

# Importing Need? West Midlands agency referrals into the non- commissioned supported accommodation sub-sector in Birmingham



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**Spring** | Housing  
Association

*“Accommodation which is...provided by a **non-metropolitan country council, a housing association, a registered charity or a voluntary organisation** where that body or a person acting on its behalf also provides the claimant with **care, support or supervision**”*

Complex and difficult to administer; open to subjective interpretation

‘More than minimal’; ‘more than trifling’

**Not based on any strategic assessment of need**

Housing Benefit have no jurisdiction to assess or regulate the quality of ‘care, support or supervision’

Little opportunity for client feedback or input





RP General Needs  
average weekly rent  
Birmingham  
£95.05

Care, support and  
supervision by or on  
behalf of landlord

LHA / SAR  
Birmingham  
£57.34

Claimant must make use  
of it – not acceptable to  
merely be 'available'

Acknowledges  
the higher costs  
but does NOT  
pay for support.  
2003  
support/care  
costs taken out  
of HB altogether  
– SP funding  
(ringfenced until  
2009)

Average national  
weekly supported  
'exempt' rent  
£173

- In Birmingham  
£250 +

'Specified  
exempt' also  
exempt from UC  
Housing  
Element,  
bedroom tax  
and benefit caps

# Characteristics

- Often small, residential units and Houses in Multiple Occupation
- 'Direct access'; transitional in nature
- 'Non-commissioned' – no commissioning accountability; without assurance around Safeguarding and performance monitoring procedures.
- Estimated around 10,000 units in Birmingham and growing
- Often operated by Registered Providers of social housing leasing units from the private rented sector (all RPs make up around 90% of market)
- Occupied by a wide cross-section of vulnerable citizens; many with multiple or complex care and support needs



# Why Birmingham?

The full report contains more detailed analysis of some of the factors driving the growth and use of this type of provision within Birmingham:

- Local Housing Allowance Rates
- Disincentives for private landlords – tax changes, Universal Credit, expanded market of ‘young professionals’
- Social vs affordable housing and greater conditionality around access
- “Second City Syndrome” – net migration
- Cuts to local authority budgets for care and support
- Housing Benefit department approach?
- Victorian terraces – ideal for multiple occupancy
- Relaxed planning regulations



# A Note on Registered Providers

No incentive to restrict rent / refer to rent officer – leads to subsidy loss

Generally, 100% recovered from DWP for RP 'exempt' claims

Non-RP 'exempt' – automatically referred to rent officer

Anything above rent officer determination attracts 0% subsidy if not in a protected group, 60% if in a protected group

Financial imperative lost (see Medway in particular for subsidy-loss driven strategies)

Regulatory standards – not proactive, 'serious detriment'. May change with green paper consultation

First Choice, Trinity – leasing models now on the Regulator's radar

# Supported Housing Consultations

August 9th, 2018: proposed reforms were effectively abandoned but:

***“We will continue to work with providers, local authorities, membership bodies and resident representatives over the coming months to put together a sound and robust oversight regime...we have also heard concerns from the sector about how support is funded, and the relationship between support and eligible service charges. We are keen to have a full and clear picture of the important role of housing related support and will therefore undertake a review of that element in order to better understand how housing and support currently fit together”***  
(MHCLG, 2018; 24).



**A missed opportunity or a strengthened case for collective action?**

# BSAB Concerns and Priorities

- Why commission this research?
- Many concerns about the growth and use of this provision, including:
- The high concentration of vulnerable individuals living in small, shared units; usually without 24-hour staffing
- Gaps in understanding around the referral and assessment mechanisms behind access
- The potential for inappropriate mixes of residents, increasing the risk of exploitation and posing a significant risk to safety





# The Research Approach

Exploratory and participatory; incorporating  
both research and engagement  
Painting a rich and detailed picture of our  
current reality

The project sought to investigate:

- The operation and functioning of the exempt sub-sector within wider homelessness and accommodation 'systems'
- Referral and access points and associated assessment, suitability, resident matching and risk management procedures
- Management and support arrangements within exempt properties
- Residents' experiences of life in exempt accommodation, with particular reference to risk, safety and wellbeing
- Partnership working within the City, as it pertains to Safeguarding, safety and risk management

