



# **Bristol City Council Preventing Homelessness Accommodation Pathways – families and adults (22+)**

**You Said, We Did – Consultation Response**

**May 2017**

Between 21<sup>st</sup> November 2016 and 10<sup>th</sup> February 2017, Bristol City Council consulted on its plans for Preventing Homelessness Accommodation Pathways – families and adults (22+).

During the 12 week consultation we held three events attended by service providers, service users and other stakeholders.

We also held an event specifically looking at the impact of the proposals on people with different protected characteristics during the development of the draft plan.

We worked with Bristol’s expert citizen’s homelessness group to gather the views of current and former users of services.

We were invited to attend different meetings, including the Prevention Network, organised by Bristol Women’s Voice, Bristol’s Homelessness Prevention Team meeting and the West of England LGBT Manifesto Steering Group.

We gathered responses through an online survey, which could be completed anonymously if preferred.

This document describes the comments made during consultation and what has been done. Where a recommendation has changed as a result of feedback, this will be incorporated in the final commissioning plan. Where feedback has resulted in no changes, the reasons are described below.

**Recommendation 1: We will create 50 additional units of supported family accommodation.**

You said	We did
<p>This should reduce the money being spent on emergency accommodation.</p>	<p>Agreed. We are seeking the most appropriate accommodation to meet presenting demand and our statutory responsibilities within the available budget.</p> <p>We are securing additional units of accommodation, and also looking to use more of the low support accommodation flexibly for families. There will be a total of up to 100 additional units of accommodation that can be used for families</p> <p>See recommendation 1 in the final plan.</p>
<p>We note that the consultation document talks about increased demand for low support accommodation (Page 19) because of the plan to limit Young People Services to those aged 16-21 and therefore there is a lack of clarity on whether the number of low support units will actual decrease or increase.</p>	<p>The total number of low support units will decrease because of the recommendation in the young people’s plan to reduce the number of low support units for young people by 15%. This will be a reduction from 237 units to 195 units by October 2017, but is outside of the scope of this plan.</p> <p>The number of low support units available for adults (22+) will remain the same, but some of these units will be used flexibly, in response to demand, for small families.</p>

<p>If the extra family provision is achieved in part by decommissioning single persons' services this is hard to agree with due to the scale of vulnerability amongst the single persons client groups.</p>	<p>There are up to 75 units of additional family accommodation being secured – these will be new units not currently used for supported accommodation, paid for from a different budget (the budget currently being spent on housing families in more expensive spot purchased emergency accommodation).</p> <p>There will be no decommissioning of low support services for adults (22+), but some of the accommodation will be used flexibly, in response to demand, for small families. This will reduce the number of low support units available for single people and couples, but we believe that this is the best use of scarce resources considering the level of current demand amongst families.</p>
<p>Adding units that are owned and managed by unscrupulous private landlords is not a positive move. The rents charged and the little support given to residents drains the whole system of much needed funding that could be put to far more effective use funding socially responsible landlords and charities to deliver these much needed services.</p>	<p>We will procure our family accommodation via a competitive process to ensure that we have the best possible providers.</p> <p>In addition to this, we have secured an open framework of accommodation providers for emergency accommodation. This is open to all competent organisations regardless of whether or not they are private organisations. We then purchase the cheapest available accommodation, again, regardless of whether or not they are private.</p> <p>Any organisation interested in providing this accommodation should apply to get onto the open framework for emergency accommodation via ProContract, the council's online procurement portal.</p>

**Recommendation 2: Commission services for single people and couples in distinct pathways.**

You said	We did
<p>There were lots of benefits of this approach identified during consultation, including:</p> <ul style="list-style-type: none"> <li>• Close working between providers</li> <li>• More ability to move people between levels to more appropriate accommodation</li> <li>• Encourages positive risk taking</li> <li>• Clear expectations for people about where they will go</li> <li>• It may reduce evictions and other unplanned moves if the pathway can</li> </ul>	<p>Agreed – following consultation, we will commission services for single people and couples in distinct pathways.</p> <p>See recommendation 2 in the final plan.</p>

<p>come together effectively to solve problems as they arise</p> <ul style="list-style-type: none"> <li>• Preview of pathway – clients and support staff can map the pathway for individual clients</li> <li>• Clients can travel with their support plan</li> <li>• Clients familiarity with key workers</li> <li>• One data protection process for the whole pathway</li> <li>• Specialist knowledge can be better shared</li> <li>• Shared accountability for risks</li> <li>• This approach focuses on achieving outcomes rather than indicators</li> <li>• Listening to service users has identified that a coordinated, multi-agency approach works best to prevent individuals from falling through the gaps</li> </ul>	
<p>There needs to be a real focus on helping people access employment in order to keep supported housing sustainable, including peer support, volunteering.</p>	<p>Agreed. This will form part of the specification for new services, and any proposal will need to show how the pathway partnership will help people access employment.</p> <p>We are also commissioning a peer support service – a key outcome of this will be the number of people helped into paid employment.</p>
<p>There will need to be better links with private landlords to help people move on from supported housing.</p> <p>The need for the pathway to source move on accommodation outside of PMOS should be a condition of contract.</p> <p>There is a concern that the system would remain clogged up because of a lack of follow-on accommodation. There is a shortage of both social housing and lower cost, affordable, private rented accommodation.</p>	<p>In order to meet the targets around the number of people helped to leave the pathway in a planned way, the pathway partnership will need to source accommodation outside of the priority move on scheme (PMOS). Each pathway contains a number of providers – pooling this expertise will create move on solutions for people, including in the private rental sector and shared houses.</p> <p>We do not intend to set a specific target around access to accommodation because it is covered by the indicator around the number of people being helped to move on successfully. Where people move to will be monitored but not targeted.</p>
<p>The ‘men only’, and ‘women only’ pathway designation is too restrictive and does not work for people whose gender identity is non binary.</p> <p>How will provision be made for trans people within the pathways?</p>	<p>We recognise that the ‘men only’ and ‘women only’ designations do not obviously accommodate different gender identities, but we believe that there is a need for women only services.</p> <p>Providers will be expected to accommodate trans people in whichever pathway best meets the needs and preferences of that person, taking</p>

