

# **Swindon Borough Council**

## **Health and Wellbeing Board**

**Wednesday, 9 December 2015**

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

**Contact Officers:**

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### **REPORT TO FOLLOW**

**5. Homelessness Strategy (Pages 3 - 66)**

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## Draft Homelessness Strategy 2016 – 2021

Health and Wellbeing Board

Date: 9 December 2015

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Author:	Head of Housing and Community Safety
Wards:	All
Locality Affected:	All
Parishes Affected:	All

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### 1. Purpose and Reasons

- 1.1 This report provides the Health and Wellbeing Board with an opportunity to comment on the draft Homelessness Strategy for Swindon 2016 to 2021.
- 1.2 The Homelessness Strategy is a statutory requirement as set out in Schedule 1 of the Homelessness Act 2002.

### 2. Recommendations

The Board is recommended to:

- 2.1 Comment on the draft Homelessness Strategy attached at Appendix 1 to the report and note the priorities it sets out.
- 2.2 Endorse the Strategy recommending that it is approved by Cabinet and the Governing Body of the Clinical Commissioning Group.
- 2.3 Recommend Cabinet amend the Allocations Policy to offer a proportion of social housing voids in a targeted way to homeless households as set out in Priority 4 of the Draft Strategy.

### 3. Detail

- 3.1 The draft Homelessness Strategy aims to meet one of the actions of the Housing Strategy 2015, for Swindon to achieve the Government's Gold Standard for homelessness service as set out in 2013.
- 3.2 The Homelessness Service already operates in line with the standards set out, and once the Homelessness Strategy is adopted the Council can then be audited to verify its compliance.
- 3.3 Swindon's Homelessness Service has improved substantially, with the number of households in temporary accommodation having reduced from nearly 1000 in 2004/5 to below 300 now. There is still space for improvements in specific areas and these are covered within the priorities set out within the Draft Strategy.
- 3.4 Since the service already meets the best practice guidance as set out in the Department of Communities and Local Government's *Making Every Contact Count; A Joint Approach to Preventing Homelessness* (August 2012) the

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Further information on the subject of this report can be obtained from James Graham, 01793 464474, [jgraham@swindon.gov.uk](mailto:jgraham@swindon.gov.uk).

# Draft Homelessness Strategy 2016 – 2021

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Strategy aims to target specific critical aspects of delivery that are problematic. The priorities for action are:

- 3.4.1 Ensuring victims of Domestic Abuse are appropriately housed
- 3.4.2 Improving partnership working to support homeless people with complex needs
- 3.4.3 Preventing homelessness for people with care needs
- 3.4.4 Ensure we make best use of our social housing to minimise homelessness
- 3.5 The Homelessness Strategy sets out a short list of actions to target the priorities. In the past Homelessness Strategies have set out substantial numbers of actions, which have become undeliverable as circumstances change so this Strategy aims to deliver a smaller list which can be updated if necessary.
- 3.6 In order to ensure the Strategy is delivered, and Homelessness in Swindon continues to be effective the Homelessness Forum will be re-established.

## 4. Alternative Options

- 4.1 Since a Homelessness Strategy is a statutory requirement the alternative option is to change the content and priorities contained.

## 5. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

- 5.1 The Homelessness Strategy should provide a steer for Supported Housing procurement, which will be reported on separately as part of the normal budget setting procedure.
- 5.2 The Strategy is key to delivering Homelessness Services within identified budgets. There are no additional financial implications from the proposals in the Strategy.

### Legal and Human Rights Implications

- 5.3 The service operates in line with primary legislation and up to date good practice guidance, so there are no legal or human rights implications from this Strategy.

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 None.

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Further information on the subject of this report can be obtained from James Graham, 01793 464474, [jgraham@swindon.gov.uk](mailto:jgraham@swindon.gov.uk).

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## Diversity Impact Assessment

- 5.5 A Diversity Impact Assessment has been carried out by the author of the report, and is available on request. Findings from the Diversity Impact Assessment have been incorporated into the Strategy itself. It is important to note that the shortage of affordable housing is a particular difficulty, as well as the support services people need to live independently. People at risk of social exclusion often need to develop skills to ensure that they can successfully maintain a home. The services commissioned and delivered by the Council such as the Outreach Service for those sleeping rough as well as the work of the Housing Options Team take account of these particular vulnerabilities. The action plan will be developed to improve service delivery where resources allow.

## Risk Management

- 5.6 There are no additional risks identified from this Strategy.

