

Brent Homelessness Forum

10:00 – 12:30, 27 September 2023

Minutes

Item	Actions
<p>1. Welcome and introductions</p> <p>Attendees: Atara Fridler (Chair, Crisis), Bridie Lane-Williams (Crisis + Brent), Nina Tissington (Pathway LNWH), Amie Reid (NHS CLCH), Jacqui Crane (Groundswell), Anne McBrearty (NHS CLCH), Marchell Davis (Each), Laura Potter-James (Crisis), Laura Saracin (Work Rights Centre), Beccy Mitchell (DWP), Shaheen Pathan (DWP), Mary Carter (Campbell Tickell), Leila Baker (Campbell Tickell), Donna Gould (Via), Max Griffiths (Via), Coco Khan (Brent), Laurence Coaker (Brent), Jatin Patel (Synergy Brent), Bygid Rahman (Synergy Brent), Norah Kitimbo (Synergy Brent), Glaiza Padulla (Rumi's Cave), Amarjit Bain (Bridges Outcomes Partnerships), Teddy Muia (DWP), Cllr Neil Nerva (Brent), Andy Brown (Brent Public Health) Anita Silberbauer (SHPS), Ryan Fuke (St Mungo's), Noah Okunromade (Brent), Steve Davies (St Mungos), Betania Tzegai (Brent), Ella Dane-Liebesny (Brent), Louis Gilbert (B-3), Damian Reilly (B-3), Anne Airebamen (NHS NWL ICB), Chandni Mathur (NHS NWL ICB), Holly Cooper (Crisis).</p> <p>Apologies: Jo Gift (Brent Public Health), Kalpna Kerai (Brent Public Health), Kate Allen (NHYC), Daniel Smith (Young Roots), Kristine Wellington (Brent CVS), Jackie Casey (NHYC).</p> <p>Minutes followed up:</p> <ul style="list-style-type: none">- Turning Point digital comms were circulated to forum mailing list.- Andy advised Public Health do not have stats on people with NRPF accessing treatment.- Andy advised production of the drug and alcohol strategy is still ongoing.- Holly linked in with Versha and is presenting at NHS homelessness webinar next week.	
<p>2. Council provision for refugees</p> <p>Brent Council have created a webpage for resources for asylum seekers/refugees: Support for refugees and asylum seekers in Brent Brent Council. Agnieszka asked attendees to feedback on the website via email (agnieszka.spruds@brent.gov.uk). Council has recognised some migrants are being treated differently than others by services therefore they are making a new refugee team within Council by merging the existing Ukrainian and Afghan teams – will provide individual casework and events similar to refugee summit previously ran. Team will evolve support by identifying needs as they arise and responding. Max asked if they've seen much substance misuse/drinking in the hotels, Agnieszka advised they work closely with community safety team but don't have data on this.</p> <p>Laurence advised Home Office are making housing offers to Afghan families in bridging accommodation, but some are rejecting offers and presenting as homeless back in the area. Biggest concern is around SAP (streamlined asylum process) refugees – lots of decisions are being made quickly with 98% being given status which is great, but the Home Office is supposed to give 28 days notice and are giving less – seen 7 or 10 days in some cases. Council seeing these people present at Turning Point with nowhere to go. Have started to get Via workers at Turning Point so can work together to support refugees with drug/alcohol support needs. Despite support services being in place, Council are still struggling with shortage of accommodation.</p> <p>Laurence had a meeting with DLUHC: added 2 countries to SAP and they are going to look at applications from Albanians next but advised stats will be flipped and majority of these asylum seekers will be refused status in the UK. This is also probably also going to</p>	

