

“They are getting this exempt status but why does no one monitor them? It’s a massive thing, shocking really, a massive thing”:

Risk, Safety and Wellbeing in Shared ‘Exempt’ Accommodation in Birmingham, England

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This report solely reflects the particular expertise and opinions of Thea Raisbeck, which may not necessarily be the same as those views held by Birmingham Safeguarding Adults Board. Any errors or omissions are the sole responsibility of the author.

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Contents

Introduction	1
Outline of the Report:	2
Methodology	3
Sampling	4
Interviews.....	4
Analysis	5
Scope and Limitations	5
Policy and Research Contexts	7
Supported' Exempt' Accommodation.....	7
Research Contexts:	8
'Houses in Multiple Occupation'	8
Wider Shared Housing Contexts	9
Practice Contexts:	10
Referrals and Entry:	11
Safeguarding Adults: The Role of Housing.....	12
Local Contexts.....	15
The Private Rented Sector:	15
Social and 'Affordable' Housing:.....	16
Regulation of the 'Exempt' Sub-sector	18
Registered Providers and Regulation.....	18
The Private Sector and Regulation.....	19
How is the sub-sector operating in Birmingham? Locating 'exempt' accommodation along a 'pathway':	21
Referrals and Access Points:	23
Stakeholder Perspectives:.....	25
Decreased role for 'stewardship' or negotiation:.....	25
Local Connection.....	26
Criminal Justice	26
Lack of 'local knowledge'	27
Resettlement Difficulties.....	28

Referral Processes and Practices:	30
Pre-vetting and Monitoring:	30
‘Crisis Point’ Referrals	31
Choice and Rights.....	32
What is ‘Support’?	34
Mix of Clients	35
Assessment Processes, Risk and Suitability:	36
‘At Risk’ and Excluded Groups	40
Partnerships, Communication and Co-operation:	45
Referring agencies and risk mitigation: self and co-regulation	45
Landlords and Risk Mitigation:	46
Non-commissioned Supported Accommodation Practitioner Forum and Standards Board	48
Discussion and Implications:.....	49
Through the Front Door: Life Inside Exempt Accommodation	53
Housemates:	54
Relationships:.....	54
Safety and Harm:	55
Privacy and isolation:	55
Safety and Security	57
Licence Agreements: Insecurity or Safety?	59
Support, Engagement and Progress.....	61
Staff Engagement and Capacity	61
Nature of Support	62
Progress and Move On.....	63
Discussion and Implications:.....	65
Conclusions and Recommendations.....	68
Recommendations:	69
Bibliography	73

Introduction

This research has been commissioned by Birmingham Safeguarding Adults Board in response to significant concerns over the growth in Birmingham of non-commissioned, supported shared accommodation utilising the 'exempt' provisions of current Housing Benefit and Universal Credit Regulations. In such accommodation, rents, and thus benefit claims, far in excess of private sector Local Housing Allowance Rates can be yielded, merely by such providers meeting a loose regulatory requirement to provide a level of 'care, support or supervision' to claimants. Although exact figures were not available during the course of this research, it is estimated that up to 10,000 units of this type of accommodation are in operation within the City.

This vast and varied sub-sector is predominantly made up of small, residential units and Houses in Multiple Occupation, is 'direct access', transitional in nature, and occupied by a wide cross-section of vulnerable citizens; many with multiple or complex care and support needs. As this accommodation is not commissioned by the local authority and often operated by Registered Providers of social housing leasing units from the private rented sector, it is taken out of the purview of local authority licensing controls and commissioning accountability; is operated by a wide range of, often, insufficiently regulated organisations and is without assurance around Safeguarding and performance monitoring procedures. Birmingham Safeguarding Adults Board have, through the course of their internal reviews and multi-agency activities, identified large gaps in knowledge and significant concerns around the safety of, and risk of harm to, individuals accessing and living in this type of accommodation. These concerns include:

- The lack of a robust oversight and monitoring beyond minimal Housing Benefit Regulations
- The lack of knowledge around who is providing this accommodation, and their capacity
- The complexity of leasing and management arrangements and the lack of clarity around provider and landlord accountability to Registered Providers
- The lack of transparency around support and management arrangements
- 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
- A hidden population of vulnerable adults living in unknown circumstances that may be inappropriate for their care and support needs and overall wellbeing, potentially placing them at risk of harm, neglect or abuse

In alignment with some of the key concerns of Birmingham Safeguarding Adults Board, this research explored:

- The operation and functioning of the exempt sub-sector within wider homelessness 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

It is important to note that concerns around the growth of this sub-sector take place within a policy environment that has driven an increase in shared living environments nationally for lower income and marginalised groups (Fitzpatrick et. al. 2018; 72); has increasingly constrained access to social housing and private rented sector accommodation and seen an unprecedented growth in rough sleeping, statutory homelessness and 'hidden' homeless households (ibid; 72). The Homelessness Reduction Act, which places greater duties on local authorities to prevent and relieve homelessness for all of those homeless or at risk of homelessness within 56 days, was in its infancy during the fieldwork for this research. However, it is important to note that this Act, in placing greater emphasis on preventing homelessness, will necessitate a deeper understanding of the housing circumstances of those in unsuitable, short-term or transitional accommodation settings and potentially at risk of homelessness or repeat homelessness.

The recent Government proposals around reform of the funding arrangements for supported housing, which initially held the opportunity for a more stringent oversight and accountability structure through devolvement of funding to local authorities, have recently been reversed. The Government have, however, still proposed the future implementation of a more robust oversight regime for this area of policy, and it is important that the particular insights around risk, safety and wellbeing that this report uncovers are considered in light of this proposed change.

Ultimately, as this sub-sector houses a high proportion of vulnerable and excluded individuals who may otherwise be roofless, it is important to acknowledge the extant policy environment and the sub-sector's relatedly significant role in current local homelessness and housing systems. This report will, therefore, embed the research within local and national contexts in order to explore, and shed light upon, some of the current gaps in knowledge and understanding, and provide recommendations for policy, practice and further research.

Outline of the Report:

This report first sets out the rationale, methodology, scope and limitations of the research. Next, the issue of 'exempt' and shared accommodation is embedded within its wider research, policy and practice contexts, in order to highlight the significance and value of the research, and to provide supporting evidence and context. The report then moves on to consider the local context within Birmingham and to highlight relevant policy, practice and regulatory contexts, before exploring the functioning of the 'exempt' sub-sector within Birmingham's wider homelessness systems. Chapter Three uses qualitative interview data to explore key themes around referral and access into exempt accommodation and discusses the possible implications of these findings. Chapter Four considers life within exempt accommodation, using qualitative interview data to explore key themes around safety, support and progress, before discussing their possible implications and significance. The report closes with a short conclusion and key recommendations for policy and practice.

Methodology

This research upon which this report is based sought to explore current referral, assessment and management practices, alongside resident lived experiences, within the shared 'exempt' accommodation sub-sector in Birmingham; consider how this may impact upon the safety and wellbeing of residents and provide insights and recommendations for future policy and practice. As such the research sought to explore the following questions:

- ***What are the possible implications for Adult Safeguarding, safety and risk within current referral, assessment and management procedures for supported 'exempt' accommodation in Birmingham?***
- *What knowledge do key stakeholders in the sector hold and how can this be harnessed effectively?*
- *What current referral and assessment practices are in place? How do practitioners and providers / landlords evaluate these practices?*
- *What are the experiences of those being referred into, and living within, exempt accommodation and how might this impact upon safety and wellbeing?*
- *What current housing management practices are in place, and how do landlords and residents evaluate these practices?*

The project began with an evidence review of research and policy into shared living contexts for homeless people, focusing on 'safety', 'risk' and 'safeguarding' within 'HMOs' and 'shared housing'. This evidence review was used to inform the research questions and interview topic guides, and provide supporting evidence, whilst analysis of local homelessness and Adult Safeguarding policy documents and systems provided background information, embedding the research in a more detailed and meaningful context. Stakeholder mapping was then carried out to aid an understanding of the relationships between stakeholders and ensure appropriate methodologies were employed. Observation and participation in a series of multi-agency events around 'exempt' accommodation also helped to inform the research questions and interview schedules and provided context for analysis. Initial information on referral points was gathered in dialogue with key stakeholders and was similarly used to aid sampling for interview participants, and built upon during the course of those interviews, to help provide the framework for a more detailed analysis of referral points. The central research method, informed by the above strategies, incorporated semi-structured in-depth one to one and group interviews with 94 stakeholders, including 18 referral agencies, 16 residents or former residents, 14 accommodation providers and 14 expert and strategic stakeholder groups. Interview fieldwork was carried out between March and June 2018 and ethical approval for the project was granted by Birmingham Safeguarding Adults Board.

Sampling

Sampling for the semi-structured interviews was purposive and based on the initial local context analysis and stakeholder mapping. What were perceived, based on available evidence, to be the main referral agencies utilising supported 'exempt' accommodation were invited to participate, alongside organisations catering for more excluded groups such as refugees and migrants, substance misuse, domestic abuse and mental health. Local expert and strategic stakeholders covering policy, strategy and senior service level input were also approached to participate.

Due to the precarity and vulnerability of homeless populations residing in temporary and shared living contexts, it was not deemed appropriate to directly approach this research population. In order to provide assurances that the participants would not be put at risk, psychologically or materially, by participating, key homelessness agencies were approached with details of the research, the interview question schedule and consent form, and asked if they could disseminate this to their client groups if they felt this was appropriate. It was made clear to referring agencies that the research was specifically looking for clients who were currently living, or had lived within the last year, in non-commissioned, supported 'exempt' accommodation, which helped agencies to screen potential candidates. Knowledge of this sector was high amongst the support agencies approached and introductory questions to participants established that all were living, or had lived, in the type of accommodation under investigation. In total, sixteen individuals participated, and all received a supermarket voucher as an acknowledgement of their time and expertise.

Non-commissioned, exempt accommodation providers are a hidden and largely undocumented group with initial investigation into local policy contexts revealing that there were no obvious routes to disseminate open, and non-coercive, invitations to participate. As such, snowball sampling was employed in order to attempt to reach this group. Two providers who are very visible and engaged in the local homelessness sector were invited to participate and were then asked if they could suggest other providers who may wish to take part. This process was repeated with those interviewees and, in all, yielded interviews with 14 separate organisations, 2 of which were Registered Providers.

Interviews

Interview questions were derived from the initial policy 'problems' identified by Birmingham Safeguarding Adults Board and associated multi-agency work and informed by the literature and policy review. Questions were focused enough to incorporate enquiry into referral, assessment and management processes but open ended and experiential, to allow for active participation and for opinions, experiences, ideas for improvement, and new or interesting information to be discovered. All participants were sent an information sheet ahead of the interview, and were given time to ask questions, alongside a detailed consent sheet that emphasised the voluntariness of participation, the prerogative to withdraw, and provided assurances about anonymity and confidentiality, including within the published report. Interviews lasted between thirty and seventy minutes, with all but one client and one provider interview digitally recorded. All recordings were securely stored and transcribed verbatim.

Analysis

Interview data was analysed using thematic analysis (Braun and Clarke, 2006). This method was chosen as most suited to an exploratory, qualitative, preliminary piece of research seeking to identify key issues and areas of practice and to capture the experiences, views and priorities of a range of stakeholders, with a longer-term objective of influencing policy and practice change. The analysis framework was guided by the research questions and initial funding brief but coded inductively and openly during initial stages so as not to exclude data. Transcripts from all four stakeholder groups were first coded and analysed separately, beginning with referring practitioner groups to ground the analysis, and then looked at as an entire dataset, to uncover cross-cutting themes, and key themes outside of the immediate BSAB framework. During the early stages of coding and the development of themes, the lead researcher worked with a research assistant to sense-check analysis and provide a level of rigour. The themes presented within this report are those most conversant with the overall research aims and questions.

As the research design aimed for inclusive and active participation, and to uncover and give voice to the opinions and experiences of a range of stakeholders in a previously undocumented area of policy and practice, ample space has been given in this report to quotations from interviews. All identifying information has been excluded, with professional participants identified only by their area of practice, if deemed necessary for context. All participants with lived experience have been given pseudonyms.

Scope and Limitations

This research is small scale, time-limited and largely bound by local policy and practice contexts. It does not seek to provide a definitive or comprehensive picture of the entirety of policy, practice and experience surrounding non-commissioned supported exempt accommodation but to begin the process of uncovering key themes around safety, risk and wellbeing and to suggest areas for improvement and for further lines of enquiry beyond this framework.

The sampling techniques employed were deemed most appropriate to a small scale, exploratory study of a largely hidden and previously undocumented area of policy and practice. However, it is important to acknowledge that the participants interviewed will, often, be the most 'visible' within the practice landscape and cannot claim to be representative of the entirety of non-commissioned exempt provision and practice. In-depth interviews were chosen as the method most likely to enable stakeholders to describe their practice and experiences in a complex area, and actively participate by suggesting areas for change. However, it is important to note that in a policy and practice area with little governance, oversight or the sharing of best practice, participant responses may be mediated through the 'researcher effect'; that is, participants wishing to present their 'best selves' or to provide examples of what they possibly feel they 'should' be doing, rather than what often transpires in reality (Silverman, 2010). However, by interviewing a wide range of stakeholders and residents and by employing an open and inclusive interviewing technique, alongside assurances of confidentiality and anonymity, it is felt that the views and experiences represented in this report provide a rich, although not definitive, picture of what is occurring 'on the ground'.

Within a framework of safety, risk and wellbeing it is also key to note that this research has not been able to investigate and engage in any depth with some of the more excluded groups or the more 'hidden' referral points and accommodation providers. Only one participant with lived experience was under 25 and only three participants were women. Specialist refugee and migrant organisations and those from the LGBT community were also not included within referral agent participants, due

to an inability to make contact and engage with them during the fieldwork timescales. Interviews with those who had lived experience did not utilise in-depth autobiographical or life story methods, and concentrated, in line with the scope of the research, on experiences of referral, assessment and communal living within exempt accommodation. Such experiences will naturally be influenced by and mediated through a range of social, economic, psychological and other factors not solely bound by their immediate housing circumstances, or comprehensively explored during the research. However, it is hoped that this report has given voice to some of the concerns and experiences of an often hidden, marginalised and previously neglected population.

It would, then, be difficult to extrapolate the findings of this research to all types of shared housing for vulnerable or homeless groups, and the focus on referral processes and of resident experiences around risk, safety and wellbeing cannot be used, in isolation, to assess or evaluate the effectiveness of this type of provision. Nonetheless, this report aims to provide detail which can be utilised and built upon within local contexts, and, also, to uncover important considerations around less typical non-commissioned supported accommodation utilising the 'exempt' provisions of Housing Benefit, to inform and influence nationally-driven attempts to produce a more robust oversight regime.

Policy and Research Contexts

This Chapter will provide an overview of relevant policy, research and practice around 'exempt' and shared accommodation, and the links between Adult Safeguarding and housing, in order to contextualise key lines of enquiry, and to highlight the need for, and value of, this research.

Supported' Exempt' Accommodation

The area of supported 'exempt'¹ accommodation is complex and detailing the technical minutiae of regulations and processes that support its administration is beyond the scope of this report. This section will, instead, set out the broad background to the regulations and provide an overview of what this may mean in practice.

'Exempt' accommodation was introduced into Housing Benefit regulations in January 1996, after the rules were tightened to limit the amount paid to claimants outside of the regulated social rented sector, and to ensure that some types of supported housing did not become unviable under these new rules (Wilkinson et. al. 2010). This exemption from rent restrictions was intended to account for the higher costs of providing certain types of supported accommodation² and, in today's terms, allows qualifying providers to claim Housing Benefit often far in excess of Local Housing Allowance Rates or social sector 'general needs' rents.

'Exempt' accommodation was defined in 1996 as "*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*" (Boath et al 2010.) The Housing Benefit and Universal Credit (Supported Housing) (Amendment) Regulations 2014 introduced a definition of 'Specified Accommodation', with 'Exempt' accommodation remaining as part of four new categories, whilst retaining the same meaning and provisions.

This has long been acknowledged as a complex and difficult to administer area of Housing Benefit; open to error and subjective interpretation and hampered by loose definitional criteria, with the risk of providers claiming excessive rents whilst providing inadequate accommodation and little to no support high (Blood et. al. 2016). Although the precise nature or level of 'care, support and supervision' is not detailed in Regulations, case law has, over the years, given direction to administering authorities, decreeing that the level of assistance provided must be 'more than minimal' or 'more than trifling' and can be dependent on an individual claimant's circumstances, rather than on the accommodation itself. (ibid).

A research report into 'exempt' accommodation in 2010 (Boath et. al.) began something of a stop-start trajectory towards reform of the system. This continued with a consultation into proposed reforms in 2011, which resulted only in the announcement that help towards housing costs for those in supported 'exempt' accommodation would sit outside of Universal Credit. Momentum for reform

¹ 'Exempt' accommodation is not a term typically used in official social and welfare policy but remains an operational definition employed by various communities of practice in associated sectors.

² Rents charged by those qualifying as providing 'exempt' accommodation are not intended to cover the cost of providing the care, support or supervision, with support costs removed from Housing Benefit altogether in 2003, after the introduction of the Supporting People funding programme.

returned to this area with consultations into the funding of supported housing in 2016 and late 2017. The latter proposal posited that all accommodation currently qualifying as ‘exempt’ and classed as ‘short term,’ or of two years’ maximum duration, would be removed from the benefit system and devolved to local authorities to administer at their own discretion (DCLG/DWP, 2017). Central Government published a response to this consultation in August 2018, announcing a reversal of the proposals, stating that *‘we will maintain Housing Benefit for all supported housing, reflecting the needs of the vulnerable people who rely on it and the need for continued supply across the sector’* (MHCLG/DWP, 2018; 24).

Research into exempt accommodation has noted that it houses claimants who *‘fall into many categories [but] their common characteristic is that they are amongst the most vulnerable members of our society’* (Boath, et. al., 2010; 2) but, unlike services commissioned under grants such as Supporting People, or schemes that provide a high level of care and are thus regulated by the Care Quality Commission, non-commissioned exempt provision has no requirements for minimum standards, value for money, performance and outcome monitoring or Safeguarding protocols and requirements³; something the recently-published government consultation response acknowledged, asserting that *‘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’* (MHCLG/DWP, 2018; 24).

This is not to say, however, that non-commissioned, supported exempt accommodation is inherently of a lower quality or value, or does not play an important part in many local area markets and homelessness and housing systems. However, due to the nature of the client group it overwhelmingly caters for, and the current gaps in regulation, control and oversight, it is important to consider the possible implications of exempt and shared housing for client safety and wellbeing, and the implications of this for any future centrally or locally-driven oversight regimes.

Research Contexts:

Although this research focuses predominantly on smaller, often residential, shared properties operating under the ‘exempt’ provisions of current Housing Benefit and Universal Credit Regulations, the distinction between hostels, Houses in Multiple Occupation and shared or ‘exempt’ accommodation are, in research contexts, often blurred and sometimes fluid, with research into more hidden contexts often unable to create clear distinctions, (see Rose and Davies, 2014; Rose and Maciver, 2016). This necessitates an exploration of some of the wider research contexts of these various types of settings, and their role in accommodating, and keeping safe, more vulnerable populations.