## **6. Consultees**

- 6.1 The four priorities for action have been developed in consultation with homelessness services in Swindon, service user groups, equality group representatives and Council stakeholders and Public Health colleagues, as part of the development of this strategy. These agencies will remain involved in developing the action plan. The Action Plan will be developed with the re-established Homelessness Forum
- 6.2 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1 - Draft Homelessness Strategy 2016 - 2021
- 8.2 Appendix 2 - Evidence Base for the Homelessness Strategy

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## Appendix 1

# Swindon Homelessness Strategy 2016- 2021

## 1. Approach

### What do we want to achieve?

To improve services to prevent or reduce the impact of homelessness on our most vulnerable residents.

### Why do we need a Homelessness Strategy?

Under Section 1 of the Homelessness Act 2002 Local Authorities are required to periodically review homelessness in their District, and publish a Homelessness Strategy based on that review.

### What do we mean by homelessness?

Section 175 of the Housing Act 1996 states that a person is homeless if he has no accommodation available for his occupation, in the United Kingdom or elsewhere, which he—

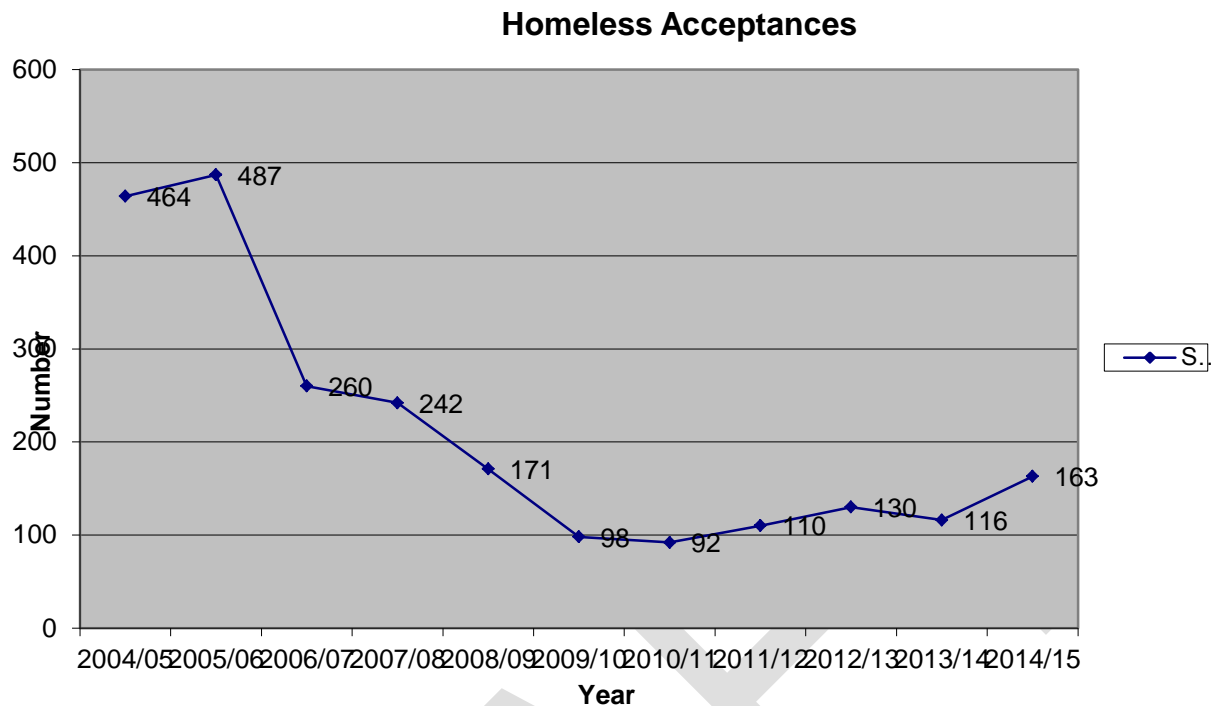
- (a) is entitled to occupy by virtue of an interest in it or by virtue of an order of a court,
- (b) has an express or implied licence to occupy, or
- (c) occupies as a residence by virtue of any enactment or rule of law giving him the right to remain in occupation or restricting the right of another person to recover possession.

## 2. Homelessness Strategy 2008-2013

The Homelessness Strategy 2008 asserted the Council's view that homelessness can be prevented if the right choices are available and that early intervention at critical times is the most effective way of addressing homelessness. The strategic priorities for action were:

- Addressing the main reasons for homelessness *f*
- Increasing access to accommodation *f*
- Addressing wider causes of homelessness *f*
- Preventing homelessness *f*
- Provide support to vulnerable people and people at risk of homelessness

Figure A: The success of this approach is shown in the number of households accepted as homeless:



This situation still holds true today and the Council will continue to apply these principals to its work. However, this Strategy seeks to focus on 4 critical issues rather than reasserting previous objectives. These are set out as follows:

- Ensuring victims of domestic abuse are appropriately housed.
- Improving partnership working to support homeless people with complex needs.
- Preventing homelessness for people with health and care needs.
- Ensure we make best use of our social housing to minimise homelessness.