	<p>into account that person’s gender identity. For example, we would not expect women only services to refuse anyone who identifies as a woman, on the basis that this does not match the gender assigned to them at birth.</p> <p>There will need to be pathway wide inclusive practice supported by a good equalities policy. This will be tested as part of the procurement process.</p>
<p>There will need to be the provision for people to move across pathways, for example if someone wants to access a women only pathway.</p>	<p>Agreed – a mechanism for women to move into the women only pathway if this is the most appropriate option for a woman in the mixed pathway will need to be established.</p>
<p>There will need to be very good relationships built so that one organisation trusts another organisation’s judgement.</p> <p>Issue if one organisation is not performing, how will it be managed, should not be the responsibility of the organisations BCC need to take responsibility.</p> <p>There will need to be good dispute resolution arrangements.</p>	<p>This is central to the effective operation of the homelessness pathways. We will have joint outcomes – achieving these will be the collective responsibility of the pathway.</p> <p>There will be one contract per pathway – in coming together as a partnership, providers will need to include dispute resolution arrangements.</p> <p>The pathway approach will allow for joint training, joint paperwork, shared resources, shadowing etc., all of which are vital to building good relationships.</p> <p>The approach will be informed by Golden Key’s ‘trusted assessor’ work.</p>
<p>All services should be clearly commissioned as PIEs.</p> <p>Psychologically informed approaches: services need to address the behaviours and perceptions of the client, as well as practical approaches. Workers need to be trained and skilled in dealing with the complex nature of client behaviour and how to navigate a way through</p>	<p>Agreed – this has always been the intention. The psychologically informed environment will be a central part of the specifications and proposals/bids for any of the services.</p> <p>The opportunities for sharing resources and good practice that the pathways create will allow good psychologically informed practice to be evaluated and shared.</p>
<p>Each pathway should have ‘move-on coordinators that check info and co-ordinate moves around the pathway. However these posts will need to be given the authority to co-ordinate over different services.</p> <p>Have ‘move on options’ conference on blockages – eg at gateway regularly discuss top ten ready for move on.</p> <p>There needs to be trigger for those in service for</p>	<p>One risk of having joint indicators, and focusing on moves into and out of the pathway (rather than moves within the pathway) is that people may become hidden as they stay in a service for a long time.</p> <p>In order to overcome this we will establish trigger points at six months. When someone has been in supported housing for six months the pathway will need to ensure that there is a plan for that person to prevent them getting ‘stuck’ in</p>

more than 6 months.	the pathway.
Need for a service user hostels forum with TORs, like the Logos model where service users meet managers as part of the review loop.  How these changes are going to be implemented is important. We feel that the voice of expert citizens needs to be included in this implementation.	Each pathway will need to set out how customers are involved in the service. There will need to be involvement from service users in the design, delivery and direction of the service at every stage.  This will be tested as part of the pathway proposal evaluation.
Limits choice. Within the concept of PIE choice is a key part. Although choice is illusory within the current system anyway.  Will the pathway someone enters be arbitrary?	As acknowledged in the draft plan, aligning services in distinct pathways does limit the choice of service someone can go to. However, we have realigned the pathways so that there will be a number of providers and a number of locations in each.  We believe that the benefits of the distinct pathways model outweigh the problems.
There is nothing in here about whether any of the accommodations will accept pets. This should be detailed within the pathway.  Ban dogs / pets from the pathway - as they are a barrier to obtaining accommodation and moving on from temp accommodation.	Dogs in the pathway is a thorny and emotive subject. There is provision for dogs at different levels in each pathway, but the reality is that having a dog is a barrier to accessing settled accommodation. We do not want to create the expectation that people can have a dog in supported housing, but there is some provision for people who would not consider leaving the streets unless they can be accommodated with their dog. This is the only circumstance that people should be permitted a dog in supported housing, and even then work should be done to persuade that person to give up their dog.
What if someone is banned from a service in the pathway?	One benefit of the distinct pathways is that there should be collective problem solving to reduce evictions and bans from the service.  However, in the event that someone is banned from a particular service, there will need to be a process to review the ban if there is a change of circumstances, and being banned from one service will not mean being banned from the pathway.
Having couples in the pathway may cause some issues: <ul style="list-style-type: none"> <li>• Housing benefit can be additionally complicated</li> <li>• There will potentially be twice as many people to support</li> <li>• What happens when the relationship breaks down?</li> <li>• Need to ensure that the right accommodation is used</li> </ul>	There will be some additional implications of accommodating couples in the pathway, but there is presenting demand and the implications should be manageable. Some existing services are accommodating couples and have managed the implications, including the additional support.  It is only established couples that would be accommodated together, not couples that get

<ul style="list-style-type: none"> <li>• What about same sex couples?</li> <li>• What if two single people meet and become a couple?</li> </ul>	<p>together in supported housing. There is precedent for this in the homelessness legislation, relating to whether or not a couple could be 'reasonably expected' to reside together.</p> <p>Same sex couples will be able to access accommodation in whichever pathway meets their needs.</p>
<p>All providers in the pathway should use the same tools e.g. Outcome Star.</p>	<p>Agreed – each pathway partnership will need to evidence how they will ensure consistency of support planning throughout the pathway in the pathway proposal.</p>
<p>This model is transitional and is not designed for people who will always need support</p>	<p>Yes, these services are short term, recovery based services and not intended for people who will always need support.</p>
<p>Can't optimise the use of units. If no one suitable for a place that's available in one pathway, risk of voids in one and waiting lists in another.</p>	<p>Voids in one pathway and long waiting lists in another will represent a failure of the model. We will prevent this by communication with referrers and by ensuring that the pathways are flexible where necessary.</p>
<p>Individual service voids could be a result of problems elsewhere in the pathway. There would need to be analysis of the reason for the void – there are two types of void, 'open' and 'closed', depending on whether or not the room is available.</p>	<p>In the final plan we have made void times a joint responsibility so that the whole partnership will be responsible for meeting the void targets.</p> <p>We want to keep the reporting as simple as possible, and to highlight where money is being wasted on an empty room, so we will not be differentiating between different types of void. There is a policy about when voids can be disregarded (mainly related to planned maintenance) and we will only disregard void times if it is covered by the policy.</p>
<p>Monitor the effectiveness of the model in the first six months, renegotiate and flex contracts if necessary.</p>	<p>All contracts will be written flexibly so that the service model can change over time.</p>
<p>When aligning the pathways, need to consider:</p> <ul style="list-style-type: none"> <li>• Self-contained/shared mix</li> <li>• Accommodation that can be used for people who are abstinent</li> <li>• Tenure</li> <li>• The pathways' ability to source move on accommodation</li> <li>• Psychiatric hospital discharge</li> <li>• There needs to be a mix of providers in each pathway – if one pathway is all one provider this limits autonomy</li> <li>• Crash pads</li> <li>• SWEP</li> </ul>	<p>The pathway alignment has been designed with providers – the alignment of services in the final plan has taken these responses into account.</p> <p>See recommendation 2.</p>
<p>The proposed plan reduces the age of 'qualifying individuals' to include 22, 23 and 24 year olds.</p>	<p>The age range recommended is not a change from the current age range – these services do</p>