‘Houses in Multiple Occupation’

Houses in Multiple Occupation⁴ (HMOs) have traditionally been viewed as a form of shared accommodation operating at the ‘bottom’ or ‘lower end’ of the private rented housing market; often subject to poor physical and management standards, increased levels of antisocial behaviour and disruption to the surrounding community, and overcrowding (Lowe, 2007; Hubbard, 2008; Ward 2015). Despite evidence of the growing market for professional and what may be termed more ‘high

³ See, for example, the Supporting People Quality Assessment Framework

⁴ “A house in multiple occupation is a property rented out by at least 3 people who are not from 1 ‘household’ (eg a family) but share facilities like the bathroom and kitchen. It’s sometimes called a ‘house share’” (HM Government, 2018)

end' HMOs (Pattison and Reeve, 2017; Shawcross Bank, 2017); they are still largely viewed as catering for disadvantaged, marginalised and vulnerable groups, alongside more socially and criminologically 'problematic' populations (Kemp et. al., 2011; Irving, 2015; Heath et. al. 2017). Despite this, research has often concentrated on more formal and visible markets, such as student populations and the housing pathways or 'careers' of 'mainstream' young people, viewing shared arrangements as a transitional 'right of passage' on the journey to more independent options (Heath and Cleaver, 2003; Clapham 2014; Heath and Kenyon 2014). Adele Irving has carried out one of the only in-depth explorations of resident experiences in, specifically, larger HMOs '*operating at the bottom end of the PRS and catering for homeless people*' in the North East of England (2015, 4). This research drew on an overall, although not robustly defined, 'wellbeing' framework and incorporated residents' often distressing concerns over safety, security, crime, fellow residents' behaviour and the prevalence of substance misuse (ibid). 'Wellbeing' appears to function in this work in a similar way to much of the work on the effects of shared living on vulnerable groups; with safety and safeguarding implicitly acknowledged within more broadly defined 'wellbeing' considerations, rather than explicitly indicated.

There is, in general, very little localised research into how authorities or communities interact with, attempt to intervene in, or manage, multiply occupied housing in more informal, less regulated contexts (although, see Doyle, 2018 for enquiry into informal markets in rural locations). There is also scant evidence of recent enquiries into landlord management practices or governance functions in HMOs, with Green et. al.'s (2015) enquiry into licensed HMO landlords, housing vulnerable occupants in a deprived seaside town a notable exception. This study, although of a more standardised, regularised and visible market than the one under investigation in this report, suggested that the most effective type of housing management for HMO landlords was through a 'caring', rather than 'controlling', lens but that landlord behaviour and management practices had minimal impact on tenants' views of their accommodation which remained, largely, unsettled and negative (2015; 280).

Despite broader acknowledgement that HMOs represent a 'loci of disadvantage' (Irving, 2015; 8) and are experientially and anecdotally associated with higher levels of crime and antisocial behaviour, there is little in-depth statistical evidence directly linking increased levels of violence and crime to HMOs. However, two related pieces of analysis conducted from Crime Reduction Initiative and policing perspectives in Slough (Higgins and Jarman, 2015; Bowden and Barnes, 2015) suggest strong links between 'non-domestic violence' and multiply occupied housing, leading to a hypothesis that '*particular stresses and insecurities of living in low quality or crowded accommodation with shared facilities and little or no choice of co-habitees may increase the risk that incidences of violence occur*' (2015; 3).

Wider Shared Housing Contexts

As experientially-based research into shared housing contexts has moved beyond investigation into the experiences of more socially and economically advantaged young people and students, enquiry has begun to demarcate between 'sharing by choice', and sharing with friends or peers, and forced sharing, or 'stranger shares'. The latter are viewed as having far more detrimental impacts upon wellbeing, safety and security and are experienced overwhelmingly by those who are vulnerable, socially excluded and, in more recent times, excluded by social policy (Rugg et. al., 2011; Wilkinson and Ortega-Alcazar, 2017).

The limited available research into the mental health impacts of shared housing has suggested that shared living can have a detrimental impact on mental health and wellbeing (Barrat et. al., 2017), with Page suggesting the ‘forced social interaction’ of such environments causes particular difficulties and distress (2002; 137). The lack of control experienced by more vulnerable groups in sharing contexts; over housemates, space and social interaction, are also increasingly viewed as important considerations for safety and wellbeing (MIND, 2017). David Clapham’s work on the value or efficacy of supported housing contexts, although not exclusively focusing on the sharing element, provides a useful suggestion for this research project: that subjective wellbeing; that is, how clients characterise and experience their environments, should be adopted as the dominant investigative framework (2017; 16).

Due to the acknowledged growth in shared housing for vulnerable and excluded groups, and spurred largely by the extension of the Shared Accommodation Rate of Local Housing Allowance to those under 35, research and practice work has increasingly turned its attention to the particular considerations and implications of sharing for vulnerable groups, and certain social and cultural categories within those groups, although the majority of these were from a campaigning and lobbying angle and did not involve in-depth qualitative research or analysis (Crisis, 2014; Unison, 2014). Similarly, Eleanor Wilkinson’s work on the implications of the Shared Accommodation Rate has looked at the potential impacts from an intersectional perspective, utilising those groups listed under the Equalities Act as the basis for analysis (2017).

More importantly for the context of this research, a study by Stephens and McCarthy of current practice around shared housing raised the following concern, which has not, as yet, been adequately addressed:

“A final question concerns the suitability of shared accommodation for formerly homeless people who may have a range of support needs. The possibility of feeling the need to escape from unsuitable shared accommodation contexts may lead to repeat episodes of homelessness. Indeed, this issue has been identified as an area that demands further exploration” (Stephens and McCarthy 2015; 163; see also Rugg, et. al., 2011).

Practice Contexts:

The requirement for increased sharing options within, particularly, the private rented sector⁵ has led in recent years to a range of schemes and ‘solutions’ to meet the housing needs of formally homeless people, or those at risk of homelessness, such as Crisis’ Sharing Solutions programme and the Commonweal, Thames Reach and Catch 22 led ‘peer landlord model’. The majority of these schemes, and Crisis’ useful published pieces of guidance (Wesolowicz, 2015; Wesolowicz and Derham, 2017), are in the main seeking to assist those managing schemes for individuals with low or no support needs, and as a prevention from, or route out of, homelessness and into independence, with the Peer Landlord model making a clear distinction between ‘supported’ housing and their peer model of ‘supportive’ housing (Petch and Perry, 2018). Nonetheless, it is important to note that

⁵ The abandonment of the proposed LHA caps to the social rented sector has, arguably, decreased the willingness of social housing providers to explore shared models of housing for their tenants.

considerations of risk, safety and safeguarding were a factor in the development and functioning of these schemes but that, ultimately, the safe and appropriate ‘matching’ of residents was characterised by professionals under Crisis-funded schemes as ‘more art than science’ (Green and McCarthy 2015; 163). There were no clear or guaranteed practices or solutions to this issue, suggesting all shared schemes carry a level of risk to individuals, and linking to Pawson and Jacobs’ assertion that management practices within ‘stranger shares’ at the lower end of the market should be a key mode of enquiry (2010). It is also important to note that the schemes from which good practice examples have emerged are small-scale and managed and controlled by individual and experienced organisations, often with oversight and support by expert bodies, which is distinctly separate to the landscape of the exempt sub-sector in Birmingham.

Perhaps more pertinently, a feasibility study around developing shared housing with social landlords in Wales concluded:

“There may be higher expectations placed on social landlords with respect to safeguarding and ensuring tenants are not exposed to housemates who would pose a risk to them. As publicly funded bodies, both local authorities and housing associations may be held accountable in ways that private landlords are not. Some landlords felt that they would need to undertake checks on new tenants before offering them a shared tenancy, though they were not specific about what these checks would be” (Clarke and Heywood, 2016; 47).

Referrals and Entry:

The preceding review has uncovered acknowledgement of some of the practical considerations for referral and access criteria within shared schemes, with safeguarding, risk and appropriate ‘matching’ of tenants all posited as important considerations. Despite this, there is little in-depth research into referral and access procedures and mechanisms for shared accommodation catering on a larger scale, and for more vulnerable groups, particularly accommodation schemes at the ‘lower end’ of the market or in more hidden, unregulated, temporary and transient settings. Adele Irving’s 2015 qualitative investigation into HMOs catering for homeless people in the North East considered points of referral and access but did not move beyond this to investigate the processes, methods and interactions behind such referrals, and in-depth work with residents by the charity Justlife (Rose and Davies 2014; Rose et. al., 2016) considered ‘pathways’ into what they term ‘Unsupported Temporary Accommodation’ (UTA), concluding that *‘at present, there is no way of knowing or controlling which agencies or organisations are directing people to UTA’*, and suggesting referrals were subject to a ‘worker lottery’ (Rose et. al., 2016; 9).

Safeguarding Adults: The Role of Housing

The aforementioned research and documented practice have established that shared, HMO and exempt accommodation contexts have potential ramifications for the safety, security and wellbeing of residents, with reports of abuse, violence, criminality, intimidation and an absence of personal and spatial autonomy and control consistent themes emerging from qualitative and experiential enquiry. 'Safeguarding Adults', in its statutory context, is inherently more complex and nuanced than a broad concern about 'safety', or 'keeping people safe'; although both will by necessity be central. However, the distinction between safety issues, violence and abuse and 'Safeguarding' is often elided in lay and practice-based contexts (Yeoli et. al., 2016). As such, it is necessary to give an overview of current 'Adult Safeguarding' contexts, consider how this pertains to housing more broadly, to hidden, non-commissioned, supported and shared contexts more specifically, and how all of these contexts overlap with broader statutory prevention, wellbeing and community safety agendas.

The principles of Adult Safeguarding in England are currently contained within the Care Act 2014 and associated guidance. This Act put the safeguarding of adults onto a statutory footing, moving from a concept of protection to one also of prevention, and incorporating concepts of wellbeing, choice and the greater involvement of adults at risk in decisions made about them, or, 'Making Safeguarding Personal'. (Local Government Association, 2014). This Act also required all local authorities to set up multiagency Safeguarding Adult Boards, carry out Safeguarding Adult Reviews and widened responsibilities to include modern slavery, domestic abuse and self-neglect (ibid).

Safeguarding Adults: Local Authority Duties:

A local authority must act when it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' (Care Act 2014, section 42)

(Social Care Institute for Excellence, 2017)

People experiencing homelessness or living in transient or supported housing may be at risk of abuse and neglect due to a range of interpersonal and external factors, including mental health problems; drug or alcohol dependencies; brain injury; difficulties in communicating; appearing to display odd or unusual behaviour; lack of purposeful activity; poor or non-existent staff supervision; poor or non-existent staff training; staff working in isolation; community disengagement, fear and resentment; lack of access to safe and adequate housing; being victim to gatekeeping and inflexible policies (Homeless Link 2018, 4). There are clear linkages between the needs and circumstances of homeless or vulnerably housed populations and the broader Safeguarding Adults and Care Act agendas, alongside the obvious, and now statutorily identified, role of 'suitable accommodation' in helping to promote wellbeing and prevent or delay the risk of an adult requiring care and support (DHSC,

2018). Similarly, there is a clear role for housing staff in helping to assist, identify and detect adults experiencing, or at risk of, abuse and neglect (DHSC, 2018).

Nonetheless, in the past, the role of housing within Adult Safeguarding has often seemed minimal or been somewhat overlooked. Imogen Parry's pre-Care Act work into the role of housing in Adult Safeguarding, and her analysis of what were then termed Serious Case Reviews, pointed to 'an apparent lack of interest' in the issue from researchers and policy makers and the wider lack of engagement of housing agencies with relevant processes (2013; 15). With the introduction of new legislation and guidance, alongside a series of case reviews highlighting that housing organisations should have played a more active role in safeguarding processes (SCIE, 2015), Adult Safeguarding has been 'creeping up the agenda' in housing (Cass, 2015; 53), with the care and support statutory guidance stipulating that housing workers 'need to be vigilant about adult safeguarding' and that 'employers must ensure that staff, including volunteers, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance' (Department of Health, 2014).

Key failures or gaps highlighted by the few researchers focusing on housing and adult safeguarding, alongside evidence from local authority Reviews, have highlighted issues such as housing professionals' views being 'side-lined' or not being taken seriously by social care professionals; housing staff being told that individuals do not meet eligibility criteria despite clear prevention duties for local authorities; inadequate awareness, training, guidance and leadership within housing sectors; IT systems that do not store sensitive data or enable 'customer profiling' for effective safeguarding; little to no consideration within providers' lettings processes or assessments of the suitability of the type of housing (including geographical or area-based considerations), and a perhaps universally recognised factor in the failure to keep individuals safe: a breakdown in partnership working and communication (Cass, 2015; Parry, 2013; 2014; SCIE, 2015). It is important to note that much of this published material on the role of housing within adult safeguarding has concentrated on the more formalised or regularised social housing and support sectors, and that the minimal governance, leadership, regulation or obligations towards protecting individuals at risk of abuse or neglect is undoubtedly magnified and complicated in more hidden, privatised or hybridised settings such as non-commissioned 'exempt' accommodation sectors.

Due to the hidden, unregulated and often transient nature of exempt and non-commissioned accommodation catering for those experiencing homelessness or intense housing need, there is scant evidence of good practice or of in-depth, qualitative case studies and experiences on how such sectors can operate to help prevent, or conversely to increase, both an adults' risk of abuse or neglect more specifically and their personal safety and wellbeing more broadly. Irving's work into HMOs catering for homeless individuals in the North East and Justlife's work on a broad range of 'unsupported accommodation' contexts in Manchester both recommended a greater focus on and awareness of safeguarding within these informal sectors but did not move beyond a more general exploration of some of the potential risks to individuals of both inappropriate referrals and unsafe living environments (2015; 2016). It is also pertinent to consider the fact that such accommodation contexts, often involving a complex mix of social, personal, professional, environmental and externalised factors may preclude a clear distinction between statutory safeguarding considerations, prevention, wellbeing, personal and community safety and psychosocial or health-related implications.

The associated implications for researching safeguarding, wellbeing, safety and risk within 'exempt' accommodation contexts are clear: whilst 'safeguarding' in a statutory sense can, in certain lines of research enquiry, be clearly delineated, it can rarely be divorced from competing and overlapping

concerns around keeping adults safe, preventing them from experiencing harm or attending to their overall wellbeing. As SCIE guidance helpfully suggests, '*a local authority safeguarding response is not the only, or always the most appropriate, response to keeping people safe*'. (2017). In order, then, to consider the role of exempt accommodation settings for safeguarding adults, a wider investigative lens will assist in ensuring the most appropriate policy and practice responses, and further lines of enquiry, are uncovered. 'Safety' and 'risk' will be taken in a broad sense, and although there is no single definition of 'wellbeing', this research will recognise its subjective nature and dependency on an individual's circumstance and priorities, whilst drawing upon relevant areas signalled in Care Act guidance: personal dignity, physical and mental health, emotional wellbeing, protection from abuse and neglect and control by the individual over their day to day life (DHSC, 2018).

Local Contexts

As much of the shared, supported exempt provision in Birmingham is not commissioned by the local authority, and often not subject to existing controls and regulation within the private rented sector, it is difficult to measure how many individuals are currently accessing and living in this accommodation, and to understand the nature of referral and placement practices, resident care and support needs, living conditions and social environments. Data from the local authority's Housing Benefit department would enable for a more accurate assessment of the number of individuals claiming help for their housing costs under non-commissioned 'exempt' provision. However, due to the level of transience within the sector, both in terms of individual claimants⁶, of providers possibly increasing or moving around their stock, and the potential difficulties in separating data from commissioned or more regulated types of provision, establishing an accurate figure during the duration of this project proved impossible. Nonetheless, information from providers on the number of units they currently lease and manage, and available data from Housing Benefit, suggests there is upwards of 10,000 units of this specific type of accommodation operating in Birmingham. There are no real national comparators for this, as data collection and recording practices differ between local authorities (DWP 2010; 2016). However, anecdotal evidence from other major cities in England suggests that Birmingham is a distinct outlier in terms of the size of this sub-sector.

Earlier sections of this report have alluded to the growth, nationally, in shared households in England, and the related constrained housing options for lower income and marginalised groups. It is also possible to review data that suggests some localised drivers for the burgeoning shared 'exempt' sub-sector in Birmingham, and the possible implications of this.

The Private Rented Sector:

Local Housing Allowance is a means tested benefit for those claiming help for their housing costs in the private rented sector. This is paid at a 'flat rate', originally set at the 30th percentile of market rents for properties of different sizes. Local Housing Allowance Rates have been frozen since April 2016 and will remain so until 2020. The Shared Accommodation Rate (SAR) of Local Housing Allowance was extended in 2012 to cover all those under 35 and claiming help with their housing costs in the private rented sector, limiting their allowance to the rate of a room in a shared house. There are exemptions to the SAR for certain groups who were deemed less suited to, or appropriate for, shared living, such as those over 25 and released from prison on MAPPA level 2 or 3, over 25-year olds who have spent three months or more in a homeless hostel with support, care leavers over the age of 22, and those with certain disabilities (Wilson, 2017; 13).

The Shared Accommodation Rate of Local Housing Allowance in Birmingham is currently set at £57.34, with the whole of the City classed as one Broad Market Rental Area. Published analysis by the local authority estimates that, currently, less than 5% of shared accommodation available on the private rental market in Birmingham is affordable within the SAR, but this does not consider how

⁶ DWP research highlighted the prevalence of duplicate claims for a single room and claims left open after a resident had moved on (Boath, et. al., 2010)

many of these landlords would be willing to let their property to a tenant in receipt of welfare benefits, or whether claimants could feasibly afford any associated pre-letting costs. The one-bedroom rate of Local Housing Allowance in Birmingham is currently set at £97.98; marginally more affordable for those eligible, with around 16% of properties available, again caveated by the fact that this does not consider eligibility for benefit claimants or associated additional pre-letting costs (Birmingham City Council, 2016; 24). More recent estimates suggest that properties affordable at the SAR in Birmingham are now as low as 3%⁷, with the freeze in rates until 2020 likely to see this figure diminish further. The sharp disparity between Local Housing Allowance rates and local rent levels suggests that the ability for providers to claim enhanced levels of benefit often far in excess of the £57.34 Shared Accommodation Rate, and the shortage of feasible alternative options in the private sector for individuals claiming benefits, may have helped to drive the growth in, and need for, provision.

Year	2015/16	2016/17	2017/18
Lowest awarded eligible core rent	£62.20	52.16	55.34
Highest awarded eligible core rent	£257.21	£257.21	£257.21
Lowest awarded gross eligible rent	£62.20	£56.36	£64.43
Highest awarded gross eligible rent	£433.89	£433.89	£433.89

⁷ 'Exempt' Rent levels in Birmingham: FOI Request, 2018

Social and 'Affordable' Housing:

Since 2010, changes to Central Government grants to housing associations have led to a rapid decline in the number of homes built for social rent. The Emergency Budget of 2010 sharply reduced subsidy for new builds, expecting providers to build homes for 'affordable rent' - at up to 80% of full market rents – and to convert existing stock from 'social' to 'affordable' rents. As analysis by Inside Housing reveals, *'grant rates were often around 75% per unit in the 1990s, before falling to 41% before 2010 and then further to just 23% in the 2011/15 Affordable Homes Programme'* (Brown, 2018). As such, between 2010 and 2017, the number of homes built for social rent nationally reduced by 97%, from 36,700 in 2010/11 to 1,102 in 2016/17 (ibid). In addition to this, the Welfare Reform and Work Act 2016 obligated social landlords to reduce their rents by 1% over a four-year period from 2016 and a raft of welfare reforms have increased pressure on providers to ensure they maximise rental income and collection, leading in some quarters to more stringent affordability and tests for prospective tenants (Scanlon, et. al., 2017; Rowe and Wagstaff, 2017).