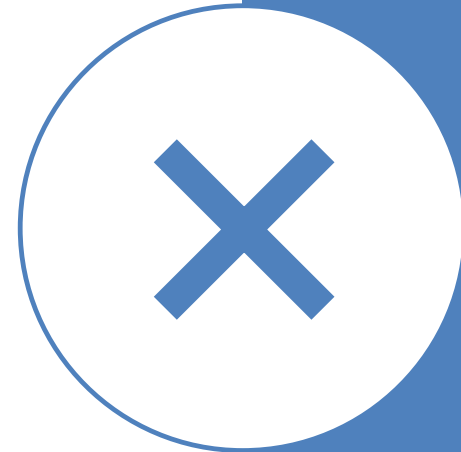


- Examination of legislation, policy, practice and research around 'exempt', HMO and shared accommodation for homeless and vulnerable groups, and around adult safeguarding and housing.
- In-depth, semi-structured one to one and group interviews with 94 stakeholders involved in the sub-sector in Birmingham. This was made up of staff from 18 referral and support agencies, 14 expert and strategic stakeholder groups, 14 providers of 'exempt' accommodation (including 2 Registered Providers) and 16 residents or recent former residents.
- Participation and observation at multi-agency events around non-commissioned accommodation, led by Helen Baglee of BSAB and Thea Raisbeck, on March 19th, 2018; May 23rd, 2018 and August 2nd, 2018.
- Observation of a multiagency meeting into concerns around a supported exempt provider, chaired by David Gray of BSAB on July 16th, 2018.
- Partnership meetings and accommodation viewings with 7 non-commissioned exempt accommodation providers arranged by a large referrals agency between February and August 2018.



# 'Accountability Deficits' and 'Risk Gaps'

- Registered Providers exempt from mandatory, selective or additional licensing and HMO management regulations
- Regulation of social housing: the Consumers Standards rely on 'serious detriment'. Previously not been willing to engage with the issues - this is changing.
- Registered Providers operating less than 1000 units are currently subject to much lower regulatory engagement, having only to complete the online statistical data return annually (ibid).
- Planning – Permitted Development (from C3 to C4) – opportunities to intervene around spatial distribution of units, fire safety etc. missed
- Those not under CQC – no regulation of care, support or supervision
- Care Act 2014 in England no powers of entry for Safeguarding
- **So many issues are falling into a fairly large 'risk gap' with no overall responsibility or accountability – clients and referring practitioners are shouldering the burden and fallout from this**



## Locating 'Exempt' Accommodation Along a Pathway

- 'Pathways', 'linear', 'staircase' approaches – Housing First as an antidote
- Currently, Birmingham's commissioned services broadly take a pathway / linear approach
- The non-commissioned sub-sector is being utilised to facilitate time-sensitive and emergency, or crisis, placements for those who are or would otherwise be 'roofless', right through to more planned prevention activity for those who are unable to remain in their current accommodation for any length of time; alongside 'step down' or 'recovery' for those on a pathway to stability and independent living
- The system is weighted disproportionately towards the 'crisis' end



Rough sleeping  
(entrenched)

Rough sleeping  
(*'new to the  
streets'*)

Immediate  
need (*'roofless  
on the day'*)

Urgent need  
(withn days)

Planned move -  
from less  
suitable  
housing

No planned  
alternative  
secured after  
commissioned  
service, rehab  
etc.

Planned *'step  
down'*/recovery  
from  
commissioned  
service, rehab  
etc.