<p>This is a change from the current age range. Has Bristol City Council given serious consideration to the impact this may have on the number of younger individuals accessing this process and their suitability to be placed in accommodation alongside older men or women who may present a bad influence (at best) or prey on younger more vulnerable individuals?</p> <p>Old and young ones (22+) together, doesn't work.</p>	<p>already support people aged 18+, and in some circumstances aged 16+. The specialist young people's services are services for people aged 16-21, and in some cases aged 22-24. These are the age ranges for young people in order to provide specialist services for a specific group, and to safeguard children and young people.</p> <p>If someone aged 22-24 is particularly vulnerable, they will be able to access young people's services.</p>
<p>There is no mention of the 10 psychiatric hospital 'step down' beds at Toll House Court.</p>	<p>The psychiatric hospital discharge beds will continue to be provided at Toll House Court under the new model.</p>
<p><b>Transitions</b> - a) A young woman (with or without partner) is 21. She lives in YP provision. She becomes pregnant. Which pathway will she take? Families? What about her partner if she and s/he live together and are an established couple – there may be no need for 'mother and baby' supported housing or provision used for stat homeless families... so what might the plan be?</p> <p>b) Another young woman is 21. She doesn't have kids and isn't pregnant but she still has support needs and reaches her 22nd birthday. Can she move seamlessly into the adult pathway?</p>	<p>a) This will depend on the needs of the young person – if she meets the HSR eligibility criteria she may be accommodated in one of the accommodation pathways or in young people's provision. If she becomes pregnant she will need to leave the accommodation pathway before having a child – there should be time to help her to move to settled accommodation, but if not she could be accommodated in family provision. If she does not need supported accommodation she will work with her housing advisor to access alternative accommodation, perhaps in the private rented sector.</p> <p>b) If someone is in the young people's pathway, they will not need to move into the adult's pathway just because they become 22, but she could be referred as part of her pathway, if appropriate for her needs.</p>
<p>Hostels need to be linked more strongly with the community –with facilities, businesses working here that work with the wider community.</p>	<p>The additional expertise that the pathway partnership will bring should allow services to be more linked in with the local community.</p>
<p>Peer mentors with lived experience act as a positive role model and can provide practical support e.g. attending appointments. These can be voluntary or paid roles. This should be a fundamental aspect of the pathways.</p>	<p>Agreed. The pathway partnerships will have to show how the expertise of people with lived experience is part of the pathways.</p> <p>We are also commissioning a peer support service – see recommendation 7.</p>
<p>Pre-engagement: a crucial step in progressing towards independent living is building trust and accepting support. There should be provision for an experienced support service to pro-actively engage with individuals before any formal support begins, e.g. drop-ins and crisis intervention.</p>	<p>Central to the delivery of the pathways will be good joint work with the agencies offering support to people before they access accommodation e.g. Golden Key, Outreach, One 25, Crisis Centre Ministries etc.</p>
<p>Person-centred support, focusing on presenting needs and root causes: holistic support plans</p>	<p>Agreed – there needs to be good quality person centred support planning. The pathway model</p>



<p>need to be co-produced to identify the presenting and underlying root causes of the problems faced, ensuring that the right interventions are accessed. There must be flexibility on the length of support and ability of the client to come in and out of service.</p>	<p>supports this by ensuring more consistency of support as people move on rather than starting a completely new process each time. The model also allows for flexibility on the time someone spends in each stage in the pathway, whilst also trying to keep the moves through the pathway as quick and efficient as possible.</p> <p>We will also be working with Golden Key on the 'trusted assessor' model being developed. That work will inform practice in the homelessness pathways.</p>
<p>The separation of a women's pathway does allow for specific services to address women's needs. However, as statistically there is a significantly lower percentage of single female homeless people it is likely that the mixed pathway will become a second men's pathway. Separating by gender does also mean that supported accommodation won't be designed for specific support needs (with the exception of drug and alcohol needs) this does then lead to potential increase in risks to residents – these could be minimised with increased use of small house shares and Housing First models.</p> <p>Positive to see single sex accommodation continuing to be offered to women. Client feedback tells us that some women prefer to live in single sex accommodation and feel safer there. We are happy to see that the new proposed pathways include the same number of bedspaces as currently. We also like the efficiencies this brings around wasted resources (sharing bank staff, maximising occupancy) but more importantly for the client experience – reducing assessments/paperwork - sharing support plans across pathways (and beyond into independent accommodation).</p> <p>The female only pathway has considerable less beds and only Dean Crescent offers 24hr support (does not match the male/mixed pathways).</p>	<p>One of the key motivations behind having a distinct 'men only' pathway rather than a larger 'mixed' pathway is to ensure that we do not have services that are 95% men. By separating out a mixed pathway with fewer services in it, it will mean that those mixed services are closer to 50/50 men and women.</p> <p>We have deliberately moved away from specific services for specific support needs (e.g. mental health, offending etc.) because we do not believe that those support needs are experienced in isolation. We believe that the move towards a more psychologically informed, complex needs approach is far more reflective of the people accessing these services, as well as being more flexible to meet differing and changing support needs. The exception to this is recovery based substance misuse accommodation which has the specific goal of helping people recover, whilst also working on any other presenting need.</p> <p>There is less accommodation in the women's pathway, but this is reflective of demand. We remain committed to women only services.</p> <p>The loss of L1 beds in the draft commissioning plan, especially in the women's pathway (because of the repurposing of these beds as assessment beds) is a key reason that the assessment stage does not form part of the final commissioning plan (see below).</p>
<p>During the needs assessment/consultation period has there been any research/investigation into the number of hidden homeless women who may not be included in existing figures/monitoring?</p>	<p>This commissioning plan has been developed in response to presenting demand. We know from local and national research that there are likely to be many 'hidden homeless' women in Bristol, but commissioning more accommodation units that will not be used will not resolve this.</p>

	The women's pathway will continue to work with services for women in Bristol, including One25 and Eden House. If there is a significant increase in demand for women's services, we will be able to flex the accommodation pathways in response to this demand, for example by changing some of the mixed accommodation to women only.
Will there be an impact of the potential reduction of female only crash pad provision?	The change of use for Spring House has resulted in one fewer female crash pad. We will maximise the number of crash pads, including those that can be accessed by women in the new contracts, including a new crash pad at Longhills.
A robust Health Champions group is required to monitor and highlight health needs that prevent move on to suitable options.	Agreed – we will build on the work already done in this area. The pathways model will allow for easier sharing of good practice amongst services.