The Right to Buy for local authority properties has also contributed to a vast reduction in council stock, with recent analysis revealing that the increase in discounts to tenants has led to a significant shortfall in the building of replacements (Barnes, 2017). As the biggest stock-holding local authority in Europe, with over 10,000 people on its housing register (Thompson, 2018) this has had a marked impact on Birmingham, with only 803 replacement homes started with Right to Buy receipts

⁷ Unpublished data; personal correspondence.

of the 2,627 sold since 2012/13, despite the fact that Birmingham Municipal Housing Trust, the authority's housebuilding arm, has built 20% of all new homes in the city since 2011 and since 2009 '*has built more council homes than any other UK authority*' (Barnes, 2017). It is also pertinent to note that the first large-scale test of the Voluntary Right to Buy agreement, reached between the social housing sector and central government in 2015, will be piloted in the East and West Midlands, potentially causing a greater burden on available social and local authority housing stock in these regions (National Housing Federation, 2018).

In addition to the above drivers for the vast reduction in affordable and social housing options for low income and vulnerable groups, since the Localism Act 2011, local authorities were granted powers to widen their allocations criteria beyond a purely need-based system to give preference to those, for example, working in or contributing to their community, and to designate certain groups as 'unsuitable' to join their registers, with Birmingham's current policy deeming, amongst others, those who have significant rent arrears, have perpetrated domestic abuse or been convicted of a crime within a locality as unsuitable to join the register (Birmingham City Council, 2017).

This overview of the policy context within which exempt accommodation in Birmingham currently sits suggests that, short of wholesale structural and policy change, the use of this sector may continue, if not increase, into the future, due to the lack of suitable alternatives for low income or excluded groups and the clear incentives to let a property under exempt provisions, rather than at Local Housing Allowance Rates. This, along with the intended national government plans to implement a more robust oversight regime for the funding of supported housing through the benefit system, cements the importance of an investigation into referral and management practices and the reality of clients' living situations.

Regulation of the ‘Exempt’ Sub-sector

The ‘exempt’ sub-sector in Birmingham is made up of a complex network of providers and arrangements, the nature of which often impacts upon the level of control, regulation and monitoring local authorities and governing bodies are able to exercise, and thus what assurances around adult safeguarding and resident safety are available. There are a number of Registered Providers of social housing operating within Birmingham and, solely or predominantly, letting accommodation outside of commissioning arrangements and under the ‘exempt’ provisions of Housing Benefit. In addition to this, there are a number of charitable or non-profit bodies, of various forms, also providing accommodation under these provisions, with some operating under a Registered Provider, and a smaller number operating independently. A wealth of different models and arrangements exist, and it is beyond the scope of this initial report to attempt to detail and define this. However, a short overview of some of the considerations will be presented, to highlight the current gaps in regulation, oversight and understanding and consider how this may impact on providing assurances of the safety, security and wellbeing of residents.

Registered Providers and Regulation

Many of the Registered Providers operating within this sub-sector in Birmingham lease accommodation from the private rented sector and let out rooms to individuals, providing ‘care, support or supervision’ and yielding rents often far in excess of the Local Housing Allowance Shared Accommodation Rate. Many of these Registered Providers will also have a range of other charitable organisations working under their ‘umbrella’, who operate under their own names and leasing arrangements but, ultimately, retain the Registered Provider as the head landlord, in order to remain eligible for a higher ‘exempt’ rate of benefit.

Although many of these units will fall under the purview of the Regulator of Social Housing (previously the Homes and Communities Agency), the Regulator itself has not, in the past, carried out any proactive monitoring or investigation into their activities, or previously concerned itself in any depth with regulatory matters far beyond financial governance and viability (Lund, 2017). The Consumers Standards within the regulatory framework, ostensibly existing to protect the interests of tenants, incorporate the Tenant Involvement and Empowerment Standard; the Home Standard; the Tenancy Standard; and the Neighbourhood and Community Standard (MHCLG, 2018). However, and as the recently published government social housing green paper acknowledges, regulation of such standards is not rigorous and is reactive, with the enforcement of standards relying on the threshold of ‘serious detriment’, or serious harm, to tenants due to a breach of standards (MHCLG, 2018). In addition, 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).

It remains to be seen whether the Regulator’s investigation into the leasing model used by provider First Priority, and subsequent correspondence with providers operating under a similar model (see Barratt, 2018), alongside proposed strengthening and proactive monitoring of Consumer Standards, will have any bearing on the exempt sub-sector long term. However, as it stands, the fact providers may be, directly or indirectly, under the auspices of the government Regulator does not appear to give assurances about adequate levels of accountability, monitoring, support and safety considerations for a largely vulnerable and excluded client group.

The Private Sector and Regulation

Houses of Multiple Occupation operated by Registered Providers are, under the Housing Act 2004, Schedule 14, exempt from statutory licensing conditions, which includes any additional or selective licensing a local authority may apply to the Secretary of State to implement. HMOs under Registered Providers are also exempt from the Management of Houses of Multiple Occupation (England) Regulations 2006, which governs the way such premises are managed. All 'exempt' sub-sector properties in Birmingham not operated or controlled by Registered Providers are still subject to licensing conditions, if they meet the current criteria, which from October 2018 is due to be expanded to incorporate all properties housing five or more people in two or more households, regardless of the number of storeys, and bringing in tighter specifications on room sizes. There are interesting correlations between the 'exempt' sub-sector in Birmingham and what has been termed the 'London Lockdown' model, where landlords are seen to be taking advantage of the Local Housing Allowance one-bedroom rate by inappropriately and unsafely converting properties into multiply occupied 'bedsit' flats (Wall, 2018). Some of these properties are operating under Registered Providers and are thus also exempt from mandatory, selective or additional licensing controls, with a proposed test case between Haringey Council and Green Park Housing effectively challenging the Housing Act 2004 Schedule 14 exemption, as reported by the Guardian newspaper earlier this year (ibid).

All properties in the 'exempt' sub-sector will be subject to the Housing Health and Safety Rating System (HHSRS) and any reported breaches of health and safety or disrepair will be dealt with in the usual way. However, as there is little proactive means of enforcement or monitoring for local authority private sector housing teams, remedial or enforcement activity will rely disproportionately on resident complaints. It is also important to note that existing licensing and associated local authority enforcement powers can assist with the implementation of physical standards and management arrangements, and provide greater checks on those managing HMOs, but will have limited powers and, arguably, limited specialist skills to recognise, tackle or challenge referral and assessment procedures or the psychosocial environments experienced by clients. One expert stakeholder reflected at length upon the difficulties of this:

"If we do go in it really is a matter of trying to get alongside the tenants to find out what the issues are and unfortunately nobody really has the time to spend, yes I'm going in looking at housing conditions but, really, am I recognising that that tenant is trying to say to me in some way or another that things are not right? And, yeah, again, I'm not sure that everybody is tuned into that"

The 'exempt' sub-sector in Birmingham, as a whole, suffers from what can best be termed an accountability deficit. Various legislative, regulatory and situational caveats render any centralised or co-ordinated monitoring and quality assessments of care and support and risk management activities difficult. Arguably, beyond enforcement of physical standards, this is not a situation too-dissimilar from the deregulated private rented sector, which increasingly houses disadvantaged and vulnerable adults who might previously have accessed social housing (Lund, 2017). However, the fact that 'exempt' accommodation in Birmingham overwhelmingly houses some of the most vulnerable and at-risk individuals in society, whilst utilising high rates of publicly-funded benefits within a regulatory system which allows large sums of public money to be 'signed off' without any assessment, or assurance, that the services being claimed for are being provided, has ensured that

the issue has crept up, and remained on, the agenda for many groups within the City, with one expert stakeholder summing up how powerless they feel to control or regulate this issue:

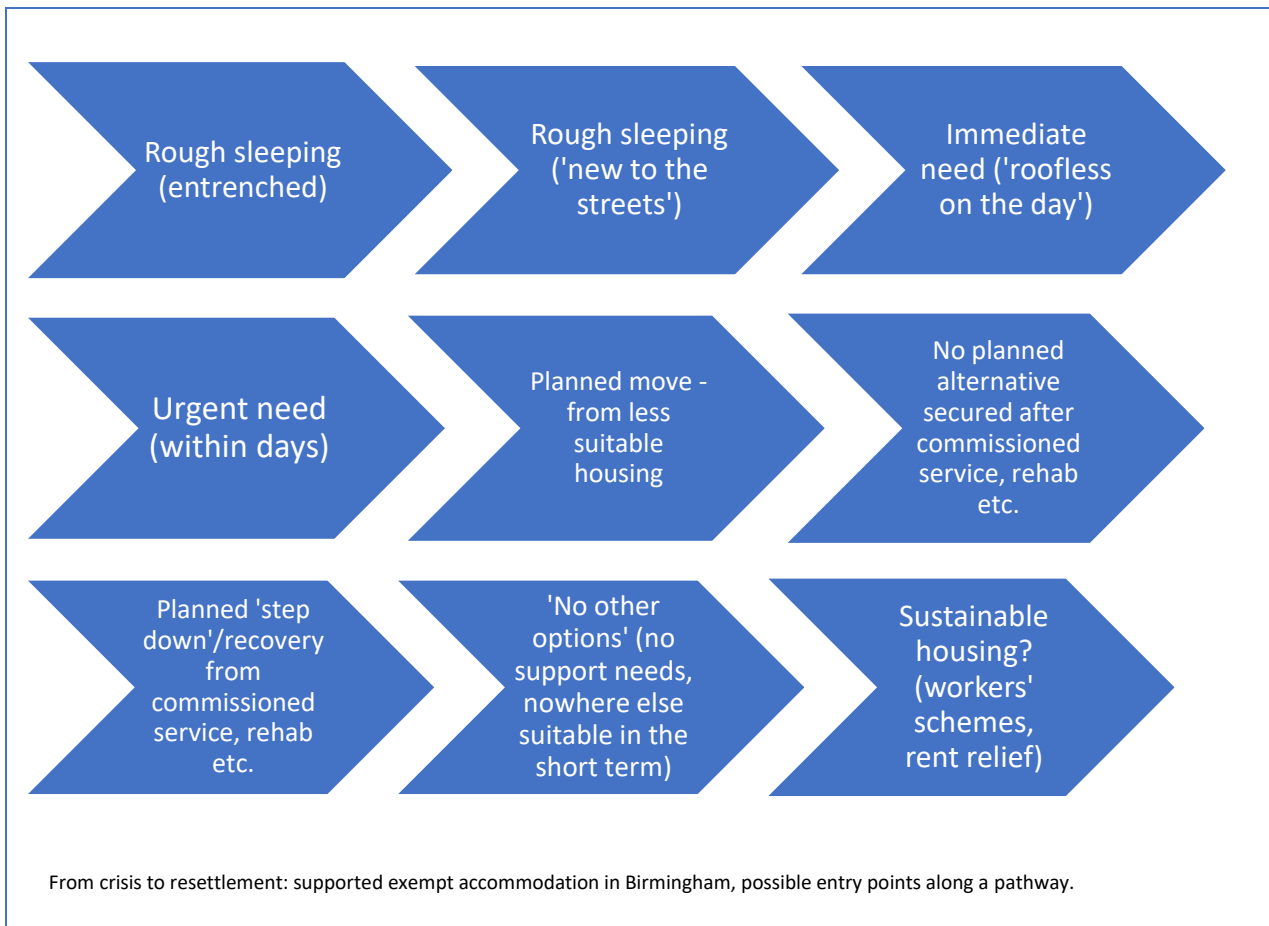
“It feels like you are not doing your job, because you’re unable to do your job if that makes sense? We’re quite comfortable with private landlords because we’ve got lots of brilliant landlords but when we find a bad landlord we have the legislation to prosecute and that sort of stuff but with [exempt providers under Registered Providers] it’s totally different, you’re almost helpless with the stuff you’d really like to get involved with”

How is the sub-sector operating in Birmingham? Locating 'exempt' accommodation along a 'pathway':

This section will provide an overview of the way the 'exempt' sub-sector appears to be functioning within Birmingham's wider homelessness sector, using available data and stakeholder interviews to illustrate key points and concerns.

Homelessness and accommodation-related support provision in the UK has traditionally taken a 'linear' or 'staircased' approach, with clients progressing through a series of housing, support and treatment services until they are 'ready' for independent accommodation, with Housing First or 'treatment first' increasingly viewed as the antidote to such 'merit-based', conditional approaches, particularly for more entrenched, or 'complex', client groups (Jonsen and Teixeira 2010; Homeless Link, 2015). Commissioned accommodation and support services for 'single homeless' people in Birmingham currently broadly follow this tiered or 'pathway' approach. Prevention services are provided by commissioned referral hubs and floating support services, alongside 'direct access' and 'step down' accommodation provision designed to precede the intended entry into settled and independent accommodation, although the Housing First Pilot funding recently awarded to the West Midlands region will alter this landscape when fully devised and implemented. The non-commissioned, 'exempt' sub-sector, sitting largely outside of a designated 'pathway', does not operate in such a clear or linear fashion, and input from a range of stakeholders, alongside field observations of the way the 'exempt' sub-sector is functioning in Birmingham, indicate that it is currently being utilised to meet a range of accommodation needs at various points along both accommodation-related, and more strategic, continuums.

Discussions with stakeholders and clients suggest the 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, with the system being weighted disproportionately towards the 'crisis' end. This 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 and sustainability of placement.



It was suggested that referrals hubs for under 25s within and just outside of Birmingham ‘*work well with prevention*’ which may be due to the variance in drivers for homelessness within this client group, and the fact that such hubs are multi-agency ventures, providing specialist, holistic services under one roof. A staff member within a referrals and prevention hub for over 25s commented that “*very rarely do I get a section 21 or evicted in one or two months. Usually it’s on the day, because that is what they are advised to do by a service most of the time*”. Other comments from referral agencies about the types of circumstances clients who were subsequently referred into exempt accommodation included:

“I think we tend to be reactive with the crisis as and when they walk in”

“It’s such a broad spectrum of clients, some just need a roof over their head, some just need a job and some need loads of support before they even get to that first stage”

“What we’ve had is service users come in and said ‘I don’t like it here. I want to move’, so effectively we spend more of our time moving around and we can do that [but] we are there for the most vulnerable and those that we need to get housed, otherwise you’re just moving people between supported housing providers”

One senior service manager from a commissioned supported housing service commented that:

“I’m conscious that we have moved people into the non-commissioned supported housing as well...[so] some of them are a step down, some of them are a continuation of support to some extent and the reality that some people aren’t ready for move on after six months and would really, really struggle to live independently and I think that’s a really positive option to move some people into those services. And there is a little bit more independence in a lot of them”.

One accommodation provider summarised the difficulties they have with ensuring their provision meets need effectively and adequately aligns with commissioned services, suggesting that referral systems were not enabling them to function as they intended:

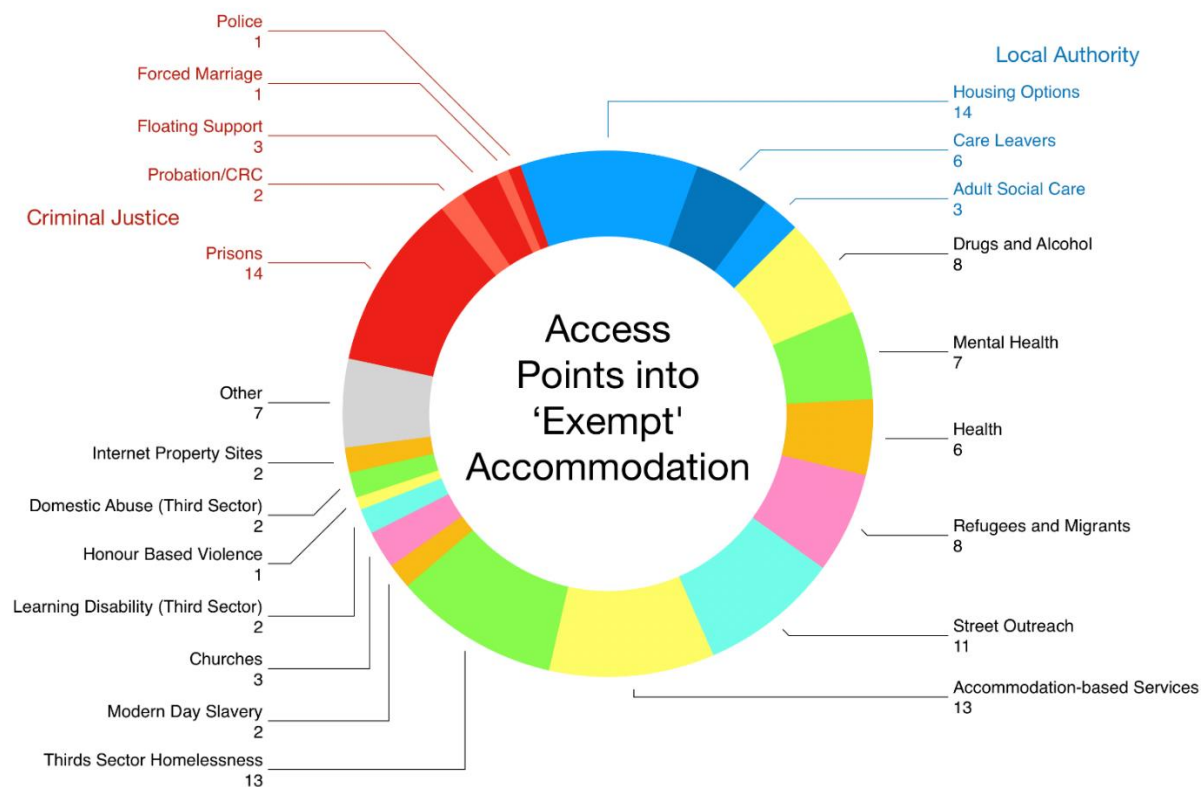
“We have the step down, we have the people and we feel we are getting direct access referrals as the hostels are full so [agencies] refer directly to us and we feel and always have that the big hostels should use the move through to us so freeing up the beds for direct access, but we don’t see that at all right now but what we are getting are the guys who can’t get in there”

Referrals and Access Points:

The absence of a single, or co-ordinated, set of entrance points, the relative speed of access and the often low ‘conditionality’ attached to entrance criteria have contributed to the formation of an increasingly vast and diverse network of referral points into the ‘exempt’ sub-sector. The largely hidden, unregulated and transitory nature of the sector hampered any efforts to create a robust framework that would allow for the collection of exhaustive data on referral routes. Instead, information and intelligence on referral routes was gathered largely through convenience: by requesting information from the 94 interviewee participants, and directly from other known providers that the researcher had brokered access to through the course of the fieldwork, as well as gathering information from a range of stakeholders at multi-agency meetings.

The data presented in this chapter, then, in no way claims to present comprehensive, methodologically robust ‘evidence’ of referral routes into exempt accommodation, nor does it indicate how frequently an access point has been used over the past year, as this data was only held by a small proportion of those sampled. Instead, and in line with the overall aims of the study, this data serves an exploratory purpose; giving an indication of, and ‘shedding light’ upon, the diversity of organisations directing individuals to ‘exempt’ accommodation in Birmingham and the possible implications of this for the effective placement and related safety and wellbeing of clients.

During the course of the study, 129 separate access or referral routes were uncovered:



Referral Method	Number of participants
Homeless Referral Hub	4
Third Sector Homelessness Organisation	3
Word of mouth / self-referral	2
Rough sleeper outreach team	2
Advice agency	1
Local Authority	1
Internet Property Site	1
Drug and Alcohol Service	1

Data from 16 resident interviewees.