Item	Actions
<p>come in winter leaving people destitute in cold weather which is worrying. Brent and Hillingdon are the 2 boroughs most affected by SAP.</p>	
<p>3. SHPS Refugee support</p> <p>Anita is running a separate refugee service based on SHPS model but with an added integration aspect to support health, social networks and training/employment. This was supposed to start in September but started in August due to demand: over 65 referrals received already. SHPS are going into the hotels to make early contact and advise on support available and next steps. They have seen 7 day eviction notice in most cases although seeing fewer notices this short recently. Have made links with good services e.g. Young Roots – good to align messaging across services. Already been able to house a few people. Anita also mentioned SHPS are recruiting 3 roles – 2x resettlement and integration coaches and 1x lead – the deadline is Sunday (Jobs Page - Crisis Jobs Search here for your perfect career). Anita happy to meet with services who support refugees to explore joint-working (contact via email at anita.silberbauer@brent.gov.uk).</p> <p>Still contacting people who have moved out of hotels and supporting them – a lot have started to rough sleep near the hotels to stay near friends – has been flagged with outreach to see if hotspots arise. Was asked whether there is health support given at hotels – Caroline deals with this and links people into services but SHPS also makes sure clients are linked with GP/dentists/mental health support.</p>	
<p>4. Rough Sleeping in Brent: Update</p> <p>Ryan presented slides. Colindale Morrisons is a big hotspot they are worried about. Causes confusion as it is in Brent but on border of Barnet - a lot of the clients have a local connection with Barnet. People move between boroughs and get placed by their Council in other boroughs – need to have good relations with other councils to deal with this well. All people bedded down there either have assigned housing plans or are about to.</p> <p>Some data is unknown as people don't want to give names due to mistrust of services/concerns about insecure immigration status. Double counting may contribute to unknown data. Normal to see approx. 10% female.</p> <p>Home Office aren't doing active outreach/enforcement around rough sleeping but Mungo's have seen incidents this month where local police have done enforcement action around immigration with rough sleepers. Believe there has been increased pressure on police to do so. Seeing people being arrested under immigration, released on bail and returning to park – shows enforcement does not work to deter rough sleeping. They are in process of creating an action plan to respond to this. Ryan advised only 1 person is logged as rough sleeping after eviction from NASS accommodation – it is much higher but hard to report especially if there's language barriers: people may report staying on a friends sofa the night as the reason for rough sleeping as they have gone from NASS to sofa, but NASS eviction is underlying cause.</p> <p>Women's census ongoing this week: short survey for women who have rough slept in the last 3 months to gather more accurate data on women's experiences.</p> <p>St Mungos need an independent person to attend data meeting (someone not working for commissioned service/Council) – please email Ryan if interested (ryan.fuke@mungos.org).</p>	
<p>5. Discussion: What barriers are your services currently facing?</p> <p>Points from discussions:</p>	

Item	Actions
<ul style="list-style-type: none"> - Hostile attitudes towards rough sleepers from members of the public. - Hesitation to switch to local GP for those without settled address. - Mental health and police – right person, right service. - Too many assessments by different services for people. - Issues with information sharing and lack of collaboration - Need of more service-user involvement. - Need for step-down bed facilities and more safe housing. - Obtaining ID, phones and setting up bank accounts. - Volunteers lack understanding of availability of night shelters and difficult to recruit and retain volunteers. - Organisational red tape. - Lack resources and funding. - Staff turnover. - Individuals with high risk that don't meet ASC thresholds. <p>Cllr Neil Nerva expressed interest in the specific issues that people who are homeless face regarding information pathways and wants to look to see how things can be improved in Brent.</p>	
<p>6. Built for Zero</p> <p>Bridie presented slides. BfZ is being used in Brent, Islington and a community in South Wales led by backbone team in Crisis. We know that the stats on rough sleeping are under-representative. From 22-23 saw 373 people rough sleeping in Brent – increase by 32% from last year. Data-driven place-based approach looking to build up partnership work. Methodology focuses on 1 group within homelessness cohort – in Brent this is rough sleepers, other places have functionally ended homelessness for other, or all groups. Aim is to ensure that rough sleeping is rare, brief and nonrecurring.</p> <p>By-name list (BNL) will pull together data from multiple services so that nobody is missed from data on rough sleeping. Weekly meetings with service reps will identify and plan around barriers. Monthly meetings with service reps to think about the themes and trends arising. Hope to inject creativity into ways of working in order to improve them. Will be using trends in data to advocate for additional support/funding. Conscious that it is a big time commitment, will be trialling new way of working and will be flexible with fitting it into schedules. Ryan asked if it would make sense to just present BNL data at future forums – Bridie suggested it would be good to compare official outreach numbers with BNL numbers. Question around what story they are going to capture - will hope to capture stories we don't know of. Laurence wants the data to show why people are static on streets, e.g. if it's because people have NRPF, can present this data to rally for services/funding. Brent is the first community trialling BfZ in UK, successful communities in USA, Australia and Canada. Lived experience representatives are on the executive and improvement teams.</p>	
<p>7. DWP: Working with people experiencing or threatened with homelessness</p> <p>Teddy advised DWP priorities are benefits, housing issues and barriers to work. They are making sure JCP agents meet obligations by making Duty to Refer (DTR) to Councils. DWP have place-based plans: extra things they know are working to help e.g. homelessness jobs fair, exemption to shared accommodation rate for certain cohort - now have refugee employment support program led by Shaw Trust. Biggest barrier is lack of documentation to apply for benefits – they have a 'know/recognise' feature for those people with no docs that are known to staff. First way they ID is biometric with ID, 2nd is Biographical with questions if no ID, 3rd is with 'know/recognise' status. Staff can also switch off commitments for up to a month for people experiencing homelessness so they're not required to look for work and can focus on their housing.</p>	