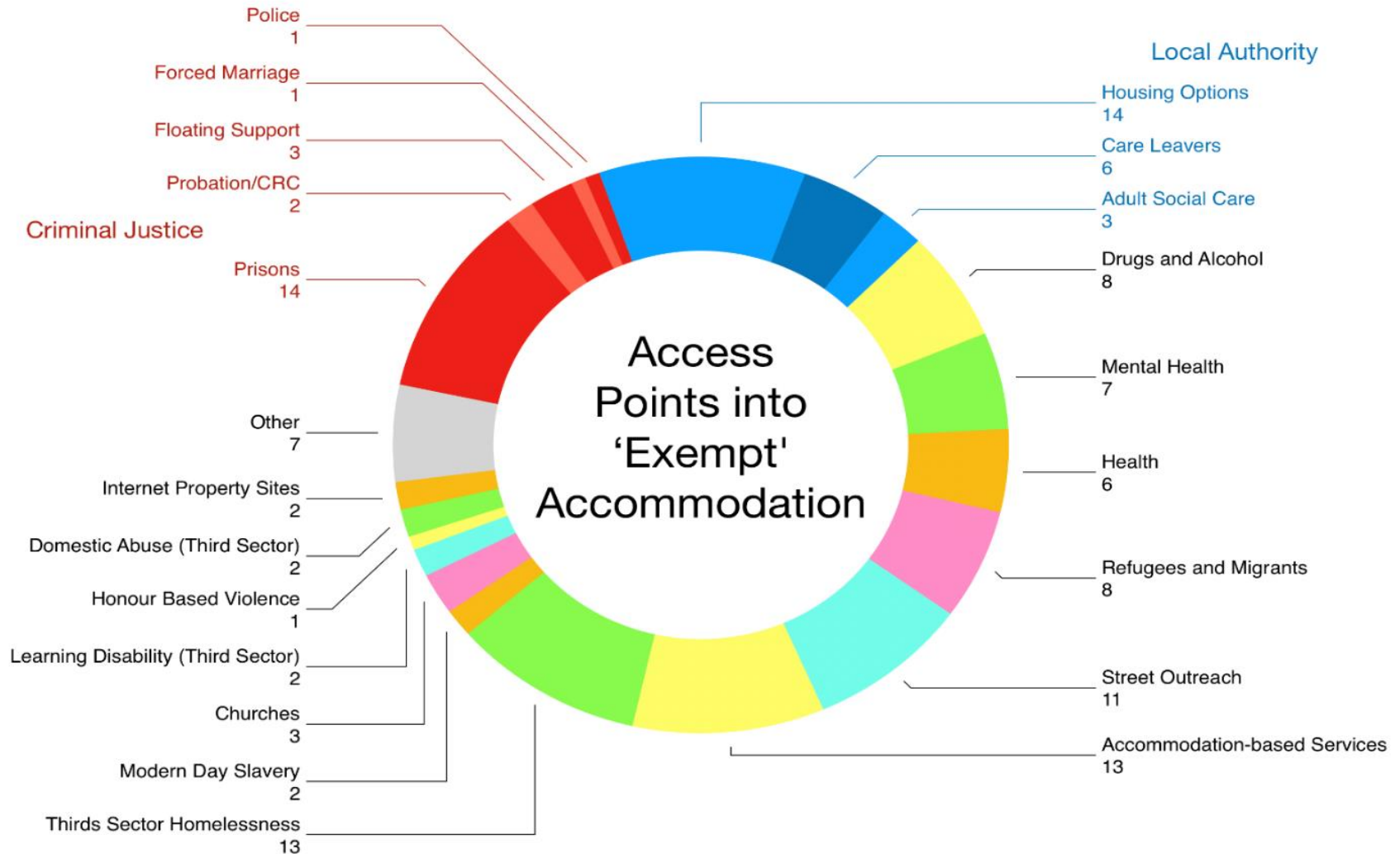
*'No other  
options'* (no  
support needs,  
nowhere else  
suitable in the  
short term)

Sustainable  
housing?  
(workers'  
schemes,  
rent relief)

- **The broad utilisation of the sub-sector and the perceived lack of clarity this engenders was viewed as problematic for navigating clients through the sector and ensuring suitability, safety and sustainability of placement**
- **The same, small unit often being used as, for example, 'crisis', step down, recovery from substance misuse and as a de facto 'Private Rented Sector' for those who cannot access affordable, independent accommodation**
- **Crisis referrals caused difficulties for all stakeholders – severely impacted upon management of risk and suitability considerations**



# 46 of 129 identified access points were outside of Birmingham



# Stakeholder Perspectives: Access Routes

## Decreased role for stewardship and negotiation:

*“When you’re trying to get other providers on board and to work in a similar way and to say we want to work with you, but this is what we want then some of them...they get referrals and they’re from people who won’t ask any questions, so they don’t need me in their lives to be honest because I am making too much work for them. Because there’s no consistency in approach from referring agencies, providers can decide that they’ll work with the easier ones”*





## Vetting and Lack of Local Knowledge

Pre-vetting and monitoring can be difficult for internal agencies— time and resource poor, ‘too many of them’; no transparency; ‘only get a superficial view’; often hadn’t seen or met providers.