Data from client interviews and from providers uncovered two methods of introduction into 'exempt' accommodation for which there are a wide range of possible routes: self-referrals through the internet or by 'word of mouth', and what might be termed 'management moves'. The latter were often instigated by providers, and involve the transfer of often, although not always, problematic clients to alternative 'exempt' accommodation through their own informal networks.

Anecdotal evidence from a range of stakeholders also highlighted the phenomenon of what one stakeholder referred to as the 'sweeping up' of people from a range of known 'hotspots' for those potentially in need of accommodation; that is, providers effectively picking people up off the streets without prior arrangement and taking them directly to the accommodation. Stakeholders suggested this was occurring around known 'bedding-down' spots for rough sleepers, homeless day centres and prisons. However, as this information was difficult to substantiate, it was not included in the referral data.

Criminal Justice-based organisations and local authority departments were by far the two largest clusters of referral categories, although it is important to note that in both instances, the majority of referring organisations were from outside of Birmingham. For example, the 'Local Authority' category included five Care Leavers' teams from within the wider West Midlands conurbation and eleven Housing Options departments from within the wider West Midlands conurbation, alongside two from South East England. The 'Criminal Justice' category included direct referrals from fourteen prisons, several of which were outside of the West Midlands and Staffordshire prison estate.

In total, and excluding internet property sites and word of mouth, which potentially contain an unlimited number of geographical points of origin, 46 of the 129 referral points identified were situated outside of Birmingham.

Stakeholder Perspectives:

Decreased role for 'stewardship' or negotiation:

In more general terms, practitioners were focused on the impact the vast number of potential referral routes had on their ability to negotiate with providers around standards, set the highest service level expectations and create a form of market stewardship by diverting referrals away from those who were deemed a potential risk to clients, or did not meet expectations:

"To be honest, if we don't refer it doesn't affect the business because there are so many other places that will do the referrals so if I say, 'I'm not sending referrals because you don't meet my standards, it doesn't bother them as they'll go, 'OK [referral hub] or the prisons, hospitals', all the places they get people from"

"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"

This suggestion by referring agencies that ever-increasing demand has removed any potential bargaining power is not necessarily something borne out of experience but, rather, a perception

based on the sheer volume of organisations and individuals requiring use of the exempt sub-sector, which has led to an understandable, but almost fatalistic, way of thinking for some practitioners. One referral agency who automatically put a hold on referrals to organisations they were concerned about stated that providers were exceptionally keen to solve issues and became *'really persistent'* when they noticed that referrals had ceased.

Local Connection

The multiple referral routes and level of internal migration was a point of concern for a number of, particularly, practitioner and expert stakeholder interviewees. None of the accommodation providers interviewed had a 'local connection' policy restricting access only to those with a connection to Birmingham, or a referrals policy restricting access to a select number of 'trusted' partners that they exclusively dealt with. Anecdotal and practice-based evidence suggests that this lack of local connection criteria is representative of the sub-sector as a whole. Most providers remarked objectively upon the fact that they took referrals from a range of sources, both within and outside of Birmingham. However, one provider did remark that they felt they existed to cater equitably for those in housing need, regardless of area connection, but could see how this may be construed as people *"dumping the problem"* onto Birmingham:

"I kind of just like people so I'm not going to discriminate against someone because they're from wherever, you're just a person to me, it doesn't really matter to me. But I suppose I'm not the head economic guy that runs Birmingham's economy...but I just see people as people so if they've got links to Birmingham or not, why are we going to turn people away?"

A Registered Provider did suggest local connection had been an area of contention for them, but rationalised the decision to relax their criteria based on issues of resettlement and the lack of discrete 'borders' between areas in the West Midlands:

"At first I was quite strict and said Birmingham only but you have got to recognise that places in the West Midlands overlap, but we do try to take people from the Birmingham portals and hostels and we get calls from [a Warwickshire source] and the prisons, a lot of the guys want to come back here, from [surrounding areas] and we do get local homeless teams from other areas contacting...but those borders are not firm and we'll move them to [certain areas in Birmingham] because that's what they want"

One provider went as far as to suggest that their current referrals were predominantly from out of area sources, although did not suggest this had been a deliberate strategy but merely *'how it's ended up'*.

Criminal Justice

All but one of the prisons identified as referring or assisting ex-offenders into the Birmingham 'exempt' accommodation subsector were designated as 'resettlement' prisons. Following the Offender Rehabilitation Act 2014, and the corresponding implementation of 'Transforming Rehabilitation', 89 of the 123 prisons in England and Wales were designated as resettlement prisons,

with an aim that 80% of prisoners will be moved to their local home area at least three months before release (HM Inspectorate of Probation, 2016). However, interviews with statutory-based criminal justice professionals suggest that the system is not operating as neatly as Transforming Rehabilitation guidelines may suggest, and that individuals are dispersed a lot wider than the reforms envisaged:

“We had a guy in a prison in Wolverhampton, they’d done all the resettlement work with him and they moved him to HMP Liverpool and he was out in two weeks and the resettlement doesn’t follow”.

“Yes, there are so many pressures on the prison system and we have this purist model about bringing people near home but [the prisons] have operational imperatives, things go wrong, they have to separate prisoners and people end up dispersed in a way they shouldn’t be but that is prison management”

This may in part account for the referrals from prisons at significant distances from the West Midlands and Staffordshire area, but a more salient issue appears to be the universal lack of suitable housing alternatives for ex-offenders. Interviewees suggested that the critical lack of available, and suitable, accommodation throughout the country has created a drift towards areas such as Birmingham, with higher levels of availability and comparative ease of, and ‘low conditionality’ attached to, access. One criminal justice professional commented that *“there is a significant issue with people being released into Birmingham and I think it is because Birmingham has the housing stock and has developed the market”*, with many out of area prisons declaring to them that *“the only option is Birmingham”*.

Lack of ‘local knowledge’

Referring practitioners did not adopt a critical or ‘gatekeeping’ stance towards out of area referrals, remarking instead upon the perceived risks inherent to agencies referring into Birmingham without the local knowledge, understanding and intelligence they had built up through years of operational and partnership working and through informal communities of practice:

“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”

“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”

Conversations with accommodation providers support the suggestion that referring organisations from outside of the City do not engage on any meaningful level with the providers they are referring to:

“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...”

Although, this lack of meaningful engagement is not a practice entirely restricted to out of area referring agencies, local knowledge, or what one experienced practitioner termed the “*on the grapevine*” effect, within Birmingham was seen by locally-based agencies to form a key part of attempts to implement risk mitigation and suitability strategies; a theme which will be elucidated and analysed in further depth in the proceeding chapter.

Resettlement Difficulties

The difficulties and risks around clients resettling in an unfamiliar area were a concern for several practitioners, alongside the barriers to effective move on and the potential complications engendered by the newly implemented Homelessness Reduction Act. One expert stakeholder from a homelessness charity remarked upon the perceived dangers of out of area authorities or agencies directing a client into Birmingham, who may not want to move into the area, and may not possess the necessary local support connections:

“What [other geographical areas] are doing is reducing your homelessness figures for the local authority, moving issues away, and it’s also a dangerous situation for individuals. I don’t see how...well, that’s where the human rights-based stuff comes into it for me. Already that person is already unable to live where they want to, potentially, but if they’re not in a safe place themselves, or don’t know if the area is safe, they’re at more risk there”.

One third sector support provider had a number of clients from outside of the area and living in ‘exempt’ accommodation on their staff caseloads. This organisation had clearly been able to link in with these individuals around their support needs but described the sense of stasis this situation can create for clients, and the complications this can add to providing meaningful support around achieving settled housing and independence: “*so we do have a lot of people come from outside of Birmingham but then there’s no connections, hard to get on the housing register, and they’re stuck. Just stuck. What can you do?*”. This situation was also remarked upon by a senior Criminal Justice practitioner, in reference to successful offender rehabilitation and resettlement: “*We deal with an awful lot of churn and resettling in an area you have no ties isn’t really a helpful thing*”.

Although most accommodation providers did not discuss out of area referrals in normative terms, two did discuss examples where this had caused notable problems for their clients. One provider was currently accommodating an older woman, referred at crisis point by an out of area local authority, and reflected upon the difficulties this caused for involving her in meaningful activity and developing personalised support plans:

“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”.

The concerns around the possible inability to resettle and the risks this can pose to individuals was highlighted by one provider, who felt forced to evict a care leaver referred from an out of area local authority:

We had a young person who we had to evict, he was being racist to and threatening a staff member, he was from [X area], he'd been with us for three months, so we sent him to [a Birmingham referral point] and they said to him that because his connection to Birmingham was only three months [they should refer to the original authority], but [his home area] were saying that he's exhausted all his avenues there so we haven't got an obligation to house him. That's what the social worker was saying, so he's left at [the referral point in Birmingham].

There is insufficient information on the full detail and outcome of this case, and whether the guidance around intentional homelessness in relation to duties under the Homelessness Reduction Act, and specifically for care leavers⁸, was followed by the original referring authority. Nonetheless, this situation had potentially left a vulnerable care leaver with vastly reduced options and a situation of being 'ping ponged' between authorities and referral points. This is a scenario the only out of area referral point interviewed for this research predicted would increase as the impact of Homelessness Reduction Act starts to manifest itself:

"I guess the HRA adds to [the difficulties] because although local connection comes further down the decision it's fine with prevention but relief, if other authorities do start sending young people back into [our area] it'll create a burden on a resource that isn't even there"

and was echoed by an exempt provider specialising in provision for young people and care leavers:

"We'll have to wait and see, but the messages I got from [a referral point in Birmingham] is that a lot of people don't really understand it and there's going to be a big shock for a lot of people because they're going to get sent to where their local connection is".

This section has established the multi-functioning of the exempt sub-sector in Birmingham and the vast, varied and complex referral pathways. The following chapter will continue this line of enquiry by examining some of the detail behind referral and assessment mechanisms and procedures by highlighting key themes from in-depth research interviews.

⁸See Homelessness Code of Guidance for Local Authorities, Chapter 22 (MHCLG, published 20th June 2018)

Referral Processes and Practices:

Interviews with practitioners, landlords and clients suggests there is a broad spectrum of practice around referrals into exempt accommodation, often constrained or driven by staffing capacity; the size of, and lack of formalisation within, the sector; the urgency of the placement; the difficulties of knowing who else currently inhabited a property; the perceived complexity of, or engagement from, the client and the scale of demand.

Due to the lack of consistency between, and sometimes within, organisations it would be difficult to delineate 'typical' referral processes and relationships, although all could broadly be termed as falling between a more intensive or 'hands on' approach and more distanced, 'light touch' versions. Providers, in particular, reported instances where their entire relationship with a referring agent consisted of emails and phone calls; of clients being 'sent' to their offices with no prior notification and at late hours, and of referral information often being patchy or sometimes perceived as deliberately evasive.

Clients' experiences of referral processes were largely negative, and almost all felt they had no choice, were given minimal information and were sent off alone to an unknown destination; a process that caused no small amount of anxiety. Very few practitioners had the capacity to attend viewings with a client and, unless that client was someone they had an ongoing support relationship with, post-placement follow ups were rare. In most cases, both providers and practitioners wished for greater levels of communication and stronger relationships, alongside better avenues through which to address common issues, whilst acknowledging how complex and seemingly intractable the issues were.

Pre-vetting and Monitoring:

Many practitioners attempted to view at least some of the properties of the providers they were referring into, although not always before they began referring; carried out assessments of client need and ceased referring to providers that they had serious concerns about. Some referring agents had never seen the properties they referred to or met employees from those providers. Those that had done so still recognised the element of trust implied, and the risks they often felt forced to take, due to the sheer number of properties and the lack of understanding and insight into providers' management, assessment and support arrangements:

"It's really difficult to keep on top of the accommodation and no matter how organised you tried to be it's like there's no way that you could keep on top, there's so many of them"

"Some properties, they are fine but then you'll do a referral to another organisation and it is a totally different standard so how do you vet every property, particularly when a lot of the time we are trying to house people quickly, in the next day...we just can't vet every property and I do feel like I'm making decisions blind, I do"

Most who did visit properties seemed confident that they would know what to look for in terms of health and safety requirements and conditions, although two did express concerns about how equipped they were to do this. Most referrers, however, acknowledged that a visual check did not really help to ascertain how safe and supported a client would be:

“We would go out and check the property, see what sort of standard it is, because we have come across really poor-quality stuff in the past...we try and vet the people we refer to but at the same time going out and viewing the property doesn’t necessarily give you a sense of what they provide as it’s all fairly superficial”.

“We’d be less concerned about physical accommodation standards as these can be visually checked, ask for documentation like PAT tests and gas checks and electrical checks and we know how to assess for fire hazards – it would be the safety planning, risk, and risk of further danger that would be of the highest concern and something that’s hard to judge, though you can tell straightaway some just don’t get it”.

Due to the various constraints upon practitioners, much of their knowledge and practice around referrals to providers was based on experience and acquired knowledge, incorporating a necessary level of intuition, trust and professional perception:

“We don’t do checks on properties. If it’s an RSL which with us it will be, we trust them because we have to, that they have done the checks and seen all the paperwork, and no we don’t have the capacity to go to every property and with one RSL we do meet every three months unless there are issues in between and that works well”.

“Not knowing who are good providers or who are ones to avoid is a barrier to [the organisation] and we rely somewhat on instinct around their processes but it is difficult to know and to trust anyone as it’s all so opaque”.

‘Crisis Point’ Referrals

Providers and referral agencies believed that the more urgent, or time-sensitive, a referral was, the more difficult it was to conduct sufficient checks and be assured they had placed correctly, and safely. Referral agencies believed that, the later in the day the referral was, the less options there were available, meaning they felt forced to use providers they were less sure about. The larger referral points suggested crisis and late referrals were often forced upon them to deal with by statutory agencies such as hospitals, and crisis point placements were also an issue for criminal justice-related agencies, with the ‘Friday afternoon syndrome’ of prison release, giving the sense that often the most ‘complex’ or at-risk clients, who realistically required more in-depth suitability assessments, were directed to referral points at a late hour:

“We are getting more police, hospitals discharging clients, hospitals sending them in a taxi at 5pm and you just think, that’s setting them up to fail, they aren’t going to be assisted correctly, what can we do at 5pm at that point?”

Several providers said they tried not to house ‘on the day’ as it was problematic, and not what they felt should be part of their model, but often felt pressured to do so if that person would otherwise be roofless, or because it may affect their business by losing them key referral agencies:

“As staff we do feel a bit rushed sometimes if someone will be on the street, nowhere to go, and we don’t necessarily have time to chase up everywhere they live or do checks and that is up to us, really, to make sure we are doing this, if you realistically have the time”

“We are really trying to move away from same day referrals as we are not an emergency hostel but if we don’t take on the day we start to lose them all as another provider will do an immediate placement so there is balance there and we have tried to make it more of a process”

Some of the other challenges we come across are housing on the day...I understand there is somebody who doesn’t have housing but at the same time we need to safeguard as well so that can provide a challenge in terms of getting the balance right there”

Tellingly, one Registered provider revealed that they had changed their model, and moved away from late and crisis referrals, which were often forced upon them by statutory agencies, acknowledging that it had caused them difficulties, operationally and reputationally, in the past:

“What we have stopped, because I think where [our organisation] fell down previously is that the police could come at 3am in the morning and say, ‘we’ve got this gentleman, he needs accommodation, here you go’. So, we’ve put in place quite a rigorous referral and assessment process to ensure that we are getting the right type of tenant”

Choice and Rights

Those with lived experience overwhelmingly felt that they had little to no choice over where they were referred to, with some adhering to the perception that refusal would mean that they would be denied further assistance. It is important, however, to note that the majority were attempting to access accommodation on the day, because they had been evicted and were roofless, or had felt forced to leave previous accommodation. This may have had a bearing on how able, or willing, they were to express dissatisfaction with where they were offered:

"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"

"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"

One interviewee, Scott, had a very long history of rough sleeping and hostel or temporary accommodation dwelling and acknowledged the lack of options, suggesting *"you just get what you're given. Might not even have bedding on your bed. So, what are you gonna do?"*. However, he appeared more certain about what he was willing to accept and seemingly less fearful of going back to, or staying on, the streets, stating *"I've done it before [rough sleeping] and I've been in recovery for a long time so, I'm not bothered"*. Perhaps most saliently, though, this interviewee repeatedly returned to the same referral agent as he felt they knew him well, and thus were more likely to offer him somewhere he might accept:

Interviewer: *"So, is there a reason you always come back to X for accommodation?"*

Scott: *"They know me, and they know if I'm not happy I just won't take it"*

Referring agencies largely felt that the lack of transparent knowledge of providers and what they offered was a barrier to providing any real choice or options to clients and that many clients, at the point of referral, were too distressed, traumatised or in desperate need to take account of information around rights and responsibilities:

"I think the majority would understand the licence is a weeks' notice or whatever, but some are just glad to be in accommodation and will sign up to anything. They've had a harrowing experience of homelessness and will sign anything"

"We try to explain rights and empower people and I think sometimes it can be difficult as a lot of clients can't grasp it or understand that, because of the chaotic lifestyles they lead, often don't have ID, so we do try to help them understand their rights and what the landlord can and can't do"

This climate of 'desperation' and acute need overriding any concerns about rights or legitimacy of providers was neatly summarised by one client:

"I'm not stupid but it seemed so dodgy and this solicitor did not look like a solicitor and it was a huge piece of paper about violence and no stealing and they didn't explain anything, and it was huge, I'd have spent an hour signing it, but I was desperate"

What is 'Support'?

In terms of having a range of options and enabling suitable placements, referring agencies efforts were often hampered by a lack of knowledge and awareness of what support packages providers offered. Most felt that providers were not transparent about this, and several related the level of rent charged to their expectations around the level of support. A minority of referring agents suggested they would expect the support to be 'housing-related support', but few were optimistic that the requisite support would be provided for their client groups, with some able to utilise commissioned floating support services as additional assurance for their client.

Providers' descriptions of support were not prescriptive and, whilst most suggested they were ostensibly there to give 'housing-related support', they also gave emotional support and sought to tailor the level of support and engagement to the individual client. More tellingly, both referring agents and, more reluctantly, providers acknowledged that clients accessing exempt accommodation often had no discernible 'need' for supported accommodation but due to a sheer lack of other options, were forced to access the sector. Referral agency observations included:

"I had a client who has anxiety and she doesn't feel like she needs a support worker of whatever but it was unfortunately, with her being homeless, that was the first port of call and now she feels very much ingrained, moving from one to the other, it's all she can get because she can't afford other more suitable accommodation and it's better than the streets"

"I usually find [it] particularly challenging if I know that they can manage to live independently but don't want to live in a place with complex people or drug issues cos they'll find themselves falling into a bad place then I will look at an independent tenancy but that is so limited"

"Because they've been in prison doesn't mean they've got need for supported accommodation [but] it seems to be that there is this culture of 'people go into supported accommodation'"

Considerations over the type of support on offer did not appear to be the primary concern for clients at the point of referral and access, with most suggesting they'd have liked more information and say on the properties and areas offered to them, and more information and say on who else lived in the property.

Mix of Clients

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:

"I'm not confident that providers, although they say they assess risk, really understand the implications of the mix of vulnerable person with a high-risk sex offender or just a high -risk person and we are not, because we are separate organisations, we are not fully au fait with what is going on and that is a concern"

"You just have to trust that everyone else is doing their job in terms of referrals and suitability because you don't know who else is in the property when you put someone in"

"[Providers] are conscious of it as they want it to work and on the whole they stress who will fit into accommodation and on the positive it is good that they aren't put off by someone being homeless or challenging and are trying to work with them, yes they absolutely do try and so they will say, 'I don't think it'll work in this property but we do have something else"

Many, referring agents, however, 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:

"Some accommodation is low needs but because it is about filling spaces, it is about making money to a certain extent, they'll say they're exclusive to a certain type of person, but they will have leeway and the problem is, if you put someone with high needs in a low needs house, it will impact everyone."