Item	Actions
<p>Teddy invited services to reach out to them if there are any issues with DWP services so they can look to improve. Jobcentres are based in Neasden, Harlesden and Queen's Park. Was asked if services can refer in for support to make a claim – Citizen's Advice run a help to claim service, once the claim is made they are given an appointment with JCP staff. JCP staff legally can't help people to make claims due to conflict of interest – they can only assess claims already submitted. Barrier is digital exclusion – if they are digitally able, they can make a claim on computers in JCP. If not, Citizen's Advice can help. When they attend appointments, staff can use flexible support fund to get them digital equipment e.g. phone to stay in contact with DWP. Payment acception service via QR codes was brought up – JCP discourage this, prefer to support people to open basic bank accounts and try to limit usage of QR code payments. Mungos can verify people for a bank account but this is only at specific branches which are often far away. Asked if there is any discussion around language and re-adding values. Teddy advised clients were historically called 'claimants', then 'citizens' and now 'customers'.</p>	<p>Shaheen to share list of banks requiring minimal ID.</p>
<p>8. Turning Point Update</p> <p>Single homeless team went live at new building on 7th Aug. Client journey: comes in and has mini triage to check they are at right service; then referred to one of 2 or 3 triage officers for a mini assessment of eligibility, reason for approach and vulnerabilities. If low needs and can maintain a tenancy, given SHPS assessment (4 slots per day). If need for more thorough assessment, same day full assessment is given (12 slots per day). From 7th Aug to 25th Sept they have seen 1400 people – 39-40 per day. Have designed e-forms to gather data on who's coming in and reasons for approach – hope to provide update next forum and may be able to bring data on sofa-surfing to next meeting. Coco advised Council know that providing housing alone is not enough – working with other services e.g. Via once per week and want to work with health colleagues. Holly asked whether services should continue to support people to make online applications and complete DTR – Coco said people should be advised to approach Turning Point in person. They can't switch off DTR and application portals as families use these but would prefer if online applications are not made – want to prevent duplication and for Council staff to make the application with the customer.</p> <p>Sometimes SHPS cases will get new information around support needs and client will return to Council's caseload. With SHPS, the statutory duty is accepted by the Council but the casework and 8 month sustainment is done by SHPS so there is no duplication. There is not much that Council can statutorily offer single people with no priority need, but don't want to leave them with no support so SHPS steps in instead. Asked if TA is offered on the day – will depend on results of full assessment.</p> <p>Atara asked about those people where face-to-face is not suitable – Coco advised there is a separate DA team at Civic Centre if there is risk around this and they also have a homelessness team leader who will see people at Civic Centre if there's issues around other risks at Harlesden. If not able to go to Harlesden e.g. due to medical issues, can email their team to make alternative arrangements e.g. home visit. Versha previously encouraged using DTR to identify those approaching as homeless with mental health problems – clarified that this is aimed at GPs but don't currently get a lot of referrals from GPs. Hope to soon be able to draw data on how many people present with mental health issues.</p>	
<p>9. AOB including forum subgroup updates</p>	<p>Holly to include agenda item on winter shelter in</p>

Item	Actions
Glaiza thanked forum for Brent Health and Social Care Inequality Award nomination which they won for organisation of winter shelter last year. Due to start organising this year's shelter.	Rough Sleeper Working Group agenda.