- Some only used ‘accredited landlords’
- This may provide a nominal level of assurance but accreditation deals with standards, rights and responsibilities, NOT the particular skills and sensitivities needed to manage this type of accommodation, especially as they are often housing sex offenders, abuse victims or multiple and complex needs
- Accredited landlords get prosecuted too!
- Concerns over physical standards existed but were dwarfed by concerns over physical safety, wellbeing and risk

But, better tools at hand locally?



## Vetting and Lack of Local Knowledge

*“Lots of prisons use [providers with a poor reputation] because they are less likely to forge local relationships and less likely to know the problems and we do need them” [Referral agency]*

*“What [out of area organisations] don’t have at the moment is a really good enough knowledge of who are the good providers and who are the poor providers” [Referral agency]*

*“To be honest a lot of our contact with other places outside of Birmingham – especially the prisons – is completely 100% over the phone or email. They’ve never seen us, we’ve never seen them, they don’t know what the properties look like...” [Provider]*



# Referral and Access Processes



**7 KEY THEMES:**



PRE-VETTING AND  
MONITORING



CRISIS POINT  
REFERRALS



CHOICE AND RIGHTS



WHAT IS SUPPORT?



MIX OF CLIENTS



ASSESSMENT  
PROCESSES: RISK AND  
SUITABILITY



EXCLUDED GROUPS

# Assessment

- No consistency of approach
- Some referrers did not carry out any pre-assessment
- Providers' own assessments differ greatly – some didn't carry out an assessment until the client had 'settled in'
- Lack of understanding about what the provider was 'offering' made suitability assessments difficult
- Providers in particular wished for a single referral form
- Evidence of **repeated exclusion from commissioned services** for those with 'higher' or more 'complex' needs has, in effect, **designed honesty and openness out** of the referral and assessment system.
- Providers suggested wide discrepancies in the quality and 'honesty' of the referrals they received from referring agencies, with some being accurate and well-rounded, and others patchy or erroneous.



# Choice and Rights

“Crisis-led’ nature of system, referring agency lack of knowledge about sub-sector provision and vulnerability and ‘desperation’ of clients at point of referral precludes any real choice:

*“Beggars can’t be choosers and you have to live there, so, you have to get a roof over your head and if you don’t take it, they say, ‘well you’re refusing this’ and they can stop the service for you, and you’re back to square one and on the street again”*

*“No one asked what I thought but beggars can’t be choosers and all that”*

Higher needs or more excluded – severely diminished options - ‘a rock and a hard place syndrome’

Rough sleeping: the forced use of ‘exempt’ shared accommodation - , gives a poor opinion of shared accommodation, and effectively closing this off as a future option.



# Client Mix

- Referral agency opinions of whether providers sufficiently considered risk and appropriateness of client mix at referral and assessment stage was largely negative, although a minority felt some providers were excellent at this aspect, and that others made a concerted effort. The sheer range of different referral routes was also seen as a key barrier to ever having a satisfactory knowledge of client mix at the point of referral:
- Many, referring agents and clients felt that filling a bed or a void was often, ultimately, the key driver to providers accepting a referral, and that some would relax their criteria if voids were high
- Providers suggested that they do take this factor into account as best they could and felt that, often, referring agencies didn't understand why they were unable to accept a client
- There were no 'clear lines' about client mix criteria at the point of referral and assessment - not an 'exact science' – weight shifts to prevention, detection and early intervention





**Granting of 'exempt' status not based on assessment of need – providers may relax referral criteria and seek out an increasingly wide range of referral points in order to fill bedspaces**



**There are again questions over the high reliance of sector organisations upon exempt accommodation to take the most risky, complex and excluded clients that ‘no one else will’ and we appear to have fallen into a situation where those least equipped to deal with risk are expected to shoulder the most.**