Almost all of those with lived experience focused on the mix of residents within shared properties as key to defining their experiences, with some suggesting that accommodation providers cared more about 'filling rooms' than achieving appropriate mixes, with no residents reporting that they had any say or control over who moved into the property when voids became available:

"It [the exempt accommodation] was awesome and where they went wrong was the people they was putting in there. I think they got really slack and just thought 'we need to fill this space up' and they just, anybody who signed up, go in, go in and that's where it went wrong for me".

"I feel there is no selection process, they just pick anyone as they just want to fill the rooms."

“Now it’s like who is going to move into that room, what will they be like, the history of them? It’s a bit unknown”

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 due to not having a house they felt wouldn’t pose a risk to the client or to others:

“I mean, it’s not an exact science but you do your best and it’s not just about filling a bed and I think referral agencies have got better about understanding why we can’t refer on the day and we have a good relationship with [two well-known referral routes]”

“Sometimes referring organisations get annoyed when we say no and phone up to question the decision and we have to explain dynamics of the houses need to be taken into account and whether that person can safely be managed because we need to make an informed decision based on all available information and the resources at that time. With the more challenging houses we do need to be very careful with who is put into that environment. [We] would rather have a void for longer”

There were, amongst referrers and providers, no ‘clear lines’ about client mix criteria at the point of referral and assessment, with ensuring a female was not put in an all-male house, not placing young people within an ‘older household’ and considerations of drug and alcohol use being the only two consistent and firm sets of criteria that referring agents and providers both expressed.

Assessment Processes, Risk and Suitability:

Amongst the referring agencies and providers interviewed, there is currently a wide variety of assessment forms and processes, with no consistency amongst referring agents or providers; something which was highlighted as an issue by, particularly, providers, several of whom expressed a desire for a common assessment form from referral agencies. Additionally, some providers and referring agencies had built up relationships over time and felt that this allowed for more successful and suitable placements:

“Those who work for organisations we know a bit better as we’ve seen them at events and we’ve talked more or they’ve been out to look such as [a member of staff from a homelessness charity] he would then say ‘I have someone who would fit in perfectly here’ and as he comes here often he knows the service but with some providers no, I think unfortunately rightly or wrongly ‘let’s make a referral, let’s get them housing’ without really thinking about whether that housing is going to be suitable which to some extent I understand it is a roof over someone’s head but it’s about looking at the wider repercussions it could have on that person and everyone living there so I do think there is work to be done

with agencies knowing about where they are referring and I mean it's good practice to know that, isn't it?"

"And I think trying to have that open relationship, the referrers are a lot more open now so you get more honest referrals so they will list all the complexities as they know we'll do our best unless the needs are too high and we say no but we manage that and they are a lot forthcoming and now people tend not to be dishonest and slip them through if they think you'll say no and they know even if they tell us the truth we will always do our best"

One Registered Provider interviewed recognised how difficult it can be for referring agencies and accommodation providers to understand each other's' roles, remits and pressures and so had arranged for support staff to spend a day with a key referral agency to strengthen relationships and gain a reciprocal understanding of what referrals entailed:

"Some of our support workers have actually spent a morning with [a referral agency] because we think it's really important that we build those relationships. For a number of reasons. One is that it will go somewhere in ensuring that we get the right referrals. Two, we want those that are referring into us to have confidence in us as well and I just think it's best practice to put a face to a name rather than just picking up the phone and calling someone"

Most referring agencies and providers said that they did attempt to conduct an assessment of a client's circumstances and needs, asking risk-based and suitability questions around offending history, mental health, physical health, and drug or alcohol dependencies, but acknowledged that much may rely upon the skill of the assessor and, sometimes relatedly, the client being open and honest about their situation, with a client's need for a 'roof' overriding many other considerations:

"I think [referrers] have always been like, that this is my person now, I need to get them out of here, let's not tell them that they've got an arson conviction, or let's hide this from them."

"With some agencies it is just like a quick question and then they send the referral. They think more about the housing, when they should think more about the support as well, so when they assess somebody 'ah you need a place, ok', they probably have a few questions they ask them like sex offending, I don't know what they ask, but when we get them then we ask proper questions"

"[in terms of sensitivity to domestic abuse and risk] we know everyone is really pressured and so stretched and organisations just need to find somewhere, so if they have the added factor of having to take into account all of these other issues then it would just be too hard because if they don't put them in these places, where do they go?"

There was a distinct perception that the nature of repeated exclusion from services for those with 'higher' or more 'complex' needs has, in effect, designed honesty and openness out of the referral and assessment system and that there was a large level of risk, trust and chance involved:

"It is a tough one with the smaller [exempt] ones and people often only know what that person in front of them has told them, so unless you do police checks on every person...people have to live somewhere. I don't know what the answer is!" (Rough sleeper outreach service)

[people who have been repeatedly excluded] they spring around again and go through the motions. Know what to do, say, to get a roof" (Accommodation provider)

This is something one client, Scott, who had a history of exclusion also suggested to be the case:

Scott: "Yeah, I've had a couple of places say no when I got there, because I was using. I was honest with them and then they said we don't accept using addicts here and I can understand why so...and it gets harder and harder to get a place. They give you the crap: the crap areas where nobody wants to live, and you'd be shocked, the places I've lived in"

Interviewer: "So, it sounds like when you're honest about your issues..."

Scott: "Yep, you get put at the bottom of the pile"

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. Most acknowledged it would be difficult for referring agencies to ever really 'know' a client at assessment stage, particularly if they were not previously known to the agency. Providers interpreted some of the information they received 'on paper' to reflect a lack of care, time pressures, or a shifting of responsibility by referring agents:

"[the information we get] is quite limited and we have had an issue recently, not naming any organisations, and we were told there were no issues, they were going to be fine and we moved them into one of our more independent properties and from the first night he ended up being asked to leave, and he was there three or four days, real mental health issues, serious damage to the property and I actually went back to that organisation to tell them what had happened and maybe it was no error on their part, maybe they didn't have long enough time but I do think sometimes, if you are asking the right questions that person will tell you only so much and it is about trying to delve and I think in that case it was 'this person needs accommodation, let's just send him there', not thinking about the bigger picture"

"To be honest [referral information] does vary but I will probably say with most of them, we don't get the full information or full background of the homeless person because they don't know much either or haven't asked all the questions...for example, say any physical health,

they will probably say no, but when they get here the homeless person will say 'I can't climb stairs, I can't use the stairs' and we will think 'hold on, we were not told that, it said she didn't have any mobility issues, so what's happening?'"

Most referring agencies were not clear about what happened 'at the other end', once a client had left to view and sign for the property. However, one referring agent who regularly accompanied her clients to assessments with providers suggested many did not appear to conduct adequate assessments themselves:

"Sometimes you will get a property that barely does an assessment, bring them in, sign a sheet, put them in a room, a lot of our clients can't read or write so I am having to read it out to them, but the support worker doesn't do that"

and one specialist domestic abuse organisation did not have the confidence that more generic supported or homelessness services and providers had the necessary instincts or perceptions around domestic abuse to be able to conduct an adequate assessment:

"It's automatic for us to be thinking one step ahead all the time, assessing and managing risk, but it probably isn't something that occurs to landlords and some agencies as they don't do it all the time and they are purely looking at the housing element, to get someone a roof over their head".

Providers felt that certain referral sources provided more comprehensive and useful assessment information and that referrals from criminal justice agencies were usually the most comprehensive in terms of risk information, but even then, this did not necessarily determine how problematic or 'risky' tenant would turn out to be:

"One of our tenants, we had two different referrals, one of them [he seemed] brilliant, but the true referral was much more sinister. So, the two conflicted, but it worked out alright in the end, they're still with us. Obviously, we've got the safety of staff to bear in mind and on this occasion, he was a murderer, he did 25 years. He was a risk to staff, a risk to everyone, but we got one referral one day and we accepted him and moved him into the property and then the other referral arrived from Probation which told the more extremes, the violence and to be honest he's turned out to be the best tenant we ever had. It's different on paper".

Terms such as 'low' medium' or 'high' risk and need were used by providers to illustrate the nature of the client group they felt able to house or manage, with most suggesting they take 'low to medium' with a smaller minority taking 'medium to high'. However, it was unclear what this terminology meant in practice, with 'high risk' or 'high need' most often cohering around serious offending histories, histories of violence and chronic drug and alcohol abuse, but the distinctions between categories were somewhat elided, subjective and differed between providers.

Clients felt the questions asked at assessment were quite routine and many had become used to the types of things they would be asked: what one client referred to as *'just the usual questions'*. What was asked of them at referral and assessment stage was less of a consideration than the fact they felt they were not provided with enough choice, or information, or guidance to enable them to make a decision about a property. Pertinently, though, one client interviewee did reflect on the nature of assessment processes but made the point that this often feels done by rote, rather than as a meaningful and considered part of assessments:

"The thing for me is the mix of the people. To send that person to this place and then that person to another so they fit better and have different issues. The questions they ask before they put you in the house, those questions only make any sense if somebody going to use the questions to actually put people in the right places. They ask about sexuality, mental health, physical health, any allergies but they are not then using it to separate the people, they just ask it because they are told to ask it"

This notion of a 'tick box' scenario was also remarked upon by one accommodation provider:

"It needs a longer assessment process and I think some become a tick box exercise and I don't think all referrals should be a tick box, it's a conversation with that person about where they are at in their lives and what they need help or support with"

'At Risk' and Excluded Groups

Fieldwork for this project revealed that there are particular considerations, difficulties and, in a sense, ethical dilemmas surrounding client groups who are more excluded, or who have particular needs and risk factors. The exclusion of certain groups caused difficulties for referring agencies, often forcing them to utilise accommodation they knew to be unsuitable or of a poor standard as the only option open to their client.

Amongst referring agencies there was an overwhelming perception that services commissioned by the local authority; which were perceived to provide higher levels of assurance over the quality of support and accommodation, and which often had 24-hour staffing and more rigorous regulation and oversight, were either unable or unwilling to accept clients who posed a higher risk, or who had higher support and welfare needs, or a history of non-engagement:

"I personally think the SP-funded places, they get the enhanced housing benefit so double money going into the project, SP funding paying staff wages and the enhanced benefits for the housing costs, so they should be taking the higher risk, or higher support needs, but that is not happening" (Young Persons' Service)

"Commissioning means people drawing away from specialisms because of the outcomes they have and that makes it harder for us and they're chasing the money but do it at a low

cost and then they just withdraw more and more from the people you think they should be helping and then who do you think it is that does house the people they won't take?" (Young Persons' Service)

"The supported accommodation providers should be the direct access hostels, but they are saying 'oh this person is too high needs or high risk'. The SP funded ones and that is where we struggle, and you think, 'this person actually needs that type of supported accommodation' and so we are having to look for shared in the private sector or alternatives as they are not being accepted" (Large referrals hub)

Most agencies were aware that there is a commissioned complex needs unit in the City, but often felt assessment processes took too long, meaning the client had to be placed in unsuitable accommodation whilst awaiting a decision, with one practitioner giving a good sense of the waiting periods involved: *"the complex needs referrals can take weeks sometimes, the quickest has been about ten days"*. There was also a perception that the level of demand meant this commissioned service could only ever reach a fraction of that demand. There was a corresponding sense that the higher the perceived needs of, or risk posed by, the client, the less desirable the options; something that was particularly true for high risk offenders and those with chronic or problematic substance misuse or mental health issues. This left agencies with two very stark options: placing clients somewhere they knew was problematic or leaving them on the streets:

"It's rock and a hard place because if you've got someone with nowhere to go and you have limited choices, is them being somewhere a bit dodgy better than them being on the streets? The majority of the times that is the case"

"What's worse, what's the lesser of two evils, leave them on the street or a roof over the head which is not the greatest but at least it's warm?"

This meant that practitioners acknowledged the need for non-commissioned providers, particularly those that were willing or able to take the most complex or entrenched groups and were grateful that these clients had somewhere to go. However, this recognition that providers were desperately needed – even the poorer ones – often precluded agencies from tackling problems as they would like, and meant they worked hard to maintain links:

"It's churlish to knock people who are willing to accommodate some of the really troubled people who the other services who get the funding and have the contracts won't because else, where would that person be?"

"The client group we work with, complex needs, a lot have been evicted from properties left right and centre, they're blacklisted from mainstream services so if you go and say if we tackled one of those organisations then there's a time we may have to leave a client on the street...it is really rubbish to say that cos the quality is not there but there is that angle that

you have to think about when you really wanna tackle somewhere and say 'what are you playing at?' but that could really affect another 40 people that you need that space for, even for a week or two until you can move them on"

One expert stakeholder clearly summarised the perceived perversity of the current system:

"I do think with private landlords we abandon both tenant and landlord if they've got multiple and complex needs as neither get helped, really, and they end up with the least resource to work with, support and house some of the most needy individuals. It doesn't feel like it's right, does it?"

Referring agencies in particular also acknowledged that the forced use of 'exempt' shared accommodation, that was inappropriate for such complex and high needs groups, was causing individuals to experience challenging environments, giving them a poor opinion of shared accommodation, and effectively closing this off as a future option:

We struggle [due to] past poor experiences of shared accommodation so if you say to somebody 'why don't we look at alternatives?' they say, 'I'm not going in to shared' (Rough sleeper outreach)

"Quite often people will live on the streets because they feel they have more control"
(Complex needs service)

"We try to match sharing as best we can, but some people just can't cope in shared, even if nothing is available and we have to get a shared house and they've had bad experiences, same as hostels, they've lived before and don't want to go back and say 'breach me!"
(Criminal justice service)

One former resident of several shared exempt properties, who had previously slept rough, and has now moved on into settled accommodation, reflected thoughtfully on this issue:

"Some people who are homeless, they stay homeless for a reason as they don't want to get caught up in this system we have here, this system of shared accommodation, they're more unsafe there than they are on the street. 'I'm unsafe'. I remember in that first place I said we need to go and look at the CCTV and they said it doesn't work. That's not secure and I think people stay on the streets as they are safer, they have people watching out for them, in there, nobody watching out for me and I'm stuck".

Alongside the difficulties of safely or adequately placing those with mental health issues, histories of eviction and rent arrears, ex-offenders and those using – or recovering from – substance or alcohol misuse, there were three other groups that were particularly focused upon by referring agencies:

registered sex offenders, couples, and women vulnerable to sexual exploitation or domestic abuse. It is important also to note that stakeholders consistently mentioned the challenges and barriers faced by residents who work, either at the point of access or whilst living in exempt accommodation, with elevated 'exempt' rent levels proving unaffordable and creating what one provider termed "aspiration poverty". However, as this issue is largely tangential to an exploration of safety, risk and wellbeing, it will not form a key part of the analysis for this piece of work.

Couples were often the hardest group to place, as most providers did not accept them, despite the fact agencies felt couples could be a positive influence on each other and reduce potential risks, particularly for ex-offenders or those in recovery who had a more 'stable' partner. Similarly, refugee couples were another group that consistently sought to be accommodated together and practitioners felt that separating couples who were relatively new to the country was "cruel" and could leave both very vulnerable, at risk and distressed. Providers suggested they are often reluctant to accept couples as it could lead to discord and disruption in the house, with one provider suggesting that they would have to probe a lot more deeply to ascertain that the relationship wasn't borne from circumstance:

"We've reviewed taking couples as they are often pretty new relationships and then it ends literally in tears and our first question about couples is, are they a couple? Do they have a year behind them or did they meet two weeks ago or through the homelessness system?"

Several referring agencies expressed concerns about women who were vulnerable to exploitation or abuse and, whilst not always finding it hard to place such women, were far from assured that women would be safe, with one recounting reports of abuse and exploitation from former residents:

"There's been reports of sexual abuse within accommodation by the provider and using it as, using females for sex work and taking full advantage of vulnerabilities of female clients, talks around male staff having sexual relationships with the female clients in the accommodation..."

Most referring agencies felt providers may not have the necessary specialist skills or training to enable them to detect risk factors and behaviours for vulnerable women, although one referring agency did feel the female-only accommodation she utilised appeared to be better managed. Whilst some providers interviewed did have female-only accommodation, this household type stood out as the hardest to manage, and had deterred several from expanding this model:

"I think generally in terms of the referrals we receive in the first place tend to be quite high needs as yeah the needs seem to be a lot more complex for women in this sector of homelessness, they seem to have a lot of other additional needs and with us providing a low to medium support service, it can mean we are left with a lot of voids or some of those issues might develop with them living with us and there seems to be a lot more problems within the houses for females than males. Between the service users"

“We do have a few women only and that hasn’t really always worked particularly well for us, but the houses are generally mixed

Interviewer: *And so the female only, what are the reasons that hasn’t worked for you?*

It may be coincidental but it can be absolute chaos I mean our men’s houses are difficult too but it seems to be over a certain number it can be ok but any larger, more women, it just doesn’t work, constant arguments and issues with partners and so a four bed for women turns in to a seven bed as three of the guys have moved in and I think with the power structure we have in society, the men just move themselves in, in these scenarios the dynamics are different with women’s houses so even if one guy moves in, he’ll just take over the whole house and the other women will be complaining, obviously, he’s wandering round in a towel”

Registered sex offenders were a high-risk, and growing, group that brought particular considerations and concerns, with a clear shortage of providers willing to accommodate sex offenders:

“I’ve certainly seen an increase in the last twelve months of sex offenders coming through. One day I had sixteen in one day and the numbers will grow if they are registered often to twenty years or life and an older population of sex offenders, which can bring its own problems and I had one in a wheelchair and no one would take him, so I got him into a private place, shared, not ideal”.

“I think the reality [with sex offenders] is that we have groups of difficult people and a very small number of providers who will actually take them”

There also appeared to be a level of opposition between criminal justice agencies around concentrations of sex offenders in localities; which often either further limited accommodation options or created tension between agencies:

“Some [sex offenders] are high risk, but a lot probably aren’t, and we sometimes have to argue not all registered sex offenders pose the same risk – not all are at risk of contact offences - and trying to get some sort of differentiation. The police will just count them up and I’m not sure how defensible that position is, but we would argue we haven’t always created a toxic blend, but the fearful thing is there is nowhere else for them to go”

“We have a lot of dynamics at the moment with the police around houses in multiple occupation and sex offenders I think the police service, it is stretching their resources having sex offenders clustered in certain locations, they have some reservations as well around the quality of the accommodation and they would prefer us to house people more widely”

Those providers who accepted sex offenders appeared to have good communication with local policing teams and sex offender managers, although there was at times a tendency for providers to

homogenise all sex offenders and to focus on either not having too many in one house, or on making sure they weren't near a school, seemingly regardless of offence, and rather than on the particular considerations of managing a house with one or several sex offenders may entail, separate from basic risk and restriction information at referral point.

Partnerships, Communication and Co-operation:

The lack of formal or robust regulatory control or oversight, and the largely hidden nature of the sector has led, particularly, frontline practitioners to explore other, more informal, means of regulation and information-sharing, in an attempt, predominantly, to mitigate the risks to clients and staff.