### 3. Homelessness Strategy Evidence Base:

What the evidence tells us:

The Homelessness Strategy Evidence Base tells us:

- There will be significant growth in future of people living alone, or as lone parents, which are the groups where housing affordability is the greatest problem.
- There is a forecast shortage of approximately 335 affordable homes per year above the 300 target from the Housing Strategy.
- There is a small but significant group of people who are rough sleeping, and who have complex needs.
- For over a third of women fleeing domestic abuse, leaving their home increased the abuse.

The evidence tells us that due to a shortfall of affordable homes, homelessness will continue to be a challenge in Swindon. Many of these issues are subject to national



policies, and the Council and its partners will continue to endeavour to do their best to meet needs in the current market conditions.

Our analysis also shows that although we have created a pathway out of rough-sleeping, it is not always sustained. Breaking the links that draw people back to the streets is not happening consistently.

Our homelessness service has improved significantly over the past 10 years due to a change of emphasis to earlier intervention and homelessness prevention, and this Strategy aims to set out a way to improve it further.

We need to build on the progress over the past few years, and develop our service in some specific areas to deliver further improvements.

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#### **4. Priorities:**

- Ensuring victims of Domestic Abuse are appropriately housed
- Improving partnership working to support homeless people with complex needs
- Preventing homelessness for people with health and care needs
- Ensure we make best use of our social housing to minimise homelessness

Due to the critical nature of these issues it is our view that we will focus policy and service development in these areas. It does not mean that other areas are not important, and we will continue to do our best to house people in line with our statutory requirements and best practice.

## Priority 1

### Ensuring victims of Domestic Abuse are appropriately housed

There are large numbers of victims of domestic abuse in Swindon, and only a small proportion become homeless as a result.

Figure B: Estimated prevalence of domestic abuse in Swindon

	Since age 16			In past 12 months		
	Men	Women	All	Men	Women	All
<b>Any DA (inc. family)</b>	<b>11,300</b>	<b>19,300</b>	<b>30,600</b>	<b>3,200</b>	<b>4,800</b>	<b>8,000</b>
<b>Partner DA</b>	9,300	17,200	26,500	2,500	3,700	6,200
<b>Partner (non-sexual)</b>	8,100	15,200	23,300	1,900	3,000	4,800
<b>Partner (emotional, financial)</b>	4,900	10,800	15,700	1,100	2,000	3,100
<b>Threat or force</b>	4,900	11,500	16,400	900	1,700	2,700
<b>Threats</b>	700	6,400	7,100	100	1,000	1,100
<b>Force</b>	4,600	10,400	15,000	900	1,400	2,300
<b>Minor force</b>	1,900	7,800	9,700	500	900	1,400
<b>Severe force</b>	3,900	7,700	11,700	700	1,000	1,600
<b>Sexual assault</b>	1,700	12,000	13,700	300	1,600	1,900
<b>Stalking</b>	6,300	11,700	17,900	2,100	2,600	4,800

Source: Crime in England and Wales 2010/11 (table 3.01) applied to Census-based SNPP for 2013

Figure C: Reasons for homelessness of households placed into temporary accommodation in Swindon:

<b>14/15</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Termination of AST	12	19	15	4	50
Other reason	6	4	12	6	28
Parents no longer willing to accommodate	3	7	8	6	24
Violent breakdown of relationship	6	9	3	5	23
Left institution	3	2	1	2	8
Friends / Relatives no longer willing to accommodate	3	1	1	2	7
Mortgage Arrears	1	2	2	1	6
Non-violent breakdown of relationship	2	0	0	3	5
Private Sector Arrears	2	1	0	1	4
Other forms of violence	1	0	0	1	2
RSL Arrears	0	0	2	0	2

Leaving NASS	0	0	1	1	2
Violent breakdown of relationship involving associated persons	0	1	0	0	1
Racially motivated violence	1	0	0	0	1
LA Rent Arrears	0	0	0	0	0

The evidence<sup>1</sup> shows that re-housing victims does not always stop the abuse occurring, and can be a trigger for the abuse to escalate. In future more thought should be given to the best housing solution for victims, rather than an assumption that rehousing will resolve matters. Nevertheless re-housing in a planned and supportive way is still a key component of enabling victims to escape abusive situations. The Council's experience indicates that Refuges are the safest places for victims and their families.

### **Actions:**

Improve information for partner agencies to support choices of victims.

Improve move-on options for refuge residents to ensure availability of specialist supported housing.

### **Success Measures:**

Due to the enduring nature of domestic abuse it is unlikely that the Homelessness Strategy will reduce its prevalence. However, if successful the Council and its partners will be able to demonstrate a reduction of repeated incidences of abuse of people who have received housing assistance.