# Through the Front Door



**7 KEY THEMES**



**SUBSTANCE MISUSE**



**PRIVACY AND  
ISOLATION**



**SAFETY AND  
SECURITY**



**PROVIDERS AND  
SAFEGUARDING**



**STAFF ENGAGEMENT  
AND CAPACITY**



**NATURE OF  
SUPPORT**



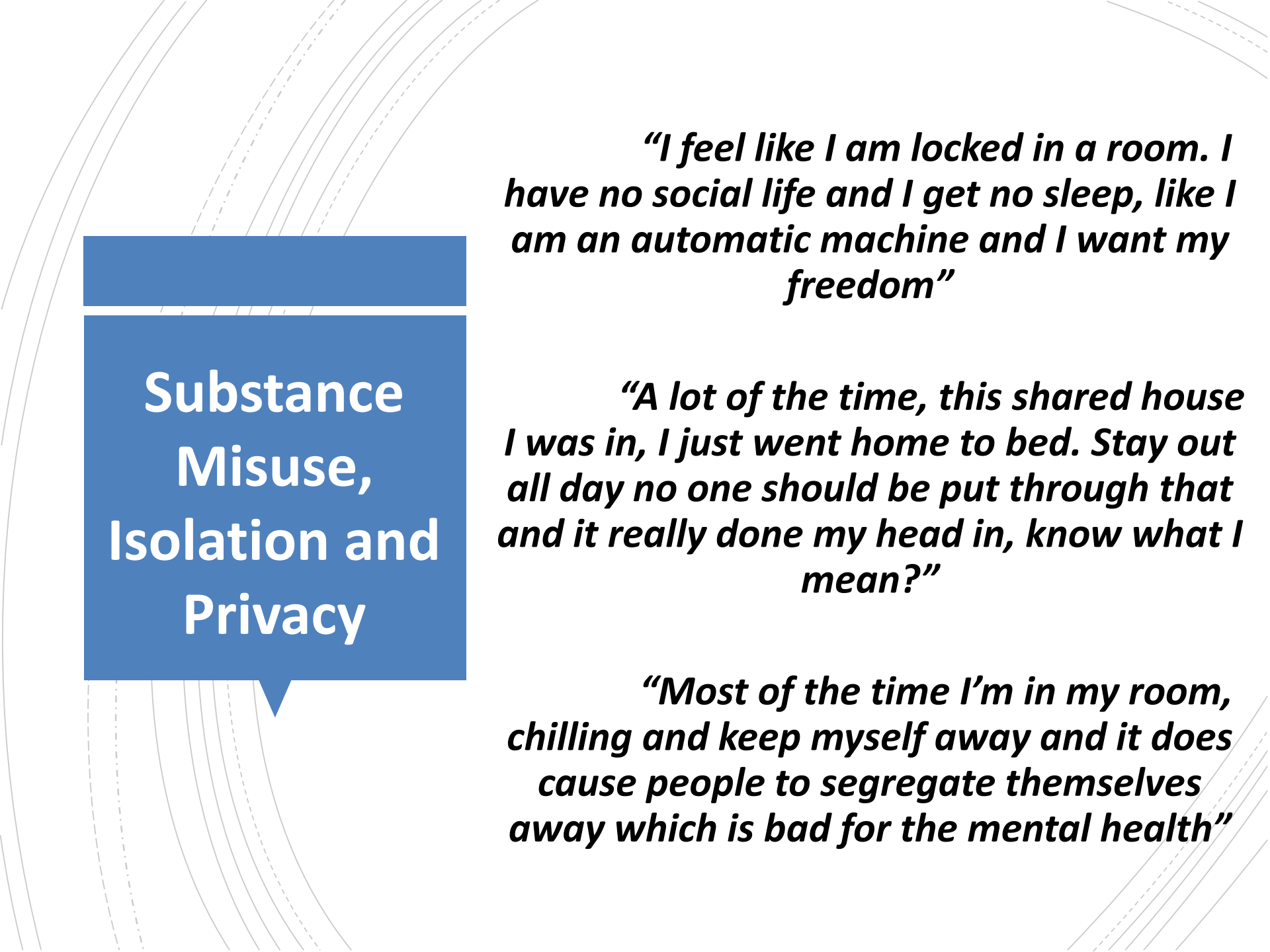
**PROGRESS AND  
MOVE ON**

# Substance Misuse, Privacy and Isolation

Issues around substance misuse were the biggest concern to residents; both in feeling forced to share a small space with people suffering from substance misuse issues when they did not, or in this being a continual threat to their own recovery.