Referring agencies and risk mitigation: self and co-regulation

Referring agencies generally stopped using providers who they had concerns about, with varying levels of engagement with those providers before they were removed from their active referral lists. Some referring agencies discussed their concerns with providers before taking a decision to cease referrals if appropriate, whilst others did not, or felt unable to, engage if the concerns were serious and sensitive. Concerns around property standards were issues that most agencies felt more confident and comfortable in addressing, whereas reports of criminality, abuse and risky behaviour were often a cause of difficulty and distress. Another difficulty was the fact much information appeared to be anecdotal, or second hand, or disclosed by individuals who has since vacated a property and did not want to pursue the matter further:

"There are just lots of rumours, but you have to be able to substantiate it. People get frustrated and I absolutely get what the police are saying, unless you have evidence it is just a vicious rumour and all we can do is keep sending it over, so we build a picture"

"The other thing I struggle with, and I still don't really know or have the answer is say if I'm working with a client and he said 'I was with this housing association so and so months ago and this happened' cos he was saying that there were a couple of women in the house who had been abused by other members of the house and I have absolutely no reason to disbelieve the client but it's really difficult to know what to do with that information because it's not present, and it's one person's account of somebody else's account of something happening and you've had no involvement"

One referring agency dealt exclusively with the Registered Providers, and had regular, formal meetings with them to discuss concerns, whilst most other referring agencies engaged reactively, in response to issues or complaints, if they felt able to address these themselves. Most referring agencies were aware that there was currently insufficient communication between them, in order to share concerns and to ensure organisations were privy to some of the more concerning issues, which was seen to help allow referrers to make more informed choices:

“X will use accommodation we have decided not to use anymore. We’re both under contracts from the council and we will raise them but there isn’t a process where we all agree to stop using a provider and to all talk is good, and share information as they might hear something we haven’t”

We had one recently and some concerns were raised about this provider – some very, very serious concerns - and there was a blanket ban [across or services] and we agreed no referrals to them and then it cropped up, a service user and he said ‘ooh this is the place’ but [another statutory organisation] had referred in. We can’t really do anything about it and it’s all those things that just add to the confusion, really”

Referring agencies felt largely unsupported with regards to the scale and the scope of the issues presented to them, and the fact they were often dealing with fairly high-level concerns, but felt there was nowhere to take these, or that there was a lack of guidance, and acknowledged that they were effectively being left to regulate, and in sense enforce regulation, upon a sector they had little power to actively change:

“It’s too unregulated, I feel as if we are just left to deal with it in a sense and you’re left to deal with it yourself and some are really concerning and I don’t feel equipped to deal with that...no one is regulating or saying this isn’t acceptable or no top line and we kind of end up, we put things in place for us but it will never be resolved by us and it will continue and sometimes I think providers want a resolution but, so ok there was an issue with safeguarding and then I don’t feel comfortable going to that provider to deal with it because how do I know I am safe and I don’t feel equipped to investigate it either and also they are getting this exempt status but why does no one monitor them? It’s a massive thing, shocking really, a massive thing”

“I do feel that enforcement is left to the people like us, the people in the sector who are already stretched and it’s not really our job but we’re, we’re doing that, and it would be good to share concerns with other organisations”

Landlords and Risk Mitigation:

Overall, communication and partnership working between providers, and with statutory bodies, was low; with a minority of providers having very strong links with the local authority and the wider homelessness sector which was, arguably, largely aided by their previous work and professional roles within the City. Some providers had good relationships with the police, although this appeared dependent on the areas where they had housing stock, and whether they regularly housed higher risk offenders, particularly registered sex offenders. Feedback from one Registered Provider gives a sense of the perceived lack of cohesiveness and engagement:

Interviewer: *“So, is there ever any communication within your sector?”*

No, not at all, we don’t even come across people and our new board member asked the same, as they can’t quite understand why there isn’t, and it is understandable if you aren’t in the sector, but there’s absolutely no contact at all between the six or seven main providers”

Providers saw a particular benefit in having better relationships and information-sharing between each other, which was seen to help with management moves for residents who were struggling within their accommodation, and for reasons of risk, safety or wellbeing, or for those perhaps not best suited to their current housing stock or capabilities. Those organisations working under a Registered Provider had links to others also operating under that Registered Provider, which was seen to give better options to those who they were having difficulties managing within their own stock.

More importantly, however, better links and information-sharing, between both referring agencies and providers, and between providers themselves, was seen to help mitigate for the risks posed to providers of accepting residents who had a history of violent or disruptive behaviour, or of consistent and protracted difficulties safely coping in shared accommodation. There is currently no mechanism for this to occur, largely due to the lack of ‘tracking’ of an individual once they have been placed, and the volume of self-referrals. Whilst referring agencies did sometimes attempt to manage risk by sharing information about poor or potentially unsafe provision, information about individuals who pose a risk, or perhaps need more joined-up care and support, was seen as a gap in providers’ attempts to ensure safe environments for staff and other residents:

“What happens when [a client] tries to set fire to a place, so he’s an arsonist and he’s in a [Registered Provider’s] house, so they have to evict him because he’s an arsonist, and he just goes to [another Registered Provider], do the first provider have a duty to say to the second ‘this guy’s an arsonist, you’ve just put him in a house with 10 other people he’s a risk’ and then he does it again, and no one dies but there’s a problem and then he goes to a third provider and then he just goes round and round the system”

Engagement with local policing teams was inconsistent, with those who had formed good relationships suggesting it assisted with safe accommodation placements, antisocial behaviour or community-based concerns. Most, however, suggested that cuts to policing budgets or individual staff changes had impacted on their ability to form close and consistent relationships with policing teams. However, one local policing team interviewed for this research had a high concentration of HMOs and exempt providers in their area and had worked over a number of years with one provider to help improve their referrals and management practices and vastly reduce the risk to clients and staff, stating that *“[this exempt provider] function quite well now with us but it took a lot of work with our councillor to get them to that point and I mean pre the work with the councillor and putting pressure on them, we were going to look at a closure order to try and close that business.”*

For the last ‘six or seven years’ this local policing team have been using what they termed the ‘Legal Waiver System’ as *“the reality on the ground was, [local providers] get a referral form through from wherever, can you house this person, they’d do their form, so they wanted a reflection of the individual they are going to be housing [because] in fairness, these organisations are often housing people based on information that isn’t true”*. This Waiver System allows exempt providers, with consent of the prospective tenant, to ask the police for risk indicators and a ‘true reflection of

character' without disclosing any convictions, aside from arson with intent to endanger life. This local team suggested this was working well to reduce risk but that high staff turnover and the time-sensitive nature of referrals meant that providers "don't always have time to send another form and wait for us to answer".

This is not to suggest that other initiatives to engage with providers have not occurred, often driven at a local or community level, but these do not seem to have had a large degree of success. One provider discussed a previous local initiative run by a ward councillor that had not succeeded:

"I had some contact with a councillor in [a ward of Birmingham] and she wanted to get all the landlords together as she was worried about where people were putting houses [and] I met with her and to this day this hasn't happened and I suppose she is finding it difficult to get this myriad of providers together and it is indicative she is struggling...so she must be getting resistance and she did talk about that resistance and non-cooperation on a local level with certain providers in [that area] and how they respond to councillors"

Another provider gave an interesting perspective on why many may not engage with any initiatives or forums, suggesting they are aware of how negatively they are perceived, and that they constantly feel attacked or derided, and so disengage:

"I'd like to share stuff in forums, capacity building, things in the local area, and it just raises the social capital of the area and [our type of provision] has got such a bad name, bad reputation so you constantly feel like you're defending before you can be positive about things and that's why I feel defensive of my women and they work and try so hard and I am protective and I don't like to see them as 'social tenants' they are just women, yeah, forum-wise a local area forum would be great, I think we do have one but I'd just be so nervous to go to it as I'd feel in the firing line"

Engagement with the local authority, aside from with Housing Benefit teams when initially setting up as an 'exempt' provider, with one or two exceptions, was very low. Providers often felt as if they were operating in silo, with no avenues for feedback or inclusion, but all suggested this is something they would welcome, without knowing how best to achieve it.

Non-commissioned Supported Accommodation Practitioner Forum and Standards Board

During fieldwork for this report, an 'Non-commissioned Supported Accommodation Practitioner Forum and Standards Board' was in the early stages of implementation. This initiative was inspired, in part, by the work of Manchester-based charity Justlife, whose research into what they term 'Unsupported Temporary Accommodation' recommended the setting up of 'Temporary Accommodation Boards' to help oversee, regulate and agree priorities around more unregulated and hidden accommodation sectors (Maciver, et. al., 2016). This has seen such Boards set up in Manchester and in Brighton, with a recent feasibility study in Hackney suggesting a similar model

could work well in that area (Yates and Maciver, 2018). Observations of the early stages of this initiative in Birmingham have highlighted the range of competing concerns and priorities from stakeholders, with varying perspectives on what is the root cause, and thus solution to, the 'problem', alongside the associated and inherent difficulties of establishing priorities and achievable solutions within such a broad and complex context. However, initial engagement for the Birmingham initiative has been encouraging and it is hoped that this will in time form part of longer-term practical and strategic attempts to bring better oversight, collaboration, stewardship and transparency to the sector, with a view to informing and supporting a nationally-led oversight regime within the supported housing sector.

Discussion and Implications:

It is clear that the lack of clarity and transparency about what the 'exempt' sub-sector is offering can be confusing for both practitioners and clients, potentially hampering effectiveness and safety of placement and rendering the sector difficult to navigate. Overall, the need for accommodation, and the lack of feasible alternatives, rather than the need for a certain type of safe or supportive environment, often appears to be the overriding factor driving placement or access.

It is also clear from an investigation into the positioning and utilisation of exempt accommodation, and of associated referral processes and mechanisms, that, whilst the sector is catering for individuals at all points along a 'pathway', the weighting of provision and access towards 'crisis' and time-sensitive or emergency placements is a significant barrier to providing appropriate levels of choice, and to conducting in-depth risk and suitability assessments. The move to a 'prevention-based' system will undoubtedly require a longer-term culture shift; something the Homelessness Reduction Act, Birmingham's Homelessness Prevention Strategy and the West Midlands Regional Homelessness Task Force are working towards implementing.

When surveying homelessness provision within a locality, it is also important to acknowledge that, in practice, experiences of homelessness, and of support provision, are often not as neat or linear as models may suggest, and there is nothing to suggest that accommodation provision must be rigidly prescriptive, with units segregated into specific 'functions' along a 'pathway'. Indeed, there is evidence from local authorities of mixed sites providing accommodation for individuals at various stages along such a pathway (Camden Council, n.d.), although there is a clear argument here that levels of support or an individuals' designated entry position along a pathway should be tied to housing costs; something that would also help with the current perception amongst many practitioners that the relatively high exempt rents equate to high levels of support.

Similarly, some commentators assert that approaches that avoid segregating individuals in terms of, often, sectoral or societal notions of their 'need' or ability to progress along a support 'pathway' may increase client choice, wellbeing and integration (Clapham, 2017). However, in terms of risk mitigation, safety and wellbeing, it is important to consider the multi-functioning of the 'exempt'

sub-sector, and the fact that, for example, what are essentially small, residential shared houses are potentially being utilised to provide both immediate relief for roofless, or entrenched, individuals and a 'step down' or 'recovery' from a period in more structured and institutional settings. The ability to mitigate for personal risk and ensure safety and wellbeing within, particularly, smaller, shared houses catering for a wide range of needs and 'journey points' may be difficult without clarity and focused strategies around governance, management and support planning, in alignment with wider local and regional authority plans and strategies.

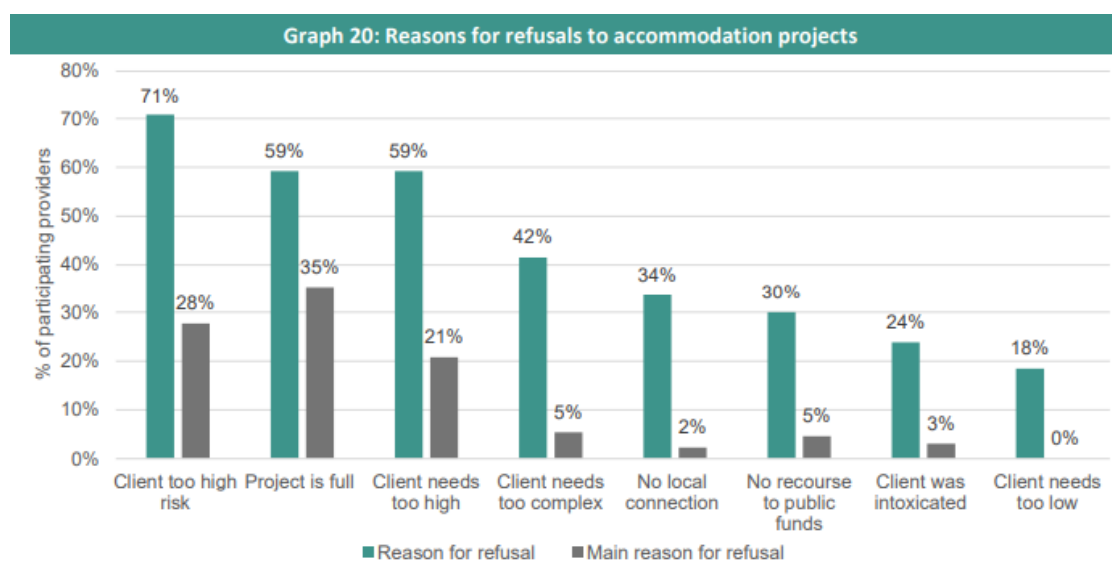
Research for this project has also uncovered a heavy reliance by statutory service such as prisons, hospitals and local authority housing and social services departments, on either the exempt sector itself, or on visible referral hubs within the City. Without further evidence on the processes behind inward referrals, alongside market analysis on accommodation sectors through the country, it is difficult to ascertain whether placements are being made due to a shortage of more suitable available accommodation, both within and outside of Birmingham, a desire by individuals to access the sector or the City, or a combination of the two. There is certainly a perception by internal stakeholders that the lack of available or accessible accommodation, particularly in smaller local authority areas and for individuals who are excluded from services or displaying 'problematic' behaviour, is creating a 'push' factor into the City. Previous research into the use of less formalised and regulated types of provision for homeless individuals uncovered similar factors behind 'inward migration' (Irving 2015, 14; Spencer and Corkill 2013). In more general terms, the exempt sector's lack of 'local connection' criteria, something which remains a controversial aspect of local authority-based housing and homelessness assistance, can be viewed as a positive attribute, ensuring individuals are not denied housing provision; particularly those who are perceived to be more 'problematic'. There is also the related concern of those released from prison being advised, or wishing to, move out of their area of origin to break ties, associations or 'negative influences' in order to aid effective and lasting rehabilitation (Clinks, 2018). This exposes a clear need for accommodation that does not stipulate rigid local connection criteria. However, the ability of small, largely unregulated and unmonitored, housing organisations to adequately and safely cater for such excluded and transient groups remains a key point of concern. Similarly, the apparent high density of high risk offenders living in shared exempt accommodation in Birmingham, set against the exemption of MAPPA level 2 and 3 offenders from the Shared Accommodation Rate of Local Housing Allowance due to the high chance of shared accommodation being unsuitable for this group, creates a distinct, but deeply concerning, irony.

The Homelessness Reduction Act will, from October 2018, introduce a 'Duty to Refer' for a range of public bodies, including prisons, probation services, hospitals and social services departments, which will likely have an impact on the nature of referrals into exempt accommodation. This places a duty on the designated public bodies in England to *'notify Local Housing Authorities of service users they think may be homeless or threatened with becoming homeless in 56 days. The public authority must have consent from the individual before referring them and the individual should identify which LHA they would like to be referred to, as they would if approaching a housing authority directly'* (MHCLG, 2018). This duty may reduce the amount of 'crisis' or unnotified placements and referrals into exempt accommodation and introduce a greater level of prior assessment and joint working between agencies. However, the prevailing notion that there is a stark lack of suitable and affordable alternative options for those residing in, or returning to, Birmingham, and for those from outside areas, leaves a large question mark over whether this new duty will lead to a reduction in the utilisation of exempt accommodation in Birmingham for clients who come into contact with public bodies.

Interviews with referring agencies and accommodation providers lend weight to previous, smaller scale, practice work on shared accommodation for homeless or vulnerably housed individuals; that effectively and safely ‘matching’ households will never be an ‘exact science’ and often relies on perception, experience and a level of unavoidable risk. Referrals and assessments, outside of those carried out by criminal justice agencies, can only really uncover what an individual is willing to disclose, and in a system that has effectively ‘designed out honesty’; penalising people for being candid about their problems by either refusing access or shunting people into the least desirable accommodation, it is increasingly difficult to use initial assessments as a gauge of suitability, need and risk. Practice-based work by organisations such as the Mayday Trust have criticised this reliance on externally imposed notions of ‘need’ and ‘risk’ which can alienate and dehumanise individuals, and advocate for ‘strengths-based’ systems of assessment (2018). There is certainly a strong case for guarding against the penalisation of individuals for failing to fit into acceptable and manageable categories of ‘need’ and ‘risk’, but this must be balanced with an imperative to safeguard individuals who are living in, often, small-scale units without 24-hour supervision, suggesting a stronger place for consistent, and more psychologically informed methods of assessment across the sector and stronger awareness of the notion of ‘risk enablement’ within Adult Safeguarding practice (see BSAB, 2018).

It is also important to note that non-commissioned provision in Birmingham is not based on any strategic needs assessments or local planning around service provision. In effect, as long as a provider meets the criteria for ‘exempt’ provision, they are able to set up and, in many cases, continue to grow their stock. This may create the position where providers feel pressure to fill their voids, relaxing access criteria or widening their referrals net to include an increasingly diverse range of clients and referral points, which has wider implications for client safety.

The strong theme of commissioned service exclusion for more high risk, high need or excluded groups during interviews with, particularly, referring agencies has not been qualified by data on refusals from local Supporting People services, which was unavailable at the time of writing. However, the fact that experienced practitioners regularly report this barrier suggests that this is an area that merits further attention. The Homeless Link annual survey, although only providing a snapshot of provision, suggests that this is a strong theme across the country:



N: 130

Annual Survey of Need and Provision, Homeless Link 2017

Despite the clear benefits of what is now, nationally, a vastly reduced Supporting People programme, Dwyer et. al.'s research into the exclusion of single homeless people with complex needs from homelessness provision criticised the Supporting People programme as *'demanding more from homeless people themselves in return for public support'* and suggested that the next step requires us to *'confront the assertion...that we are comfortable with the ongoing exclusion of homeless people'* because this *'satisfies mainstream society's desire to punish them for continuing to engage in deviant or irresponsible behaviour'* (2015; 22-23). Few interviewees appeared aware that commissioned, Supporting People funded provision generally attracts higher levels of funding – through 'exempt' Housing Benefit for housing related costs and grant funding for support costs – which again suggests the need for further enquiry into the implications of expecting a largely unregulated, possibly less adequately funded, trained and equipped sector to 'pick up the slack'. In some senses, too, the exempt sector has become indispensable in terms of accommodating the most complex and 'hardest to house' groups, which has implications for any longer-term plans to regulate the sector or control its growth.

Overall, the lack of strong or coherent partnerships within and around the exempt sector, and a lack of clarity over information-sharing, is proving a barrier to stronger oversight, joint-working and attempts to remove some of the opacity that often appears to lead to mistrust. The work led by Birmingham Safeguarding Adults around creating a space for collaboration and communication appears to be welcomed by a range of stakeholders. There may, however, be a concern that, since the recent government announcement that the reform of supported housing funding will no longer go ahead, the impetus and drive to reform and bring better standards, safety, due diligence and monitoring into the exempt sub-sector in Birmingham has been lost. Nonetheless, the mooted, although as yet undefined, assurance by central government that a 'sound and robust oversight regime' will be introduced, and the enthusiasm and commitment of stakeholders to continue with collaborative action, has ensured that the drive and impetus has not only been maintained, but is likely to strengthen.

