take long for some clients to be homeless again.”

“If people aren’t supported at the start of their tenancies, then we are just setting people up to fail and people will fall in to a revolving door of homelessness. A property on its own will not solve homelessness.”

“A high amount of follow-on support is provided to those who have previously used our services to help them settle into and maintain their tenancy. The ending of KHC funding will remove this support mechanism and lead to more people losing their homes”

“We sometimes see a revolving door effect for those with the greatest needs who struggle to engage with the follow on and tenancy sustainment services. The removal of funding available within KHC for “Move On” for help with items such as white goods is also likely to lead to people struggling to maintain their tenancies”

“People that have been homeless for a long period need support to resettle in their own property. To leave them to do this alone would be setting them up to fail as

they would not have the backing and support for when they need it. These people would give up and possibly return to rough sleeping.”

“There is a real danger these clients become part of a “revolving door” of homelessness as they cannot manage in their home and end up becoming homeless time and time again.”

“The homeless person would be back on the street without resettlement support”

“Resettlement support is as important essential as the initial support”

15 identified that without the support, **people who need the service will struggle to establish themselves and resettle successfully.**

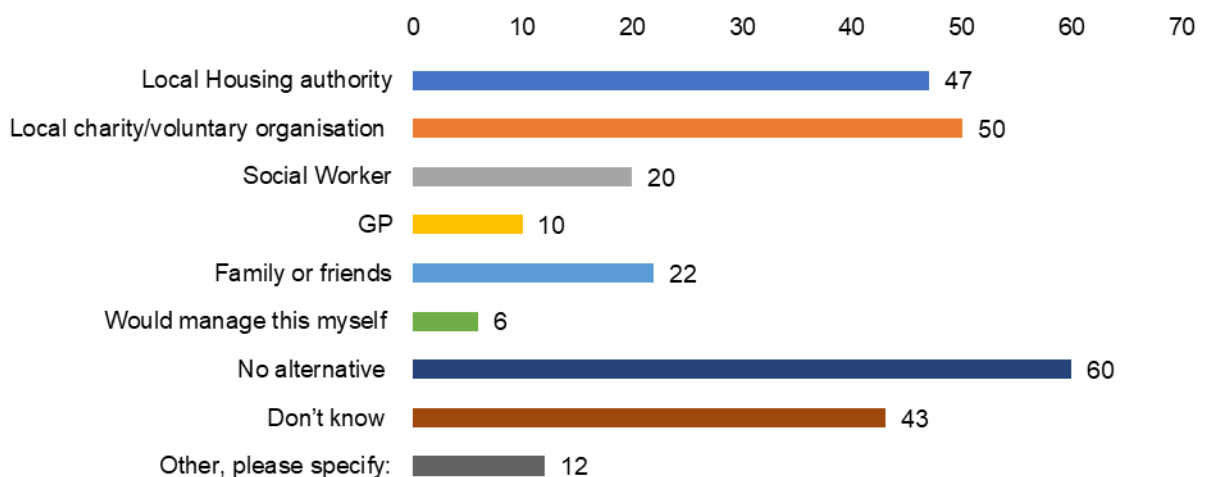
“This is essential in ensuring a client is able to manage a tenancy. This time is used to ensure clients have their bills set up, benefits up to date, looking for grants and funding to furnish the home, settling the client into the area/ signposting to local groups and support.”

“Resettlement support is needed more than ever now in current climate”

“The resettled will not get advice”

“Miss out on important benefits”

If the council’s Kent Homeless Connect service was not available, what alternative ways would you/the person you represent get help with resettlement support in your own property following a period of homelessness (able to select more than 1 option)



From those responding, 47 individuals told us that they would need to turn to their local housing authority to get support and 50 stated that they would seek support

from local charity/voluntary organisations. Only 6 said that they would be able to manage by themselves.

The questionnaire asked how resettlement support after homelessness could be provided in a different way in the future.

These responses were analysed and thoughts on how resettlement support could be provided differently are detailed below. For some respondents this meant commissioning face to face walk in centres, floating support and monitoring to prevent tenancy breakdown.