A lack of privacy; of control over space or housemates and an uncertain, sometimes threatening, environment led many respondents to isolate themselves, whilst others felt the forced social interaction of their accommodation caused difficulties for their wellbeing and feelings of autonomy. In order to manage this, interviewees spent a lot of time locked in their room or away from the property.



The background of the slide features a series of thin, curved lines in light gray and white, creating a sense of motion and depth. On the left side, there is a blue rectangular area with a white border, containing the text 'Substance Misuse, Isolation and Privacy' in white. The text is arranged in four lines, with 'Substance' and 'Misuse,' on the first line, 'Isolation and' on the second, and 'Privacy' on the third. The blue area has a small white triangle pointing downwards at the bottom center.

## **Substance Misuse, Isolation and Privacy**

***“I feel like I am locked in a room. I have no social life and I get no sleep, like I am an automatic machine and I want my freedom”***

***“A lot of the time, this shared house I was in, I just went home to bed. Stay out all day no one should be put through that and it really done my head in, know what I mean?”***

***“Most of the time I’m in my room, chilling and keep myself away and it does cause people to segregate themselves away which is bad for the mental health”***



‘Self Protection Strategies’ - part of a number of behaviours residents reported in order to keep themselves as safe and well as possible e.g changing routines and behaviours, becoming practised at hiding when they received their benefit money or attempting to cook or smoke when they knew they would not be ‘hassled’ to share their already limited resources:

‘Putting on a front’ and having to be someone you are not in order to live safely in shared accommodation - effects on mental health, with the duality of personhood developed to survive in uncertain shared contexts ultimately resulting in psychological crisis:

# Responses to Risk, Safety and Safeguarding

- Most providers interviewed had Safeguarding policies. Some had received training, but it was not clear how regularly this was updated.
- All providers recounted difficulties within their properties, from more benign resident disputes to violent or criminal activity, and most felt resident need was becoming higher and more 'complex'
- No notification of those repeatedly excluded for violent behaviour
- Several providers had dealt with issues themselves, recognising and responding to risk during the course of their housing management duties.
- Residents: frequent thefts, never knowing who was actually supposed to live in the property, frequent and disruptive visitors, who often engaged in drug use or illegal activity, police raids, 3 had no lock on the bathroom door
- Providers often left to deal with issues if the client did not meet the threshold for statutory services
- Multiple issues with social care responses



# *“The only option is Birmingham”*

“Internal migration is defined as residential moves between local authorities and regions in England and Wales, as well as moves to or from the rest of the UK (Scotland and Northern Ireland). It excludes moves within a single local authority, as well as international moves into or out of the UK”.

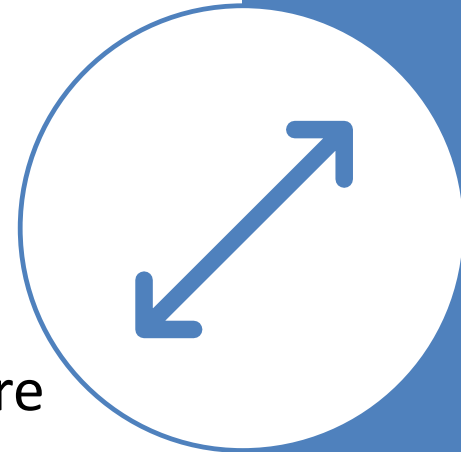
## (ONS Definition)

- Proxy sources: Patient Register (PR), National Health Service Central Register (NHSCR) and data from the Higher Education Statistics Agency (HESA). Internal migration methodology
- Year ending June 2017: Birmingham had a net migration figure of minus 7642 (inflows 51,122 v outflows 58,764)



# Out of Area Placements: Forced Internal Migration?

- Forced migration – refugee and migrant groups and other diaspora
- Limited use of this concept for internal migration (Bowstead, 2015 domestic abuse)
- We have suggested some drivers for Birmingham as a ‘hotspot’ and explored the multiple referral points from outside of the City – with many still unknown
- Is this a case of expediency? ‘Crisis-led’ nature of current services and systems
- The easy option or a considered placement?
- ‘Who will take them?’ not ‘where are they best suited’?
- Are we meeting need or importing need?
- Are we meeting demand or creating demand?