Through the Front Door: Life Inside Exempt Accommodation

This section moves beyond investigation into referral and assessment procedures to begin to uncover some of the lived experiences of those resident, or formerly resident, in shared exempt accommodation, using in-depth interview data to highlight key themes and concerns.

Research interviews found that lived experience of exempt accommodation was largely negative, with most residents feeling forced to share, either due to a lack of any other options, or a lack of options being presented to them at a point of access. Experiences of actual or threatened and perceived harm and violence were common, alongside a loss of control and security within shared accommodation; consistent problems with substance misuse; inappropriate mixes of residents and ensuing detriments to mental health and wellbeing. The support offered to residents within accommodation varied; from little to no support through to more holistic and appropriate levels for some individuals. Some residents had positive experiences within shared contexts, particularly in terms of the friendships they formed and the respect and care they received from staff, although these interviewees had all lived in more than one shared exempt property; ultimately experiencing a negative situation in one before finding somewhere more appropriate, and conducive to their safety and progress.

It is important, also, to note that physical condition of properties was mentioned by some of those interviewed; with stories of rats; filthy kitchens; used needles; dirty or soiled bedding, showers and carpets all experienced to varying degrees. Most felt their complaints were not addressed or felt providers were often too slow to act upon issues and in most cases, residents moved to another property in response to physical standards or conditions. However, interviewee complaints around physical conditions were largely dwarfed by concerns over who else was living in the property, and how safe and supported people felt within their environment. As one young interviewee who had endured a difficult and distressing three months in a shared property, which was still causing him mental health problems succinctly expressed:

“I thought this place in [North Birmingham] was nice, looked nice, the building was nice, clean, [the support worker], he made it sounds nice, everyone gets vetted, no drugs nothing like that and even though it was all the way in [North Birmingham] and I had college in [South Birmingham] and I took the place as I thought it’d be peace of mind, somewhere to grow from but nah, it was the opposite. Awful”

Referral agencies did note concerns around physical standards, although several commented that properties ‘willing’ to take complex and high-risk individuals were likely to suffer greater levels of wear and tear, and that allowing for this whilst still maintaining high standards and feasible options for such groups was a very difficult balance to achieve.

Housemates:

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. Concerns around sharing space with offenders who they knew little about, and with people with mental health issues, were also key points of concern, and key threats to perceptions of safety:

“One served 12 years sentence and someone else served 20 years, someone else 5 years so it’s just like a prison camp, do you know what I mean? It never feels like a home”

“These shared houses have driven me back to drugs to be honest. The last place was just a doss house. The two lads on my floor were crack heads and the schizo guy downstairs was smoking heroin so as a result of that and being round them sort of people has driven me back to drugs”

“It was pretty difficult. I wasn’t using at the time, I was clean but could hear the lighter clicking next door and the next-door neighbour was a heavy drug user and so not the ideal situation”

Relationships:

Some residents had managed to form positive relationships with other housemates, but whether this was down to chance, or to design, was difficult to ascertain. Others felt it was very hard to try and form any relationships as they did not know who else they lived with and so felt trepidatious, or felt other residents were suffering from issues too complex or frightening for them to be able to communicate effectively, as one interviewee described: *“How can I make an argument logically when I can see he is clearly on drugs or on hunger for drugs? I just don’t know how to talk to such people. So, it is difficult to share the space”*.

Two residents, Tina and Anthony, recounted much more positive experiences with housemates, forming lasting friendships and more communal ways of sharing their space and Kit, a resident of a small exempt hostel, felt shared living had positive attributes, without being quite certain what these were, suggesting that *“even if you don’t get along with everyone, maybe you feel more like you are a part of something, being around people, maybe that’s a positive aspect of it? I don’t know”*.

However, Tina ultimately had to leave the house she felt comfortable and safe within due to bullying from a couple who moved into the property and Anthony was recounting his third exempt accommodation experience after suffering a life-changingly violent incident and extremely poor conditions in previous houses. It is interesting to note that the house Tina lived in had regular house meetings; something that did not occur in her newest property, but something she felt would be advantageous as good practice to help manage issues and reduce fear and isolation:

“It might be useful to have a house meeting once a month, with everybody just to say hi and just ‘are there any issues?’ and again, that could be a preventative measure, or it could nip things in the bud before and stop them building and I think it would be good for the dynamics as well, just to get to know people because if you’ve just moved into a shared house, you don’t know anybody and I think it’s one thing, loneliness is a killer and I think it’s nice to know who you live with “

There did not seem to be anything materially different about the referral circumstances of residents who had the most positive experiences with housemates; indeed, one had ‘self-referred’ through the internet and thus had no mediating influence from statutory or third sector referral agencies.

Safety and Harm:

Privacy and isolation:

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:

“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”

“Literally everyone just locks themselves in the room and the majority of people have come out of prison or have mental health problems so obviously that’s the type of property it is, but it feels like everyone else...sometimes I do feel quite scared to go back into the property”

“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”

One resident suggested that the lack of privacy within his accommodation caused problems not only for his personal wellbeing, but also for how able he was to interact productively and honestly with external sources of support who visited the property:

“When the home treatment centre come to see me, they discuss personal issues and there is no communal lounge so I have to take them into the kitchen as I can’t take them into the

bedroom and people come in and out and I feel like I'm not being honest with them as there are other people in the house, just no privacy so I find that quite hard"

In some senses, the high levels of self-isolation reported can be viewed as a reaction to uncertain surroundings, the loneliness engendered by not knowing anyone else in the property or surrounding area and of the isolating experience of homelessness more broadly. However, it could also be viewed as a self-protection strategy – part of a number of behaviours residents reported in order to keep themselves as safe and well as possible. Some residents reported changing their 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:

"You gotta keep yourself to yourself, don't put anything on show, if people ask you for money, you're always broke, keep yourself in your room and keep your distance, do what you've gotta do but pretend to be broke, basically".

I'm friendly but at arms-length. So, the other day [a housemate] went 'I shouldn't be asking, but have you got any spare food, I get paid tomorrow, but I haven't got anything' and because I'd been to the food bank, I'd got some extras, so I was like 'yeh, yeh, not a problem, not a problem'. I don't want anybody to be starving in the house kind of thing but it's hard to have to do that. So, I know her, and I know the one guy to speak to, to say hello to, so I'm still keeping myself to myself"

The sense of 'putting on a front' and having to be someone you are not in order to live safely in shared accommodation also appeared to have profound, and deeply concerning, effects on mental health, with the duality of personhood developed to survive in uncertain shared contexts ultimately resulting in crisis:

"I turned up [at the second exempt house] and the extremity with how my mind reacted when I took away how you act, you put on front sometimes to cover up how you really feel inside and when I took away that, which I couldn't do for one second longer, it almost killed me trying to be something I wasn't in that place and I couldn't do it a second longer and so when you took away that and, my mind reacted in such a way it was really extreme" (Kit)

"I don't know why I started hearing voices, if it's anger or pretending to be someone I'm not so I felt like I was too different people with [a difficult and threatening housemate] and, mentally, and it was draining and also I've been on...well, it sent me a bit suicidal and all" (Johnny).

Safety and Security

Alongside self-protection strategies and perceived or actual breaches of privacy, residents reported a number of incidents where their safety was threatened or breached, or where security measures within a property were possibly insufficient to keep them safe. Three residents reported that they had lived in properties with no lock on the bathroom door, with one of these residents a female and living in a mixed sex household. Others reported 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, and police raids.

“People were using drugs, coming in drunk, the door not being locked, me not feeling safe, not really safe -as-a-person-safe but the only stuff I had left, not feeling it was going to be safe when I left the building. I think for the first few days, I took everything with me when I left, a bag on my shoulder but it became too hard after a while and I just had to leave it”

“There was someone walking round the house and I was like ‘who are you?’ so you see someone new walking round the house and they have no introductions not like ‘this is the new person’, so how am I supposed to know if people are supposed to be there?”

Violent incidents were experienced or witnessed by residents, along with bullying or intimidating behaviour. Two residents with long-term alcohol issues spoke of violence towards them or of residents attempting to take advantage of them, with one physically incapacitated and the other feeling that his vulnerabilities were apparent:

“The one lad tried to burn me. I broke my ankle, so I’ve got plates and pins in my ankle and I was lying on the sofa as I had walking sticks. Next thing I knew I could smell something burning and I thought ‘what’s that smell?’, woke up, sitting on the side of the sofa where I was lying, and he’d lit my mattress and it took two months before they threw him out”

“There was an incident with a guy who lives underneath me and he offered me, well I think he knew I was quite vulnerable and he offered me £1000 a day to drive because he lost his licence and he was delivering drugs and I was like, well I spoke to a friend in the house and he said ‘don’t do it’ so I didn’t and now I feel like it is hard being in the house with him but I know he is off with me as I backed out”

One former resident who had suffered a serious injury recounted a distressing tale of moving into a new property, not knowing who else was supposed to live there and inadvertently letting in the just-evicted residents from the property next door:

“About twenty minutes later [after I arrived at my new shared accommodation] the door knocks, three guys outside and I didn’t know who they were. They were trying the key and they said ‘hi, do you live here?’ and I said, ‘I’m new’ so they said ‘OK’ and walked in. For the

next five hours I was practically physically and mentally abused and assaulted and it was hell...and if I wasn't injured it would never happen this way and this got me. I sat there crying for a while as I realised I was so vulnerable at that time and these guys were taking advantage of me because of my vulnerabilities, not because of who I was or my skin colour, because of my vulnerabilities".

There were various means and strategies by which residents dealt with actual or perceived threats to their safety and wellbeing, with the majority having received assistance from an outside support agency to move to another provider. A smaller number received help from the original accommodation provider to find a more suitable alternative or were currently still living where they felt uncomfortable or unsafe but were unwilling to complain or felt nothing was ever done. Two had recently 'voted with their feet' and returned to the streets until they were willing to try an alternative. Referring agencies often dealt with residents of exempt properties who were unwilling to remain due to difficulties and would often simply help that client find an alternative. Those that did attempt to mediate or resolve situations on behalf of clients felt that often things were never fully resolved.

It is important within this exploration of safety to draw upon providers' experiences of Safeguarding, of dealing with vulnerable adults at risk of harm, or of risky and violent situations. Most providers interviewed had Safeguarding policies, although one newer provider said it had not been their primary concern initially, although it was '*moving up the list of priorities*'. Some had received training, but it was not clear how regularly this was updated. One provider had very detailed Safeguarding policies, were a partner of the Birmingham Safeguarding Adults Board and ensured all, from maintenance staff to senior management, received training and briefings on Safeguarding issues, with the awareness that this was a collective responsibility and that maintenance staff were likely to witness or notice things during the course of their activities and needed to be attuned and equipped to respond to this.

All providers recounted difficulties within their properties, from more benign resident disputes to violent or criminal activity, with one provider claiming that police call-outs to their property had vastly reduced as they had gained in experience and expertise. Several providers had dealt with issues themselves, recognising and responding to risk during the course of their housing management duties:

"It certainly happens too that we have incidences of exploitation and financial abuse and the support workers will be attuned to that through their regular visits and we have moved people if they are at risk and those general observations help to keep attuned to changes and things that don't seem right"

whilst others felt that statutory responses to critical situations were often too slow, causing situations to escalate:

"To be honest I think it is lengthy, trying to bring all the agencies together and we had an issue here last year with a guy that had mental health, drug issues, alcohol issues and had a breakdown one day and we tried to get police here, paramedics and they couldn't come straight away...I think it was three or four hours later when they eventually arrived and

unfortunately the windows had been smashed in and it meant he had to leave and I think sometimes it needs to be quicker and it doesn't always work quickly"

Several providers had attempted to raise Safeguarding concerns with the local authority, or harness multi-agency responses for more complex cases, and all expressed how protracted and difficult this process could be. Some providers felt that when a resident was deemed to have capacity, they were left to deal with the situation alone:

"We did suspect financial abuse, a while ago. We did contact Safeguarding Board but they said she had capacity so that is one of the challenges we have, the police won't do anything as it's not to that level where they can intervene but there is no other avenue really to support that person, if they have capacity. We were given general advice over the phone by Safeguarding but nothing we weren't already doing, yeah"

whilst others felt social workers merely looked at the client 'having a roof over their head', rather than at the wider wellbeing implications of that roof:

"We had a resident, he was 73 and residents were taking money and cigarettes off him and also it just wasn't the right place for him, he shouldn't have been here anyway, and I reported it to Safeguarding two or three times and they just ignored it, they didn't do anything then a social worker came out and she said things that...it wasn't taken seriously and we advocated so hard and said this is a 73 year old man, he shouldn't be in this environment but the way they saw it, is he'd got a roof over his head and staff on site 24 hours a day and they just believed everything he said, they said he had capacity, they asked 'do you wash, can you cook' and he's like 'yeah' and neither were true"

"There needs to be more joined up working between social services and housing providers, we're constantly hitting the block that the client has capacity and could make informed decisions but this one guy he was completely immobile and needed assistance taking his meds. We don't give 24 hour care and have never suggested we do and there's a risk to the client in the accommodation but social services aren't taking this into account and continue to just quote legislation. No consideration of his wellbeing and quality of life".

Licence Agreements: Insecurity or Safety?

The majority of exempt accommodation providers within Birmingham use licence agreements as the main tenure, and it appears that only one Registered Provider, and those operating under its 'umbrella', instead use Assured Shorthold Tenancies. Licence agreements afford few rights and minimal protection to residents and, dependent on the circumstances within the dwelling, can be terminated with very little notice. The two types of licence agreement are often known as 'protected' and 'excluded' licence agreements. Within the Protection from Eviction Act 1977, those who inhabit a property where they do not have exclusive possession but have self-contained

facilities (such as toilet, bathroom or cooking facilities within their own accommodation) are given greater rights through a 'protected licence', and a landlord must serve a 28 day Notice to Quit before applying to court for eviction if the resident does not vacate within this time frame. Also under this Act, certain resident occupiers can be designated as 'excluded occupiers', meaning a landlord does not require a court order to evict; needing only to give 'reasonable notice'. Registered Providers can grant excluded licences to those living in hostel-type accommodation that they manage, where the licensee shares facilities. Interviewees with residents, referring agencies, expert stakeholders and providers revealed ambivalence about the use of licence agreements, with a distinct tension between affording a resident stronger rights, security and the ability to comfortably challenge their situations, and allowing for ease of movement, which may potentially enhance both resident and staff safety. Referring agencies in particular felt that licence agreements left residents with little ability to challenge their circumstances or seek recourse and redress, for fear of eviction:

"Evictions can be immediate and there is no talking round a service, you can advocate but it doesn't work but licence agreements are horrific for clients as they are constantly on eggshells and that is another reason why clients don't complain or say anything because anything could be said and their licence agreement has been terminated, it's like you fall in line and you don't have a voice; there is no process no appeal"

"Not everyone feels able or confident to go to the landlord, they don't want to be kicked out or homeless again, so it's put up or shut up"

Residents did not focus on this issue as a key source of concern for them, although many did not seem to fully understand the security of their tenure to be able to explicate any further on the issue. One resident, Tina, however, spoke at length about licence agreements, suggesting it caused her some difficulties:

"I don't really like license agreements to be honest because they're on a weekly basis kind of thing. So it's I feel if you could, if there was something between, I know there's secure tenancy and non-secure tenancy, but I think if there was something else between that would make you feel a bit more secure because you know that, as I say, when I had the issues with the previous tenants, it felt like if I didn't sort it, then I could get evicted kind of thing. So, you do have that feeling of insecurity and the one thing about being homeless is that you feel insecure anyway and if you feel even more insecure, it's like you're teetering on a knife edge. And you don't want to have that feeling of insecurity and you do your utmost, you're happy to, you've got somewhere to live, but it's hard to know that you're living on a week by week basis kind of thing".

Providers discussed the use of licence agreements largely in terms of their housing management function, helping to keep staff and other residents safe by allowing for the removal of residents who were a threat to safety, with those who had tenants on Assured Shorthold Tenancies suggesting this could cause real difficulties in terms of managing risk, as there was no swift exclusion processes available.

One provider also suggested that 'excluded' licences are being used by some providers when, legally, 'protected' should be the type used, and that this had potential ramifications for resident security, whilst acknowledging that licence agreements in general, if used appropriately and legally, were an important safeguard when working with potentially risky and complex populations.

Support, Engagement and Progress

Staff Engagement and Capacity

Client attitudes towards staff within properties varied, with several reporting incredibly positive relationships and of feeling valued, calling staff 'awesome' 'A1' and 'really helpful', although others did note that they did not feel their support worker had the requisite experience or had too large a caseload to give them the time and attention that they required.

"The support worker, I would say he was a good guy, I would say that, personally, but when it comes to the job of a support worker, no. I think he was a bus driver before and one guy for thirty or forty people, so I didn't see how he could do it anyway"

"My [external] support worker is a better support worker, [the property support worker] has five houses to deal with, with people all going through different and similar situations so kind of mental side of it starts to feel like she just listens but doesn't help"

Practitioners, expert stakeholders and referring agencies also expressed concerns about exempt accommodation support staff capability and capacity, although to a far greater extent. Many suggested, in general, that support worker turnover seemed high, that caseloads were often equally as high, staff often seemed inadequately equipped to deal with such complex and high need clients, and that often professional boundaries were lacking, sometimes putting clients at risk:

"The staff turnover seems quite phenomenal. I don't know what training they receive, and that is the other issue as these people are supporting some of our most vulnerable and if they don't understand drug, alcohol, mental health and if they don't understand then how can you support that person and it is really obvious to us that that training isn't there. Really obvious".

"I have noticed there is a high turnover of staff within support organisations, quick burnout rate...they get through workers like nothing, working with complex needs without training, which you can't do really, and they are expected to work over their hours, run around the City. Imagine a caseload, complex needs, which should be smaller anyway, having 45 people you are trying to work with. Constantly fire-fighting so the client don't get stability in the accommodation, no consistency as the staff turnover is so high but it is, and those workers

are holding so much risk. We see people once a week, twice a week and do risk analysis with them but imagine if it's in where they are actually living".

"There is a lot of good will, good intention but sometimes it is a little bit blurred and they sometimes do have a good rapport with tenants, but they need to be sure of boundaries and relationships"

There were minimal reports of unprofessional staff behaviour by residents interviewed for this research, although one talked at length about the behaviour of the house support worker who tried to "guilt trip" him into paying his service charge by talking about his personal financial issues and another felt he was "set up" and subsequently evicted by a support worker he did not get on with.