“Housing providers should employ resettlement workers directly”

“Through advocacy services”

“New providers commissioned with new ideas”

“Single point of contact and a seamless journey of support”

“Face to face walk in centre’s”

“Engagement with religious leaders within the community would be of benefit”

“Comprehensive floating support system”

“Individual assessment”

“Monitoring to prevent tenancy breakdowns”

3.3.1 Resettlement support following a period of homelessness – Summary of findings

Of those who responded, **65% identified that there would be an impact on resettlement support in their own property following a period of homelessness** if the councils funding to KHC comes to an end and **49% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

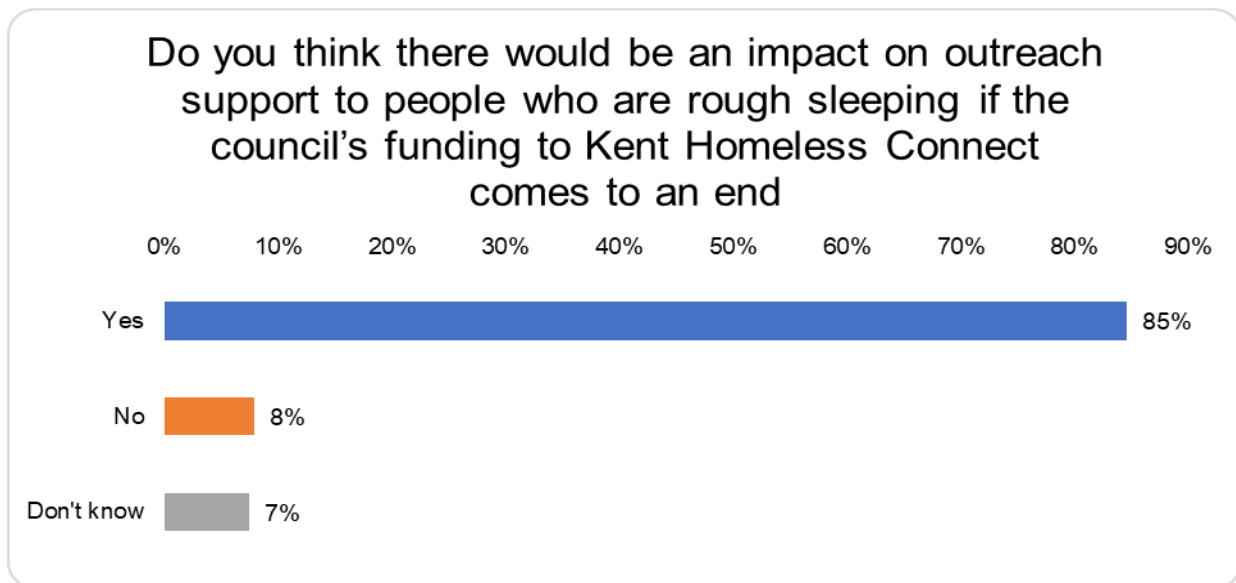
Respondents identified that, if this proposal is agreed, people will not be able to achieve and sustain a successful move on to their new home following a period of homelessness and that tenancies would fail without help.

Asked about alternative ways to get support, 47 individuals told us that they would need to turn to their local housing authority to get support and 50 stated that they would seek support from local charity/voluntary organisations. **Only 6 people identified that they would be able to manage by themselves.**