**Recommendation 3: Create assessment centres as the entry point to the homelessness pathway for single people and couples.**

<b>You said</b>	<b>We did</b>
<p>There were benefits associated with the assessment level:</p> <ul style="list-style-type: none"> <li>• A diversity of service users and support needs could be good for the environment of the services.</li> <li>• Will lead to better assessment.</li> <li>• No need to repeat the story many times.</li> <li>• It provides time to assess individuals' needs in a holistic way and enables other services - including ROADS - to contribute to this.</li> <li>• It gives opportunity for expectations of housing pathway providers (e.g. engaging with a ROADS treatment programme) to be clearly understood and 'bought into' by service users: this isn't a feature of current provision.</li> <li>• Waiting times to access accommodation will be fair.</li> </ul> <p>But there were also lots of potential problems identified:</p> <ul style="list-style-type: none"> <li>• Complication of mixing gateway people with L1 people – people with low support needs should not have to go into a potentially chaotic environment.</li> <li>• It is a waste of scarce resources to have low support people in expensive 24 hour cover services.</li> </ul>	<p>We have removed this recommendation from the final commissioning plan, because of the concerns raised during consultation, particularly the reduction in the number of L1 beds (especially in the women's pathway) and the concerns around the suitability of a large hostel for people with lower support needs.</p> <p>Instead of a dedicated gateway/assessment level of accommodation, we will retain the principle of good quality, strengths-based assessment and support planning in the initial period of someone's stay. If, following this assessment, it is clear that someone has needs that could be better met elsewhere in the pathway, the pathway partnership will have increased flexibility to move that person as appropriate.</p> <p>See recommendation 2</p>

<ul style="list-style-type: none"> <li>• This equates to a reduction in L1 beds.</li> <li>• There is no women only 24 hour provision past the assessment level.</li> <li>• The client’s view on the assessment centre could mean that people turn down a place there and prefer to continue to sleep rough.</li> <li>• A very short stay makes it difficult to recover the housing costs (e.g. through an HB claim).</li> <li>• Will have a higher turnover of people and this could have a negative impact on staff.</li> </ul> <p>There would need to be a lot of exceptions e.g.:</p> <ul style="list-style-type: none"> <li>• Someone leaving psychiatric hospital.</li> <li>• Someone leaving prison abstinent who wants to access the substance misuse accommodation pathway.</li> <li>• What would be the point of someone with low support needs who has already been heavily assessed spending time in an assessment centre?</li> <li>• This approach may make it more difficult for housing advisors to delay homelessness. Often homelessness can be delayed whilst a referral to a lower support service is made, but this will not allow for that.</li> <li>• People (especially women) who may be at risk in the assessment centre location.</li> </ul>	
<p>The term ‘assessment’ is disempowering. ‘Gateway’ would be a better term.</p>	<p>This was agreed during the consultation period, but is no longer relevant.</p>
<p>Need to retain Outreach Access Beds to prevent an increase in rough sleeping.</p>	<p>The Outreach Access Beds will be retained at their current level.</p>
<p>In order to be exempt from the single room rate if you’re aged 25-35 you need to have spent at least 3 months in a level one hostel – this won’t achieve that.</p>	<p>We are seeking to create a service that meets people’s needs rather than one that allows people to claim additional benefits in the future. However, the challenge of affordable move on is very significant, and we hope that this will be tackled with partners by including move on as a pathway indicator.</p>
<p>The distinct pathways approach could be successful even without the gateway level.</p> <p>If the assessment process needs to be residentially based it would surely be better for clients to be placed initially with what is seen as the most ideal provider and for them to carry out the full gateway assessment to ensure the</p>	<p>Agreed.</p> <p>See recommendation 2</p>

accommodation is the most appropriate.	
If clients were moved straight in at a lower level of support this would lead to a conflict in priorities - move-on vs new clients (who may be homeless) and this would make waiting lists much harder to manage/monitor.	This is a good point, and one that will need resolution in the formation of the partnership agreement. We will monitor new entrants to the pathway at different levels to ensure that there is access at all levels.

**Recommendation 4: With the Substance Misuse Team, jointly commission a substance misuse accommodation pathway.**

<b>You said</b>	<b>We did</b>
<p>More preparation housing will make it easier to access treatment in the window when someone is 'contemplative'.</p> <p>More preparation beds will increase uptake of treatment amongst the homeless population.</p> <p>There needs to be a firm agreement with treatment providers that SM housing have priority access to the treatment system.</p>	<p>Agreed. We will work with the Substance Misuse Team to ensure that treatment is available when needed for people in the substance misuse pathway.</p> <p>See recommendation 3</p>
<p>The loss of substance misuse floating support will leave a big gap, especially with the reductions in floating support elsewhere in the city. Without this support, tenancies will break down - with human costs to individuals and financial costs to the Local Authority.</p> <p>The resettlement proposed is not sufficiently intensive to meet the needs of this population.</p> <p>Clients with substance misuse issues do not necessarily require a specific substance misuse related floating support service as long as generic floating support services have the ability and skills to work with this client group.</p>	<p>Ending the substance misuse specific floating support will have an impact. To some extent this can be mitigated by the provisions of the new Recovery Orientated Alcohol and Drugs Service (ROADS), particularly the proposed complex needs ROADS service.</p> <p>We do not seek to downplay the potential impact of this change, but we believe that the limited available resources can be best used by increasing the number of preparation units in the accommodation pathway, and therefore the number of people successfully accessing treatment.</p>
<p>Most people would be OK going into L4 accommodation from treatment.</p> <p>Sharing with people using/drinking is no good for people coming out of treatment. Could L4 self-contained units be prioritised for people coming out of treatment?</p> <p>The abstinent accommodation provides a mutually supportive environment for people trying to stay clean.</p> <p>There is non-commissioned dry accommodation in the city.</p>	<p>We would not look to place people leaving treatment accommodation in shared accommodation with people who may be using or drinking. We will ensure that people in this situation are either offered self-contained accommodation, or else accommodation with other people who have been through treatment.</p> <p>Creating mutual support/peer support is a feature of both this homelessness prevention commissioning and also the new ROADS commissioning. Abstinent accommodation is not vital to mutual support and we will develop other ways for this to be provided.</p>