Nature of Support

Clients' experiences of what they perceived to be support varied, although it was difficult to ascertain what 'good' or sufficient support would be; usually being defined by interviewees as listening, showing kindness and assisting with practical tasks. Almost all interviewees had lived in more than one 'exempt' property and had experienced little to no support at some point, with some feeling they had only really seen support workers 'when they collected the service charge'. Over half the interviewees had experienced positive and consistent support and suggested that the emotional support was the most beneficial aspect, and helped with the difficulties of experiencing homelessness and living in shared or temporary accommodation:

"For me it's the ideal environment to be honest because the caseworker I had before, I only had one session with him and the only thing I required was to help me get on the housing list but then I never saw him again after that but my keyworker I've got, so far she has gone out of her way to help me with things so it's just ideal in that sense"

"It was like free counselling every week which was nice. And if I was having a down time, I knew that she'd be there once a week...and yeah, it was nice to be able to have that chat with somebody and say sort of, you know, if things were preying on your mind, just to get it out there, so yeah, it was good"

"I will kind of miss having that extra support a bit when I move out, just a neutral person to just go 'how's your week going? How are you?'. So, it's nice to have that bit of support and you don't feel so isolated then either, so that's a good thing because it would be very easy to just chuck you in a house and just leave you there, but you don't feel that, so that's nice"

External support sources were, on the whole, viewed more positively by residents and whilst there was no defining reason for this, reflection from providers on the duality of support workers' roles provides some insight into the difficulties of the support relationship in exempt properties. Some

providers commented on the tensions between providing support and carrying out housing management tasks like rent collection and evictions within the same role, feeling that the existence of the latter acted as a barrier to strong, trusting and open support relationships, with one provider reflecting that:

“It is a difficult one as you are collecting money and trying to provide a support service and sometimes that can feel like a conflict of interest to our service users so it’s a challenge and a conflict of interest in a way as well, collecting money and trying to provide a support service”.

Progress and Move On

The central focus of this research was not to robustly assess or evaluate the efficacy of exempt accommodation in enabling individuals to transition out of homelessness and into independence. However, it is important within a context of safety, risk and wellbeing to set out some of the issues around ‘move on’ and the potential implications of individuals becoming effectively trapped, or stuck, in accommodation that is no longer suited to them, alongside related concerns that unsuitable environments are impeding an individual’s ability to progress.

Of those interviewed, three had recently moved into independent accommodation, whilst two others felt they would secure independent accommodation by then end of the year. The three that had moved on felt they had done the majority of the work to help themselves, by registering with housing associations and using their external support networks.

“The current place [I live], well that support worker said to me ‘you need to get on this website’ and that’s all she said to me. I bid on it and got it. One of the guys I lived with actually took me to see it and to be honest I never heard from them [the accommodation provider] again. The only place that supported me through that again was [an external support agency]”

Some clients did not feel ready to move on, whilst others felt trapped, or stuck:

“it’s just good being in a place where the level I’m at is handy to have people around you that you feel care in a way and at some point in the future I feel if I’ve done it before, when the time’s right I can take those stabilisers off again, move out of this place, get a flat and pursue something, do something with my life but for where I am now, it’s kind of ideal and I’ve got no issues with the place, no issues really”.

“It’s a dead end. I need to get out of where I am now but it’s the council list there’s hundreds of people before you when you bid and it’s people with problems, older people, with kids, women and that but there’s no properties set aside for someone my age in the predicament I’m in...I need to save up my money and get a deposit for a one bed room sit or something, that’s my only way out”

One provider in particular suggested that the lack of move on options can cause difficulties for those who are ready to move on and no longer need the accommodation they are living in:

“It is really difficult for us because we are obviously providing housing for people who have needs but when we’ve worked with them a certain time and they have worked and achieved their goals and have low needs they are just waiting for that step to move on and if they don’t achieve that they are just stuck in a situation which I don’t think they no longer want to or require really, they want that independence and that can be quite frustrating and on occasion, can give someone to go backwards really which can be quite unfortunate but generally we do try our best to try and move them on”

Referring agencies felt that some providers were not motivated to assist individuals to move on, as this would mean more voids and a subsequent loss of ‘guaranteed income’, whilst others recognised the significant barriers to moving people on, and that the distinct lack of realistic and affordable options caused individuals to become trapped in environments that were potentially detrimental. One expert stakeholder made the pertinent point that ‘settling’ a small shared house could be difficult, with regular movement or churn causing housing management issues, and that achieving a safe household that was working well could act as a deterrent:

“Transitional accommodation is meant to be progression but if you’re a landlord, the last thing you want is another set of very challenging people coming in. Why would you want that? You want people to stabilise and stay and they do that if you keep them on high rents and unemployed. So, there’s a perverse incentive to keep them dependent”

It is clear, too, from interviews with residents and referring agencies that it is much more likely for individuals to be ‘cycling around’ shared accommodation for extended periods of time, rather than achieving a clear and linear progression through it, often due to an inability to find a suitable, safe environment that was conducive to their needs, wellbeing and progress:

“The clients I speak to they feel like they don’t have a voice, they don’t know where to go, in a cycle and can’t move forward with education, working because they are banging their head against a brick wall, their opinions don’t matter, we try to advocate but they are so dismissive about shared accommodation and they all say we want our own property because they know what shared accommodation is like...everyone knows, we know, you wouldn’t, when someone is released from prison into shared accommodation you should be helping people to move forward, by putting them in a clean space but a lot of the accommodation no lights, curtains not up, other tenants are leaving needles in the toilet. How are you helping someone move forward?” (referring agency)

“We do have people that do keep coming back and it’s often because they don’t have the right support in place....there is a high number of regulars who keep coming through. When

the weather warms up they might disappear for a while cos they don't mind being on the streets, but they become so desensitised to the situation. We have some that go round and round and round in circles" (Large referral point)

"It's all drugs, mostly. I've relapsed so many times, come out of rehab, go into the homeless chain again and start using again, that's my experience in hostels and shared houses. And hostels, houses yeah. Probably been in all of them in Birmingham you can think of. Every single one in Birmingham I've probably been in. All them shared houses in [an area of Birmingham]. Too many of them" (Scott)

Discussion and Implications:

The experiences recounted by those living in shared exempt accommodation; of substance misuse, actual or threatened violence, intimidation, loss of security and control and threats to safety and personal wellbeing accord with previous research into, particularly, privately-run temporary or transitional accommodation for groups experiencing homelessness and exclusion. Whilst the almost ubiquity of substance misuse in temporary, shared contexts for homeless individuals has been well-documented, particularly for 'lower threshold' services, the use of small, shared contexts catering for those who have never misused drugs or alcohol, or are recovering from substance misuse, alongside those who may be experiencing more chaotic lifestyles is a point of concern; in terms of posing a threat to ongoing recovery, placing those vulnerable due to substance misuse at potential risk of exploitation or abuse, and in forming a barrier to effective communication and cohesiveness within households. The seeming lack of appropriate and specialist transitional spaces for individuals who are in recovery from substance misuse, alongside the sometimes 'liberal selection' or 'low threshold' policies of some accommodation providers, indicates the intractability of this problem, short of a rigorous review into the entirety of provision and a more concerted, collective, City-wide effort to address the ramifications of the current system.

It is certainly the case that provision catering for often high risk, complex or excluded individuals carries a necessary level of risk, and that not all scenarios can be avoided, or mitigated for. Whilst not suggesting in any way that this situation is acceptable, let alone desirable, it is worth noting that the experiences recounted by residents during the course of research interviews are not, sadly, unusual. As more recent examples, Justlife (2016), McCordie (2018) and St Mungos (2018) have carried out qualitative research into the accommodation experiences of those experiencing homelessness, and often enduring this chronically or persistently. These studies uncovered similar evidence, with all making the case that inappropriate, unsafe and disruptive shared environments can lead people to perpetually 'cycle' around short-term accommodation contexts, or return to the streets as the better alternative, with McCordie (2018) making a strong case for the

inappropriateness of this accommodation for any duration beyond a time-limited crisis, or emergency, situation.

A more pertinent question, perhaps, is whether providers who, in reality, are merely required to pass through fairly minimal Housing Benefit regulations are always adequately equipped to effectively and safely manage small, shared households that often contain individuals who are experiencing deep social exclusion and a range of complex issues, and who have been excluded from more mainstream, regulated and monitored provision. There are certainly no easy solutions to this question. Housing management practices will in some ways be able to mitigate for, and reduce, risk and provide more stable environments, with some providers clearly displaying a sensibility towards, or putting robust training in place around, detecting and monitoring households for indicators of such risk, in order to aid prevention and early intervention. However, the lack of clarity over Adult Safeguarding thresholds and the sense that some providers felt they were left to 'deal with' an individual who did not meet the threshold for social service intervention, but who they felt were at risk or unsuited to their current environment, suggests deeper scrutiny into this area is required, and correlates with the findings from the minimal previous research into adult safeguarding and housing (Parry, 2015). Similarly, the perception by some providers that even when social service intervention was achieved, that this did not take into account the appropriateness of the accommodation or the wider wellbeing implications, with statutory services deeming a 'roof' as adequate to meet needs, requires further attention.

It is worth, also, highlighting that shared living contexts for more vulnerable groups are not unanimously negative or 'risky' and that even within the small sample who participated in this research there were positive experiences, with lasting friendships formed that appeared conducive to wellbeing and progress. Indeed, not all individuals will wish to live alone, and may benefit from the emotional support and company of an appropriate shared household for a longer period of time (MIND, 2017). However, the ability to create shared contexts that are conducive to safety, wellbeing, progress and recovery will not just rely on effective referral and housing management skills but will also be mediated by residents' perceptions of their living situation. The current multi-functioning of much of the exempt provision in Birmingham may result in households made up of individuals who have differing, and competing, perspectives on how they view, and what they want from, their accommodation; with the potential that those who see it as a 'short stop gap' treating the property and any interactions in accordance with this, which may run counter to the perceptions and desires of those who see their accommodation as part of a longer or more settled 'journey' of progress.

It is difficult to define what exactly 'support' is in any context, and research and practice contexts have not produced any clarity on this issue, with some suggesting personalised and non-directive support is more conducive to progress (Clapham, 2017). It is clear from this research project that there was a lack of clarity for residents about what 'support' was and, again, whether an individual is receiving adequate support, or the support that they want, is a subjective and personal issue; a complexity which is unlikely to be 'solved' through small scale experiential enquiry. Similarly, and in accordance with previous research into HMOs, residents who feel 'forced' to share and are experiencing a wealth of social, emotional and structural problems may be more likely to characterise their accommodation experiences negatively, regardless of what external appraisals suggest may be adequate or effective (Green, et. al, 2015). The loss of control and the feeling of not having any choice or say over their surroundings expressed by residents in this research accords with the previous point, affirming the need for those with lived experience to have greater input into the shaping and monitoring of service provision.

Finally, any investigation into 'move on' cannot fail to acknowledge the sheer lack of realistic and affordable alternative options, with current policy-driven and systemic barriers almost narrowing choices to a pinprick. However, the fact remains that individuals are becoming 'trapped' in accommodation that is not, or no longer, suitable for them, which can have a profound effect on their wellbeing and, potentially, serve a regressive function, directly counter to the ostensible purpose of supported, transitional accommodation. The apparent inflexibility of the current benefits-related system and the 'perverse incentives' to avoid moving people on undoubtedly contribute to the sense of stasis, although some providers are displaying creativity and ingenuity around flexing and adapting their models, and it is hoped that further work can shed light upon, and encourage the growth of, such alternatives.

Conclusions and Recommendations

Preliminary investigation into a complex, undocumented and previously unresearched area will perhaps unavoidably pose more questions than it answers, and it was not the intention of this work to provide definitive 'solutions' to such a variegated area of policy and practice; and one that incorporates a wide range of housing, homelessness, welfare benefits, criminal justice, social care, local authority and third sector legislative, policy-driven and regulatory contexts. Nonetheless, this research has begun the process of uncovering, and unravelling, the increasingly complex, largely hidden and often poorly understood referral and access mechanisms and management and living arrangements within the supported 'exempt' sub-sector in Birmingham. It has uncovered experiences and generated important insights that is hoped will, in the short term, help to inform safer practices around referral and assessment mechanisms. In the longer term, it is hoped that this small, exploratory study will help instigate, and contribute towards, an ongoing process of investigation, commitment and collaboration, ensuring that this vast and varied sector works more safely, effectively and equitably for the thousands of often vulnerable, voiceless and excluded citizens it houses.

The broader implications of the experiences and practices uncovered in this research for Safeguarding, safety, risk and wellbeing are clear. Firstly, the vast number of referral routes, particularly from outside of the City, and the heavy reliance on the sector as 'crisis' accommodation are often impeding safe, considered and suitable placements with a necessary, but problematic, shift to 'housing-led' rather than 'safety' or 'suitability' led referral priorities. There is a correspondingly large question mark over the suitability of small, residential shared houses to effectively accommodate individuals with varying needs and at different stages on their 'pathway' to independence. Secondly, the perceived exclusion of higher risk or higher need groups from local authority commissioned provision, and the distinct lack of alternative options elsewhere, is forcing individuals into a sector that is, arguably, less suited to the requirements of those with multiple and complex needs, with providers who are often less equipped, and arguably less remunerated, to accommodate such risk. Thirdly, the paucity 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. All of these factors are compounded by the lack of transparency and clarity around 'exempt' accommodation services and remits, which is hampering both professional and resident ability to choose suitable, safe and risk-assessed accommodation that is conducive to the enablement of wellbeing and progress.

Despite the very real, risky, difficult and harmful experiences recounted by residents and practitioners within this research, and the ensuing notion that the very accommodation ostensibly set up to relieve, and to help people transition out of, homelessness is often instead perpetuating and entrenching it, there is, perhaps, an uncomfortable truth to acknowledge. The exempt sub-sector in Birmingham has grown, developed and in many senses found its indispensability and its client niches; housing many thousands of individuals who would otherwise likely be roofless. This research, then, could never realistically posit the closure of vast swathes of units within this sector as a solution to ensuring no one is put at risk, even if this were legally possible, due to the unprecedented strain this would place upon local authorities and services and the disruption this would cause to already difficult and precarious lives. The recommendations will, instead, concentrate on localised reform; proposing policy and practice recommendations for the

development of safer practice within the current system, whilst acknowledging the potential opportunities within the proposed development of a more robust national oversight regime.

Recommendations:

Safeguarding Adults:

- Birmingham Safeguarding Adults must, in conjunction with housing, homelessness and social care departments, create a protocol for placing adults into multiply-occupied, non-commissioned accommodation. This protocol should, initially, be directed towards statutory bodies within Birmingham and the West Midlands conurbation and, although there will be no legal imperative to sign up to and follow this protocol, statutory bodies must be reminded of their duty of care and of the potential ramifications of placing vulnerable adults into shared housing without performing due diligence. It is expected that the West Midlands Mayoral Homelessness Task Force may be able to assist with dissemination and engagement around this venture.
- A guide, co-produced by with lived experience, setting out rights, responsibilities, where to go for help, who to speak to if something is not right, how to make decisions about their own safety and manage personal and social interaction and risk within small, shared living environments, should be produced and made available to all those referred into exempt accommodation by known bodies or agencies. Providers must also be encouraged to make this guide available to current residents.
- Training specifically for non-commissioned accommodation providers around Safeguarding and risk enablement should be made available and precede the signing of a Voluntary Charter on safety and Safeguarding, which will provide some level of assurance to referring agencies and clients upon referral.
- Birmingham Safeguarding Adults Board should put on an event or a series of events for providers, ideally with an accompanying Toolkit or guidance, around safer matching of clients into accommodation, utilising the expertise of known good practice providers in the locality.
- Birmingham Safeguarding Adults Board must investigate further the interview theme that social workers do not take suitability of accommodation or overall wellbeing into account when performing assessments.
- The lack of clarity and frustration of accommodation staff when attempting to make Safeguarding referrals and the perceived inadequacy of social care assessments requires further engagement with the sub-sector, in the form of practice exchange, in order to explain referral and assessment processes and receive valuable feedback

Revenues and Benefits:

- Birmingham City Council Revenues and Benefits should work in conjunction with Birmingham City Council Housing and Commissioning teams to consider the possibility of restricting the continued growth of the 'exempt' sub-sector based on a strategic supported housing needs assessment. Liaison with Revenue and Benefits departments in Bristol, Manchester and Medway may assist with this aim.
- Revenues and Benefits must seek ways to incorporate client input and feedback during assessment and monitoring of 'exempt' claims.

Commissioning and Homelessness:

- The Homelessness Reduction Act Duty to Refer provides an opportunity to devise, in collaboration with Probation and Community Rehabilitation Companies, a locally-based offender accommodation placement protocol specifically tailored to the 'exempt' subsector.
- The recommended protocol for statutory agencies referring into non-commissioned, shared accommodation must be linked to the Homelessness Reduction Act, and incorporated into the forthcoming Duty to Refer and any collaborative protocols worked out with neighbouring authorities, in line with the Code of Guidance which states that *"housing authorities may find it helpful to establish protocols for collaboration with relevant neighbouring authorities to improve outcomes and efficiency in localities where applicants frequently seek help in a different district to the one where they live"*. (MHCLG 2018, 23).
- The City's Homelessness Prevention Strategy should be disseminated to non-commissioned providers, recognising the key part they play in the current homelessness system, and in any attempts to shift from crisis-led to prevention-led systems and cultures.
- Birmingham City Council Commissioning teams should carry out a review of the reasons people are refused access to Supporting People-funded homelessness accommodation, particularly evidence of 'high need' or 'high risk' refusal criteria and use this to reform the current system and inform future commissioning.
- Any future commissioning of referral hubs must ensure there is funding and staffing for, at the very minimum, one liaison officer, to pre-vet and continually monitor accommodation and to consistently, positively and proactively liaise with providers.

- Due to evidence suggesting a lack of safe, suitable accommodation for those in recovery from alcohol or substance misuse, and the potential for this to cause repeat and chronic homelessness, Birmingham City Council should, in conjunction with local commissioned and non-commissioned drug and alcohol services, undertake a review of provision, gaps and challenges, with a view to creating more sustainable recovery pathways.
- A common referral and assessment form, created with input from a range of stakeholders and incorporating psychologically-informed modes of enquiry, should be developed and all known referral points into exempt accommodation encouraged to use it.
- A guide, setting out what to look for when visiting or checking a property, who to report various concerns to and numbers to phone for further help and advice must be created and disseminated widely to all known referral and support agencies.

Policing, Community Safety and Probation Services:

- It is strongly recommended that Birmingham create a similar panel to Slough's Violence Multi-Agency Panel (VMAP), which shares intelligence and applies 'problem-solving thinking' to those who have been identified as repeatedly involved in all types of violence. This Panel assigns appropriate cases to 'owners' to progress activity aimed at preventing further occurrences. Housing practitioners and homelessness services were seen as invaluable to this process in Slough, particularly in reducing violence in HMO properties, and it is recommended that this Panel should incorporate those who have been repeatedly excluded from accommodation services due to aggression or risk to others.
- Further work must be carried out with providers who are regularly being utilised to accommodate high risk offenders, particularly Registered Sex Offenders. This must go beyond information on risk and restrictions and consider the particular skills and sensitivities that are required to manage a small, residential property with high risk offenders.

Oversight, collaboration and mapping:

- Further research is required to explore the role of the Regulator of Social Housing in relation to exempt accommodation. This is especially pertinent where Registered Providers are leasing accommodation from private owners and are subject to light touch regulation by virtue of having under 1000 units in management. There are clear benefits to mapping the sector to understand the numbers of Registered Providers and private owners, the leasing agreements between them and the management agreements with non-profit entities operating under each Registered Provider's 'umbrella'. This will also assist in establishing what oversight mechanisms could be developed to support the wellbeing of residents.

- The 'Non-commissioned Accommodation Practitioner Forum and Standards Board' (PFSB) should begin the process of mapping the sector, creating a central register of approved providers, utilising the knowledge of referring agents and clients alongside local authority intelligence. Data from Housing Benefit on the care, support or supervision providers state that they offer at the point of claim must be used to create a more transparent landscape and assist with suitability of placement and consumer choice.
- The recent government announcement of the reversal of proposed changes to the funding of supported housing should not be taken as a disincentive to involve non-commissioned providers and their residents in processes of engagement. The particular concerns and considerations around supported housing in Birmingham must be at the forefront of local authority engagement with the Ministry of Housing, Communities and Local Government as the Ministry develop their 'oversight regime'.

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