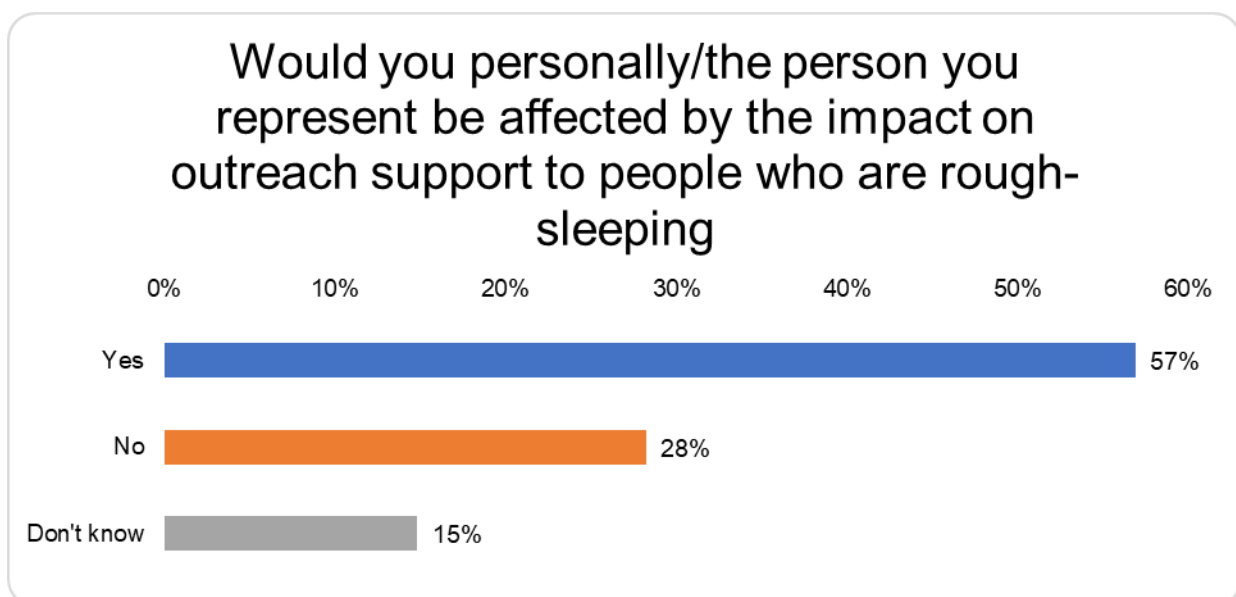
Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how resettlement support could be provided in a different way in the future. Respondents stated the need:

- for housing providers to employ resettlement workers
- there to be a single point of contact and seamless journey of support
- there to be face to face walk in centres
- comprehensive floating support
- monitoring to prevent tenancy breakdowns.

3.4 Outreach support to people who are rough sleeping



85% (184) of respondents (217) stated there would be an impact, with consistent replies across all demographics and profiles.



57% (119) of respondents (209) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 29 identified there would be an **increase in Homelessness and Rough Sleeping**.

“With fewer outreach services available, people will slip through the net and the cycle of homelessness could worsen”

“It will create more homelessness in Kent”

“Fewer will find safe shelter”

“No other substitute service known with nowhere to turn”

“a greater number of individuals rough sleeping”

“I would still be living rough homeless”

“People living rough will have no voice, will be left to their own means”

“The homeless provision you are thinking of cutting provides such a useful way of engaging with the harder to engage population to come alongside them to optimise chances of engagement and a reduction in homelessness.”

14 identified the **homeless will remain homeless and will be at more risk**. For some respondents this meant increased risks regarding health, wellbeing, personal safety and exploitation.

“More rough sleepers will be trafficked and exploited”

“Safety of young and vulnerable living rough will be at risk”

“Risk of prison, A&E, increased crime”