<p>The substance misuse pathway is still too separate.</p>	<p>We did consider different models for the substance misuse pathway to be more integrated into preventing homelessness services, but it was not clear exactly what the benefits would be. We believe that the model in the commissioning plan will increase the number of people accessing treatment. There will also be good quality drug and alcohol support available in the homelessness pathway for people who do not want specific treatment accommodation.</p>
<p>Will there be women only treatment accommodation, including at preparation level?</p>	<p>The substance misuse pathway will need to be flexible to meet presenting demand, including women only services if justified, and if doing so will not create unfilled vacancies.</p>
<p>Joint commissioning should enable a better use of accommodation – the best units being used for the best purpose.</p>	<p>Agreed. The accommodation pathways and negotiated approach will allow providers and landlords to talk to one another and ensure that their accommodation is the best available for the purpose. For example, there is some self-contained accommodation at the current abstinent level which may not be suited for preparation accommodation, and some shared L4 accommodation that might be better suited for preparation accommodation. With the consent of the relevant organisations, it might be possible to change the use of these accommodation units.</p>
<p>Hope that this might mean that failing to successfully complete a treatment programme didn't necessarily have to result in homelessness, as it does sometimes now.</p>	<p>For people who have relapsed whilst in treatment, but otherwise are able to maintain their tenure, there should be the ability for the substance misuse provider to talk to the homelessness pathway partnerships to find a solution without the person becoming homeless.</p>
<p>We believe that Bristol should have a community detox service, like DHI's Burlington Street project in Bath. This has been proven to save considerable sums in comparison with residential rehab/detox in traditional venues, as well as through hospital stays avoided/shortened. If changes are being made to the ROADS accommodation pathway, then now is the time to commission a community detox service.</p>	<p>This has been fed back to the Substance Misuse Team to inform the development of the ROADS commissioning plan.</p>
<p>The ring-fenced budget to be allocated to Local Authorities to make 'top-up support' payments to supported housing providers (replacing Welfare Benefits system payments) needs to be used to raise standards in 'non-commissioned abstinence housing' e.g. payment dependent on compliance with quality framework - to avoid</p>	<p>The details are not yet available, but it may be that the council has more influence over non-commissioned supported housing. We will continue to focus on ensuring that standards in any supported accommodation are high.</p>

<p>further growth of poor quality 'abstinence housing' to fill the gap the changes to the substance misuse pathway will leave.</p>	
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**Recommendation 5: The current external floating support service would become resettlement linked to the pathways.**

<b>You said</b>	<b>We did</b>
<p>One single resettlement service is better than each service doing its own resettlement.</p> <p>Move on is a vulnerable time for service users and it would be better if resettlement support was provided by someone who they already had a relationship with.</p> <p>Particular workers should be assigned to particular pathways, and co-located.</p>	<p>The new resettlement service will need to forge very close links with the pathway providers. Delaying the tender of the resettlement service (to July 18) will allow the pathways to become established and the tendering organisations to know how the pathways are aligned in order to develop these relationships.</p>
<p>Resettlement support should include a personal budget element.</p>	<p>We are not specifying a personal budget element but the provider will be able to take the decision to use personal budgets if there is compelling evidence that this approach will help people to maintain their tenancies. Any learning from Golden Key's personal budget pilot will inform all of our service delivery.</p>
<p>The resettlement support needs to be started before someone moves out of the pathway.</p> <p>The support should be available regardless of where someone moves to (e.g. if they leave L2 accommodation to move in with family or friends). The focus should be only helping any move out of the pathway to be successful.</p>	<p>Agreed. The resettlement service will need to be responsive to need, including working with people where appropriate before they leave the homelessness pathways. The service will need to respond to presenting demand, and this will influence to some extent how long they can offer resettlement support to people.</p> <p>The service will be available to anyone leaving the homelessness pathways in a planned way, and to some people leaving in an unplanned way, if it is likely to help those people sustain safe accommodation.</p>
<p>The resettlement service will not work with people long term but this leaves a gap, with the ending of different floating support services (including the substance misuse floating support).</p> <p>Will there be enough capacity in the remaining floating support service to prevent homelessness?</p>	<p>Floating support in the city is being restricted because of a number of different services, including the substance misuse floating support, likely to be reduced. This is a consequence of the reduced budget, and in these circumstances we have taken the decision to retain the number of bedspaces and focus on preventing repeat homelessness.</p> <p>The council's Homelessness Prevention team is focusing on preventing homelessness as early as possible, and this approach is reflected in the</p>

	<p>Homelessness Reduction Bill which we anticipate will become law.</p> <p>The Tenant Support Service will focus on preventing homelessness, including amongst families.</p>
If there is one service, this will mean that there is no women specialist resettlement support	We are not proposing a specific women only resettlement service, but we are exploring having particular workers for the particular pathways. Women leaving the women only pathway will be offered a female resettlement worker.
This will free some capacity in L4 accommodation to work with people with higher needs.	Although there is no proposed increase in funding for the L4 services, they will no longer be required to do the resettlement support, so there should be additional resources available to L4 accommodation. It should be noted though, that there has been no inflationary uplifts in any contract since they began, in 2012/2013.
Will TUPE apply to the current floating support D&A workers?	The council does not have a view about whether TUPE applies, and providers/workers should seek their own advice.
If the Key Bristol service is to be decommissioned or subject to competitive tender, we would like to understand how that decision was reached with regard to the existing council contract for delivering housing related support. Is the decision based on performance, cost per units, value for money or outcomes? If the principle of the pathway plan is negotiated contracts with existing providers we would like to understand any rationale for this not being applicable to Key Bristol.	<p>In determining the different approaches to the procurement of new contracts, we carried out a market testing process to determine the extent of the likely market. There is a market for the resettlement service, but the only organisations that can provide the accommodation pathways are the organisations currently delivering them. We therefore felt that the risks of negotiating with the current provider for the resettlement service were too high, and that a tender is the most appropriate way to get the best service.</p> <p>We are not proposing a tender for the in house tenant support service as other internal council funding proposals already impact on the future of that service. The TSS faces a 10% reduction in our funding from April and an internal process has started to consider its merger with the other (adult care commissioned) in house floating support service, which is facing a 50% cut in funding.</p>
It is vital that we reimagine our services as going beyond the traditional hostel/supported housing/floating support methodology. It may be useful to have some measures for this resettlement function - around links into the community, stability of work, client qualitative experience. We should also looking to follow up on clients at regular periods – 3months,	Different models of support will be considered as part of the tender process. There will be targets around sustaining accommodation over different timescales.