- Out of area homeless placements are sadly nothing new
- Attention focussed largely on statutory homelessness (usually families) – data is recorded by local authorities
- Often temporary placements; duty for permanent rehousing; some LAs will (and should) notify destination authority
- HRA may change things but many do not use LA route and burdens of new legislation are very high
- London Boroughs: Westminster 5,300 in past five years
- Birmingham: 1,191 since 2013
- The loss of family homes to the 'exempt' sub-sector (permitted development)





***“It’s like, you go here, or you are sleeping on the street”.***



***“Knowing [now] what the area was like I definitely would have said no straightaway so there needs to be more information given to you about all these things, but it felt like, ‘we know you’re desperate, sign this paper, you’ve got a viewing, make sure you are there in an hour’. There was literally no information at all and it was then like, here’s the key. Absolutely no choice at all”***

***“I didn’t know Birmingham, didn’t know anyone, I just turned up outside and you’ve got to hope for the best”***

***“My 72 year old doesn’t want to go to the gym or bingo and she is only with me temporarily but I have said we’ll just sit and have a coffee together as she doesn’t know anyone as she came from [out of area] as she presented as homeless to X Council and she then came to me that night”.***

***“Some of the referrals we get from X area have been really dreadful, dangerous, I think they knew that but it’s away from their streets, isn’t it?”***

- Single homeless people being placed or 'sent' to the exempt sub-sector in Birmingham
- This includes refugees and migrants and internal displacement
- Often no notification – even in CJS settings
- No monitoring, recording or tracking
- Fractured support pathways – “the treatment doesn't follow”
- Often high needs groups
- Isolation, no choice, area-based concerns
- Often no idea of where these individuals will end up – some very dangerous and risky environments
- No local connection '*they're just stuck*'
- Cycling round, causing further homelessness
- Secondary impacts on economy, statutory and third sector services



# Conclusions

- No 'easy' answers!
- We need a **strategic approach** and a **clear position** as a City
- Vast number of referral routes and heavy reliance on 'crisis' referrals impedes safe, suitable placements
- Creates an inevitable but problematic shift to '**housing-led**' rather than '**safety**' or '**suitability**' led referral priorities within a system of provision that appears '**benefit-led**' rather than '**needs-led**'
- The lack of **cross sector, collaborative working**, including with those who live in the sub-sector, and the sense of **mistrust** that has built up around this largely hidden phenomenon, has **prevented effective partnership working** that may help to informally regulate and thus improve practice and reduce risk within the sub-sector.
- We need to be **honest** as a **sector**, and as a **region** about the reality of the situation and, without prejudice, work on effective solutions



The exempt sub-sector in Birmingham has grown, developed and in many senses found its indispensability.

**But, are we meeting need or ‘importing need’?  
Are we meeting or creating demand?**

**Systems and services are working against each other and perpetuating problems for both single homeless people and families**

**There must be better co-operation, transparency and joined up working within the West Midlands**

**Referral protocols, engagement with landlords, strategic planning, looking at individuals as ‘forced internal migrants’ and learning lessons from other schemes for diaspora – reducing isolation, ensuring continuity**



# Recommendations

- A number of recommendations – too many to go through!
- Most are for reform of current practices and systems and to add skills, support and capacity. Some strategic level aims.
- ‘Macro’ and large scale reform and policy change largely beyond the scope of such a small-scale, exploratory project (although further work will hope to influence on this level)
- Main recommendations are for ownership by BSAB, Housing Benefit and Commissioning / Homelessness Partnership Board with some for Housing Birmingham, Probation/CRC, Community Safety and WMP and WMCA



# So, who is listening?



- Incredibly positive response so far
- An issue that can no longer be ignored?
- This work is reaching a lot of people and the right people
- MHCLG & DWP & potentially Government Ministers, WM Offenders' Forum, WMP and OCU, Senior BCC / Corporate level and CEO, Elected Members, Birmingham MPs, all relevant Directorates of Council, WMCA
- This was never going to be easy but we have the will to change

*“There are better and worse ways to respond to the contradiction between the ideal of housing as a right and the reality of housing in crisis. One bad way is to dispense with the ideal and settle for reforms only at the margins. Even worse is to wait around for some messianic revolution to solve the problem for us, and abandon efforts to change in the meantime”.*

Madden, D and Marcuse, P. **In Defence of Housing**

# Questions?