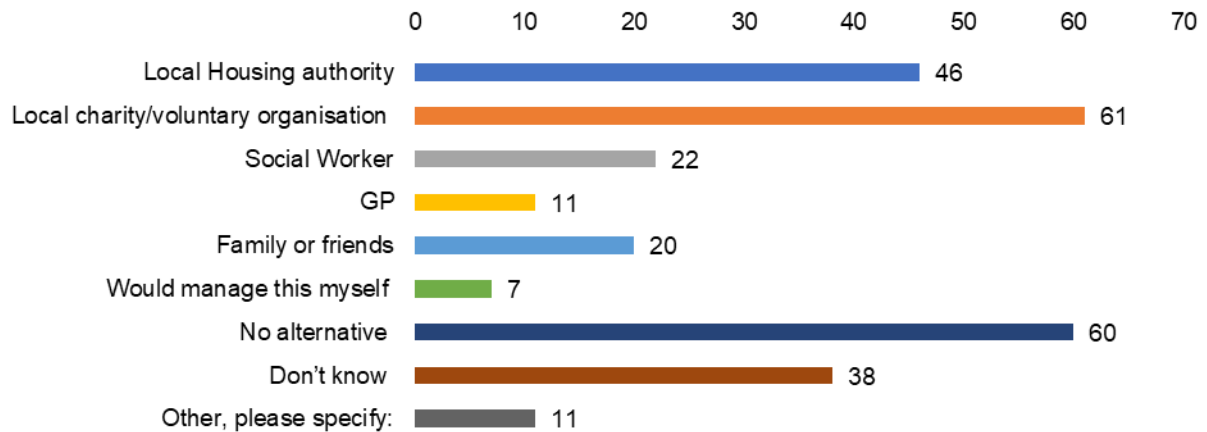
“could drive more people to high-risk situations”

“Long term mental health conditions, addiction”

“Health inequalities experienced”

“More people living rough will have mental health issues”

If the council's Kent Homeless Connect service was not available, what alternative ways would you/the person you represent get help with outreach support to people who are rough sleeping (able to select more than 1 option)



From those responding, 61 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 46 stated that they would seek support from their local housing authority. Only 7 said that they would be able to manage by themselves.

The questionnaire asked how outreach support to people who are rough sleeping could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 11 identified that there **should be more or redirection of funding**.

“Provide more investment not less”

“Fund via the department of levelling-up”

“Transfer KCC funding to local districts”

“Finance a locally managed shelter”

“Funding could be given to churches”

8 identified that **there are no other alternative sources of support.**

“No other way still needs people out there looking for people that need help”

There is a lack of provision in all sectors”

“People will be left sleeping rough”

2 identified that the **financial burden to provide these services will fall to other organisations.**

“Will have to go back to being provided by charity organisations”

“Service to be provided by districts and boroughs councils”

3.4.1 Outreach support to people who are rough sleeping – Summary of findings

Of those who responded, **85% identified that there would be an impact on outreach support to people who are rough sleeping** if the council’s funding to KHC comes to an end and **57% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

Respondents identified that, if this proposal is agreed, there would be **an increase in rough sleeping and homelessness; the situation for those currently in this situation would not improve and their personal safety, health and wellbeing** will be more at risk, including from **exploitation**

In reply to the question about the alternative ways the respondent or the person they represent would get support, 61 individuals told us that they would seek support from local charity/voluntary organisations and 46 stated that they would seek support from their local housing authority. **Only 7 people identified that they would be able to manage by themselves.**

Finally, respondents to the consultation were asked to tell KCC if they had any thoughts about how outreach support to people who are rough sleeping could be provided in a different way in the future. Some respondents stated that:

- there is no other alternative
- there should be more or a redirection of funding
- the financial burden to provide these services will fall to other organisations.

3.5 Equality Impact Assessment

KCC completed a consultation stage Equality Impact Assessment (EqIA) on the service reductions being proposed in this consultation. Respondents to the

consultation were asked their views on the equality analysis and if they think there is anything KCC should consider relating to equality and diversity.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 13 identified that **all people supported should be treated equally**.

“Each case should be treated the same way”

“Everyone should have equal opportunities”

“It’s inhumane to allow any homelessness to continue”

“The proposal discriminates against people with mental health issues”

“Homeless people are diverse from all walks of life”

9 identified **those who are disabled, and young people will be affected**.

“Young people are disproportionately affected by homelessness”

“There will be a high impact on people with disabilities”

“The equality impact assessment has clearly identified that those mostly affected are aged between 18-34 years of age. This is also the age group that has a reduced LHA (local housing allowance) rate (shared room only) and a reduced standard allowance from Universal Credit meaning they are unlikely to be able to secure any affordable housing.”

3 identified that individuals who are **homeless are likely to have mental health related issues**.