6months, 2 years to get some longitudinal measures of success. It may also be useful to think about creating (within existing resources) hubs for clients to come to for support, but also for training, volunteering to cement their recovery.	
We are very pleased to see resettlement support linked to the pathway so that will provide a seamless transition but it should be seen to be as important as the rest of the pathway.	Agreed.

**Recommendation 6: Change the indicators to make them less resource intensive to provide (and monitor) and more flexible.**

<b>You said</b>	<b>We did</b>
<p>Shared outcomes will encourage partnership work.</p> <p>Voids should be a joint indicator too – we need the pathway as a whole to be incentivized for working together on turning voids around as quickly as possible and keeping voids to a minimum, recognizing that each service is impacted by other parts of the pathway.</p>	<p>Agreed. We have revised the final plan so that all the indicators are pathway indicators, but we will still be able to see performance in different services.</p>
<p>If there are joint indicators, this risks masking poor performance at particular services.</p> <p>Monitoring needs to be undertaken by Commissioner and they need an input if one provider not performing</p>	<p>There is a risk of masking poor performance at individual services, but even though the indicators will apply to the whole pathway, it will still be possible to run HSR reports for individual services to understand how individual services are performing.</p> <p>There will be one contract per pathway, and it is expected that the pathway will work together to resolve any performance problems in the first instance.</p>
<p>There needs to be account taken for the fact that SPA cannot refer over the weekend, and that voids are not entirely within the provider’s control</p>	<p>This will not be taken into account in the performance indicators, we need to ensure optimal use of the accommodation that we have, and we do not want to mask any empty units. There are measures that providers can take to ensure that they meet the targets, including working with the SPA team to ensure that there are people nominated if there is likely to be a void over a weekend for L1 services.</p> <p>Good partnership working with referrers and other services will help to reduce void times.</p>
<p>The new indicators represent a good change of focus from KPIs to outcomes.</p>	<p>Agreed.</p>
<p>Lack of move-on options for clients could affect</p>	<p>A lack of affordable move on options is a massive</p>



the whole process.	challenge. We have amended the commissioning plan to include an indicator around the number of people who are helped to move out of the pathways into accommodation other than through Home Choice Bristol. This will require providers to come together to create innovative solutions to move on.
<p>Would there be a lead provider with responsibility for the indicators?</p> <p>In relation to performance management, we think this should be collaborative, with providers recognizing their inter-dependency, and effectively 'policing' each other. So, avoiding individual performance management.</p>	There will be one contract per pathway. We would prefer a lead provider, but will be able to consider possible alternatives during the negotiation period.
The quality of move on information (including after an eviction) should be taken into account in monitoring the service.	This will be considered as part of the six monthly review process.
<p>We have some concerns about providers within a pathway being held accountable for the performance of the whole pathway, especially where providers have no control over the performance of each other. Providers of different sizes, with different levels of efficiency of scales may or may not perform effectively.</p> <p>There would need to be external arbitration to support this.</p>	Providers will need to come together as a partnership, and any partnership agreement will need to have arbitration and dispute resolution mechanisms built in. The partnership will be held to account if there is poor performance or a failure to meet the outcomes.
Focusing on outcomes AFTER support or intervention had ceased enabled significant improvements to be effected across all the wide range of needs and approaches that summarise the people who face homelessness.	The resettlement service will have targets around sustainment of accommodation. This can be interrogated to establish if there are any patterns and support can be amended appropriately.
It maybe useful as discussed above to look at some longitudinal measures. We would also welcome a discussion about a wellbeing measure such as the Warwick-Edinburgh tool. A baseline at entry could be taken and assessed systematically through pathways. This would provide powerful data about more qualitative, experiential, client centred data.	The pathway will be contracted to evidence the progress that individuals are making in their services through whatever tools work for the pathway. This will be considered at the six monthly meetings, but we do not consider it helpful to prescribe the tools to be used, or to set targets around these outcomes.

**Recommendation 7: Standardise the support cost per unit.**

<b>You said</b>	<b>We did</b>
In principle, paying similar amounts for similar services is the best way to make the necessary savings, but there are various factors that need to be taken into account where a variation in cost might be justified, including:	Agreed – when determining the cost ceiling for the homelessness pathways, we have taken current contract values as our starting point.

<ul style="list-style-type: none"> <li>• The size of the scheme</li> <li>• Added value</li> <li>• The size of the organisation</li> <li>• Rental/service charge income</li> <li>• The amount repayable to the landlord</li> <li>• Night cover</li> <li>• Any cross-subsidy arrangements</li> </ul>	
<p>Need to consider the living wage.</p>	<p>All providers will be expected to pay their staff at least the living wage.</p>
<p>We further welcome the suggestion of 5 year contracts but there must be some inflationary uplift as costs will increase over the 5 years and services could become financially unviable which would be risk to providers and to BCC as commissioner.</p>	<p>There will be no inflationary uplifts throughout the life of the contract. We appreciate that this is a difficult position, but is necessary given the financial position the council is in. The distinct pathway approach should yield efficiencies because of shared costs, but we do not seek to diminish the size of the challenge. There will be annual reviews of the contract, and there may be changes to the provided model over the life of the contracts.</p>
<p>The level of service charge within schemes have risen over the years, often in line with a decrease in support funding.</p> <p>We welcome in principle some closer scrutiny of cost per unit but such scrutiny cannot be on the basis of support funding alone.</p>	<p>Agreed – when determining the cost ceiling for the homelessness pathways, we have taken current contract values as our starting point.</p>
<p>With significant cuts to supported housing services, commissioners need to be working more closely with Housing Benefit to persuade them of the need to maximise available funding. In certain authorities, HB and commissioners have worked creatively together to utilise HB eligible service charges to replace some of the funding lost for supported housing.</p>	<p>The Bristol Supported Housing Forum is working with Housing Benefit to build a more consistent and collaborative approach. We will support this however we can.</p>
<p>There should not be a cap on rent and service charge in low support accommodation.</p> <p>If there is to be a cap it needs to be higher than £140 a week.</p>	<p>We need to make sure that, as far as possible, services further down the pathway are affordable to people in work, so we do intend to set a cap on the combined total of rent and (HB eligible) service charge. This is likely to be £150 per week, but this may not be for the life of the contract and will be reviewed in light of any relevant changes to funding or welfare benefits.</p>
<p>The proposed budget reduction of 10% was met by incredulity, anger and shock. People were very aware of the very big rises in homelessness in Bristol over the last few years and felt that far more needed to be spent, not less.</p>	<p>The council faces real financial challenges, and it is not easy to cut money from homelessness services when rough sleeping is increasing. The commissioning plan sets out our plans to best achieve this.</p> <p>The services should be viewed in the wider context of homelessness prevention, including Golden Key, the City Office work and the</p>

	forthcoming services funded through the 'Homelessness Prevention and Reduction' support from DCLG.
The pathway model offers up some real chances to make savings going forward that we would need to model out – this is particularly around staffing. It would be good going forward to think about staff teams linked to pathways and not to projects. This way you would have the ability to flex to the needs of the pathways and of clients. We also need to look at technology/IT systems to manage more effectively some of the security elements of projects that require staff time.	Agreed – this potential for more efficient working is described in the revised commissioning plan.
The standardised costs may result in less quality of staff; organisations that pay workers more have consistent teams that provide a higher quality of support.	Agreed, although we acknowledge that any further reductions may result in a reduced service, rather than further staff reductions and we are committed to the services we commission paying their staff the living wage. The service that will be provided will be established during the negotiations for the distinct pathways, which are the element of the commissioned service that face reductions because of standardised unit costs.
There may be an identified need to provide increased cost per unit for women in female only accommodation (as women may be more likely to have experienced abuse, trauma, DVSA, losing children and mental health needs) that should be considered. This difference between the needs of men and women is described in the Equality Impact Assessment related to the homelessness pathways, 'Men and women often have different needs and face different risks. Women only services are extremely important to some women, in particular women fleeing DVA or sex work.'	Whilst we remain committed to a women only accommodation pathway, we do not believe that there needs to be a higher unit costs for these services. The higher level services will work with people with complex needs, in all pathways.
Due to the standardization of cuts being made there is now 16 less beds for single homeless women. This seems insane and backwards when we are in the middle of homelessness rising, pushing more women in to others homes putting them at risk of paying for shelter with their bodies.	There is no reduction in women only bedspaces as a result of this commissioning. There will be fewer L1 beds and more L2 beds, but the overall number will not change.

**Recommendation 8: Fund an expanded Assertive Contact and Engagement (ACE) service to specifically work in supported accommodation.**

<b>You said</b>	<b>We did</b>
This recognises the very high numbers of people who are not linked in with mental health services	There are high numbers of people not accessing secondary mental health services, and this is

<p>in supported accommodation.</p>	<p>something we are trying to address, whilst also recognising that secondary mental health services are not always the best services to help people with their wellbeing.</p>
<p>There is already enough training available, what is needed is access to one to one support.</p> <p>Upskilling front-line staff on how referral systems work and how to press the right buttons when referring.</p> <p>Training, providing expertise etc. Workers would not have any one to one contact to avoid drift.</p> <p>There is a lack of clarity about what the ACE service would deliver in this model.</p> <p>Any increase in the problems accessing secondary mental health services might make this change irrelevant.</p> <p>1-2 two posts may not be enough capacity for all the pathways – could be a waste of funding.</p> <p>A ‘bolt on’ service usually doesn’t solve problems for providers.</p> <p>The principle should be to maximise the funding available for the pathways and allow them to use it however necessary to improve mental health.</p>	<p>The revised plan does not include this recommendation.</p> <p>Although there is widespread concern about access to secondary mental health services for people in homelessness services, there is very little agreement about how to solve this, and concern that a small service would not make the difference. There is also a risk that mental health support could be seen as external to the pathways, compromising the need for the pathways to build capacity to support people’s mental health needs.</p> <p>Without a clear idea of exactly what this proposal would achieve, it is difficult to justify funding it given that the consequence would be reduced funding directly to the homelessness services. Removing this proposal means that the money available to the pathway partnership is maximised, allowing those partnerships to use the funding as appropriate. This may include employing a psychologist or other mental health professional to work in the pathways, or working to improve the mental health skills and confidence amongst pathway staff.</p>
<p>Any changes to mental health services’ relationship with supported accommodation should focus on access to the Crisis Team.</p> <p>In cases where an individual’s mental health is deteriorating and there is an urgent need to engage mental health services, we think the idea of having a named contact person in statutory AWP secondary MH services could help improve the escalation process.</p>	<p>Separately to the commissioning plan, we are working with Bristol Mental Health to ensure that there are good escalation routes for people in crisis, and that these are used appropriately by providers. The Crisis Team will be central to these discussions.</p> <p>The intention is to have effective policies around risk management and escalation in place by June 17.</p>
<p>The level of need indicates that Bristol Mental Health Recovery Service may be required and enabling access to this is what needs to be achieved. So the ACE service could be very effective - if it can gain access to the Recovery Service - which is currently constrained.</p>	<p>The ACE service will continue to support homelessness services with training and other support, including advice around making appropriate referrals.</p>

**Recommendation 9: Commission a jointly funded peer support service with the Substance Misuse Team (SMT).**

You said	We did
<p>It is not necessary for this to be done by one service – there are already well established peer support arrangements within particular services. This will just duplicate that.</p> <p>Support for this as organisations are competing for competent, committed peers.</p> <p>The principle should be to maximise the funding available for the pathways and allow them to use it however necessary.</p> <p>Peer support is good and it works, but it needs investment.</p> <p>Within the Pathway partnership, there is the opportunity to reduce duplication of effort e.g. in the recruitment of peers, and we are committed to working with other providers to achieve this.</p> <p>In jointly commissioning there is a chance to review and set some best practice principles but also work with other schemes across the city.</p>	<p>We will jointly fund an extended peer support service that will be commissioned by the Substance Misuse Team (SMT) as part of the forthcoming SMT commissioning, depending on the outcome of the SMT commissioning plan consultation. Pathway providers will be able to make use of this service but will need to offer support and supervision to any volunteer working in their pathway.</p> <p>This will not replace schemes to offer people with lived experience paid work, either via apprenticeships, specific posts or through general recruitment.</p>
<p>There is a risk of relapse amongst peer mentors if there is crossover between substance misuse mentors and homelessness services.</p>	<p>Peer support can carry a risk of relapse for people in recovery, but the benefits for people supporting others is well documented, and we consider that the benefits of peer support outweigh the downsides.</p>
<p>There is a danger that in the economic climate that peer volunteers maybe exploited in order to cut costs.</p>	<p>We see peer support as a beneficial service which contributes to outcomes, but one that costs money, not one that saves money. The service will be properly resourced and will not be used to cover minimum staffing requirements.</p>
<p>Build into monitoring to ensure that there are good ETE outcomes for peer volunteers.</p>	<p>Agreed, this will form part of the contract.</p>
<p>Benefit changes make it harder for people to be peers for an extended period because they need to spend a lot of time looking for work</p> <p>Would ‘training’ posts be better – paid peer supporters. This is done in various services, e.g. Shelter, Riverside, St Mungo’s.</p>	<p>This will not replace schemes to offer people with lived experience paid work, either via apprenticeships, specific posts or through general recruitment.</p>