“People with mental health issues are disproportionately affected by homelessness”

3.6 Other comments and suggestions

Respondents to the consultation were asked to tell KCC if they had any other comments or suggestions they would like to make regarding the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Respondents asked for **KCC to reconsider the decision**. For some, this was **due to the negative impact on other public bodies and individuals who are or at risk of homelessness**.

“The loss of the KHC contract will place additional pressures on district housing authorities, with an increase in the number of applications made for housing assistance under Part 7 of the Housing Act 1996. Many of the clients who are, or become, homeless as a result of the contract ending, will not meet the statutory thresholds for temporary accommodation and would be at risk of rough sleeping. For those clients where there is a duty to provide interim accommodation, it is likely to be away from their support network and the placement is likely to fail.”

“The KHC service is one for all those who approach the district as homeless – and is a primary access to supported accommodation and delivers some local authorities outreach service. If the contract were to end, whilst there is significant funding coming into the districts via RSI, this is for a specific cohort whereas KHC is a prevention and relief tool that gives access to supported housing to more households who are homeless or threatened with homelessness”

“Reconsider will merely push problems to other areas services”

“The cost saving is small relative to the impact”

“Don't end the contract KCC should be offering more support not less”

“Don't end the contract - it does much good there will be more homeless”

“Don't cut funding to essential services supporting the most vulnerable”

“More support will need to be found by the charity sector”

“The prevention role of this contract cannot be overemphasised for not only homelessness but for its much wider impacts.”

For others, it was suggested that the **council will not be fulfilling its statutory duties**

“The government's statutory homelessness Code of Guidance, references the upper tier (KCC's) responsibility for the provision of housing related support, however KCC, by ending the KHC contract, will no longer be fulfilling their responsibility and are passing the burden and costs onto district authorities.”

“KCC have been funded by central government for many years for the provision of housing related support services, to include supported housing and prevented support services. Whilst it is acknowledging the ring fencing of this funding for HRS service has been reported, KCC are funded to delivery this as part of their government financial settlement. To make a decision to end the contract, which may have only been in place for a few years but is reflective of similar services that have been funded for many years, without any prior consultation or EQIA being carried out before the proposal to end the KHC contract is another example of KCC's failure to consult and engage with partners before making a decision that will have such a significant impact on many vulnerable individuals and partner organisations”

Other respondents argued it would **result in increased costs to health, social care and housing systems and specifically Adult Social Care.**

“If the KHC provision was to end, KCC needs to understand that more support from Adult Social Care and commissioned service will be required and it is important that this is provided quickly and whilst the client is in accommodation.”

“The concern here is that whilst KCC are trying to save money by ending the KHC contract, it is merely shifting the cost to another area/department such as Adult Social Care. This raises a question on whether there really a cost saving?”

“Reconsider short-sightedness will cost more in the long run”

“There will also undoubtedly be a direct, knock-on effect on other statutory services Porchlight have estimated these costs to be in the region of £8m a year to the public purse, £3m higher than the current annual contract spends”

17 identified that the **timing is inappropriate and alternative services should be provided.**

“KCC is removing a social safety net at a time of steep rises in cost of living”

“Please outline suitable alternative proposals”

“People living homeless will be more at risk without KHC”

“Establish new support initiatives in communities”

4 identified that the **core elements should be retained.**

“Scale back to core KHC services”

“Reduce the size of the contract instead of ending it in entirety”

4. Consultation Events Findings

In order to further promote the consultation, four public drop-in sessions were arranged, where staff from KCC were available to discuss the consultation, encourage people to submit a response and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

In total 80 individuals attended these events, which enabled them to express their views, ask questions about the questionnaire, and get support to complete the consultation questions.

KCC staff took notes on the conversations which were had during these events. Many of the views shared echoed the responses expressed in the consultation, but there were also some other views discussed.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Increased mental health related issues including suicide ideation and self-harm

Most people who spoke to us revealed ongoing problems with their mental health.

Some individuals showed real fear of returning to their situation prior to receiving support and identified a high risk of self-harm and suicide ideation.

People reported an increased risk of suicide if this proposal goes ahead

Four people told us the service had saved their lives.