**Recommendation 10: Launch a small (10 units) Housing First project.**

You said	We did
<p>Yes, proof that it works (Canada and States), similar to the initial principles of the RSI scheme</p>	<p>A Housing First project is needed in Bristol, in order to provide sustainable accommodation to</p>

<p>when it was first launched.</p> <p>The selection process needs to be right to make sure the right people are referred. Perhaps a panel could select people.</p> <p>It is a drop in the ocean, but it could be scaled up.</p> <p>Good outcomes for those initially selected could open up further investment (spend to save or SIBS?).</p> <p>Need to ensure housing is permanent and they always get the support that they need.</p> <p>Where would the accommodation come from?</p> <p>Can existing resources (Golden Key) make this work without diverting funding away from the homelessness pathways?</p> <p>Will this encourage people to fail? And play the system?</p>	<p>people for whom the current homelessness accommodation does not work. There is commitment from partners to establish this kind of project through alternative resources, e.g. Golden Key and/or the Homelessness Prevention and Reduction funding through DCLG.</p> <p>Because of this, we have taken the recommendation out of the commissioning plan, allowing the funding to the homelessness pathways to be maximised.</p>
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**Process for recommissioning**

<b>You said</b>	<b>We did</b>
<p>We very much welcome that BCC are trying to focus on collaborative working and the principles of partnership rather than competition and the potential for wasting resources through competitive processes.</p> <p>Working alongside and in partnership with the Golden Key programme, it will contribute to development of a whole systems approach - essential to addressing the complex set of interconnected issues involved in reducing and preventing homelessness.</p> <p>Reducing spend on processes to maximise spend on front-line services should be the driving principle for all recommissioning.</p>	<p>We will negotiate with providers of services for single people and couples for the homelessness and substance misuse pathways, in order to foster positive partnership working.</p> <p>The revised commissioning plan reflects this.</p>
<p>What will be critical is how the pathway is procured, e.g. lead and subcontracting, consortia, individual contracts.</p> <p>In order for this to work providers in the pathway need to come to the table as equal</p>	<p>The final plan spells out that we are looking for one contract per pathway, but does not prescribe who the contract will be with.</p> <p>In response to different feedback, this allows the organisations in the pathways to determine</p>

partners rather than getting into roles of lead provider and sub contractor which has the potential once again to be divisive.	together their preferred partnership arrangements.
A negotiated solution would seem a good, pragmatic choice so long as it doesn't leave BCC exposed to undue risk of challenge (leading to ultimately more cost and uncertainty/delay in the meantime).	We feel confident to negotiate for some services because our market development work has demonstrated that there is a very limited market of providers who can provide both accommodation and support. However, the market development work has indicated that there is a wider market for resettlement support and family accommodation, so we will have a competitive process for those services.
Smaller organisations are put at risk by this process as there is little opportunity to consider involving them in contracts. If smaller charities that already survive on small pots of funding, receive cuts to funding as a result of losing contracts they may not be in a position to continue to provide support.	The negotiated approach for the pathways means that the current organisations will continue to provide services, meaning that they will not have to compete and will not lose contracts.
I feel the proposal will not enable innovation or new ways of working. I think that renegotiating with existing providers will exclude competent organisations from entering the market which is not in the best interest of service users. In challenging times it is sometimes helpful to consider new approaches from different organisations.	Our market development work has demonstrated that there is a very limited market of providers who can provide both accommodation and support. However, the market development work has indicated that there is a wider market for resettlement support and family accommodation, so we will have a competitive process for those services.

## Other

<b>You said</b>	<b>We did</b>
Continue to expand guardianship beds so that low support clients can use this as an option. Need to also allow access into pathways (further down the pathway from guardianship schemes if necessary).	This recommendation is outside the scope of this review but will be passed to the Early Intervention Challenge Group to progress.
Providers need to access Connecting Care – should be stipulated in contract/spec.	We will be doing further work to establish the feasibility of Connecting Care in services.
Registered Providers need to look at providing shared houses at single room rate to support move on from the pathways.  Move on will be critical to success of the Pathways and the consultation states that providers must work together to source move on accommodation and cannot rely on social housing to deliver sufficient move on. The consultation does not adequately reflect how Bristol City Council, as strategic housing authority, will support providers with this.	Agreed – the specifications for the services will include an indicator around the number of people helped to access accommodation other than through Home Choice Bristol. In order to meet this target, providers will need to consider different innovative approaches to securing accommodation.

<p>Any possibility of a joint case management system?</p>	<p>This will be explored with providers – we think that the pathways, and the longer term contracts, will encourage providers to invest in shared IT where possible.</p>
<p>We think more emphasis could be given to a strengths-based approach to working with clients. This can be reflected in the way assessment is conducted, the language used, and by avoiding stigmatizing labels. For example, working with clients on safety management, rather than risk management which can tend to suggest a deficit model.</p>	<p>Agreed – this will form part of the new specification and will be tested during the negotiation phase.</p>
<p>A safe place to store small possessions. Cash, documents, general possessions are stolen frequently from the homeless by other homeless, it's never reported so missed from statistics.</p>	<p>This type of service is provided at the Compass Centre.</p>
<p>Locations for washing. Hostels and other current official sites often won't cater for "outsiders".</p>	<p>This type of service is provided at the Compass Centre.</p>
<p>There should be peer support for LGBT people in services.</p>	<p>Agreed – we will work with the peer support service funded jointly with substance misuse to provide this kind of support.</p>