Increased risks regarding personal safety and exploitation

Everyone we spoke to expressed concern about the vulnerability of homeless people to county lines and cuckooing (cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation), and said it was a big problem for people who have experienced or are experiencing homelessness.

Negative Impact on other services and public bodies, including increased costs

People supported stated this would not achieve a saving. It would just result in additional expenditure across the system, including Adult Social Care services.

People supported highlighted the impacts of this potential decision on them personally and the other areas of the system, including Health Services, Drug and Alcohol services, Criminal Justice services, Police and Social Care.

A voluntary organisation told us that contract value KCC would save would be outweighed by the cost to KCC and other services by withdrawing the service, especially in supported housing. They pointed to the increased pressures on police, health, and housing teams as well as social care if the service was withdrawn.

Importance of supported housing

In addition to being a safe place to be supported to get back on their feet, several people supported told us of the value of supported housing in getting people together, relearning how to communicate and get along with people, giving them the help they need and reducing loneliness and isolation after time on the streets.

“KHC provides very specialised services, to very complex and vulnerable individuals, which is not available elsewhere in the district, in offering medium to long term supported accommodation that other Rough Sleeping and Homelessness Services wrap around and feed into but cannot replicate or replace. There is no scope for

alternative Rough Sleeping Initiative (RSI) funded services to simply absorb this impact.”

Inappropriate timing

“We have had over 10 years of austerity that has decimated all public services. We have just gone through a pandemic where the inequalities in our society were starkly highlighted, and we are now facing out of control inflation that will only increase homelessness.”

“Demand has never been higher. Following lockdown, we are seeing an increase in homelessness and new people rough sleeping following pressures on the main causes of homelessness, relationship breakdown, increased substance misuse and loss of employment.”

Questioned the availability of other services

People supported questioned whether other services would be able to support current people accessing the services, considering they cannot get access now due to capacity and eligibility issues. They also argued that without the support from this service to access required health and social care services individuals accessing the service will fall through the gaps. Many examples were provided where attempts to obtain mental health / substance abuse / social care support have been unsuccessful.

People supported asked whether there was capacity to get a Care Act Assessment if they needed one, given the pressures in social care, would they get care, if it was found they needed it.

Disproportionate impact on young people

The equality impact assessment has clearly identified that those mostly affected are aged between 18-34 years of age. This is also the age group that has a reduced LHA rate (shared room only) and a reduced standard allowance from Universal Credit meaning they are unlikely to be able to secure any affordable housing.

Query on why the NHS is not contributing

Why aren't the NHS contributing? One person gave us the details of a service they used in the north of England where the NHS fund beds and there are NHS staff on the staff team. They thought this worked well.

Conclusion

The majority of respondents are against the proposal and stated that there would be an impact as a result of the KHC Service coming to an end.

Those responding told us that the proposal would result in increased levels of homelessness and rough sleeping, homeless people being impacted by anti-social behaviour and crime, mental health related issues including suicide ideation and self-harm and drug and alcohol dependency.

Respondents also outlined that:

- there would be reduced access to necessary and appropriate accommodation
- people will not be able to achieve and sustain a successful move on to a home of their own
- people who need the service will struggle to establish themselves and resettle successfully
- the situation for those currently in this position would not improve and their personal safety, health and wellbeing will be more at risk, including from exploitation, such as cuckooing
- there would be increased pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

In response to how support could be provided in a different way in the future, respondents stated the need to:

- increase, retain, redirect, and seek new funding
- increase prevention and outreach services
- bring existing funding within the sector together to redesign services
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house
- promote, publicise, and increase charity funding
- commission face to face walk in centres, floating support and monitoring to prevent tenancy breakdown
- utilise other properties.

Finally, respondents suggested that KCC should reconsider the decision due to the negative impact and potential cost to public bodies including adult social care, and impact to individuals who are currently, or at risk of homelessness. Further some respondents questioned whether the council would be fulfilling its statutory duties under the Homelessness Code of Guidance if the proposal was to be implemented.

Appendix A: Consultation Documents



KHC Consultation
Document.pdf