We will seek to improve move-on options to reduce the average length of stay in the local Refuge, in a safe way, to ensure the Council is getting optimal value for money from this significant asset.

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<sup>1</sup> See Page 29 of Appendix 2, Homelessness Strategy Evidence Base.

## Priority 2

### Improving partnership working to support homeless people with complex needs

The prevalence of rough sleeping is increasing at the moment, having been fairly stable for a number of years. The Rough Sleeper Estimate for Swindon has been approximately 10 for the past 3 years, and this in 2015 increased above 20. This may be due to issues such as welfare reform, and reduced availability of affordable housing. However, it is the view of practitioners that the complexity of the support needs of rough-sleepers is increasing. Analysis of individuals tells us that many of those rough-sleeping in Swindon have been stuck in a revolving door of homelessness for a number of years.

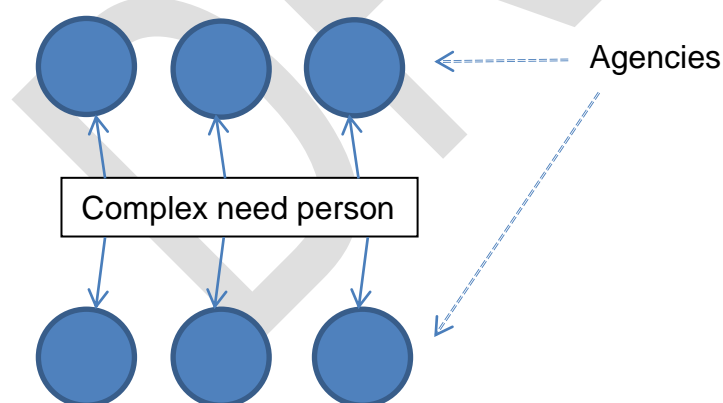
The Homelessness Strategy will prioritise actions for individuals demonstrating 3 or more of the following risk indicators:

- Mental Health problems
- Offending
- Substance misuse
- Domestic Abuse

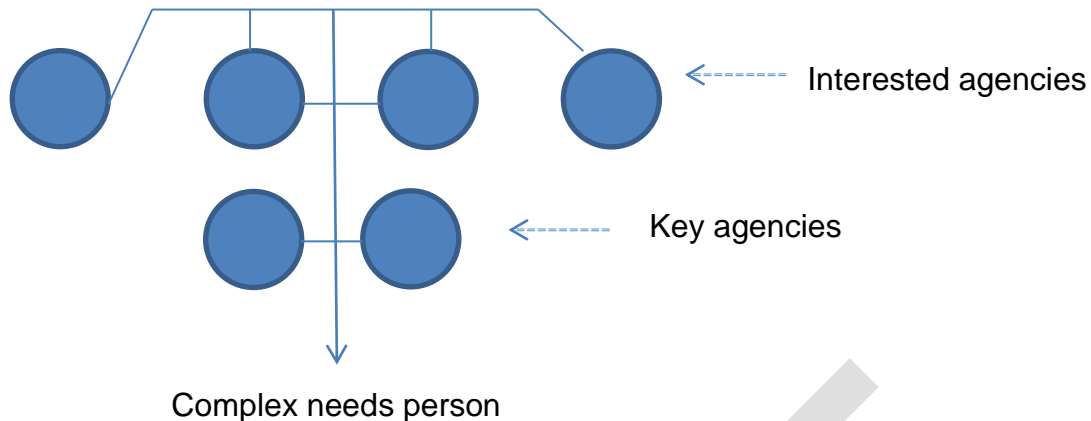
The Strategy identifies this as the critical aspect to reducing rough-sleeping, and the plan is to improve partnership working in this area.

At the moment Swindon has a number of agencies supporting individuals with complex needs, but the person is responsible for managing the partnership:

From this:



To this:



The person is supported in much the same way, but has to navigate fewer agencies and is no longer responsible for the communication between agencies. This allows the person to work with the agency that most meets their need, that they work best with, while at the same time reducing the workload on agencies they would rather not work with. This is based on the Family Intervention model.

The success of the Homelessness Strategy will then be measured by its impact on reducing demand from complex needs individuals. This will be assessed by identifying the 4 key risk areas, and the number of people who drop a risk indicator. This is an innovative approach for this client group, so setting a target will be a matter of judgment and refinement once we have a longitudinal dataset.

### **Actions:**

Undertake a full review of joint-working for complex needs individuals to improve outcomes.

Promote improved partnership work with mental health agencies to ensure that vulnerable people are housed, supported and can access treatment in the most appropriate way.

Identify longer term options to support people who have experienced homelessness to prevent returning rough-sleeping.

### **Success Measures:**

Success will be measured by the implementation of a new Partnership Working Protocol across key partners.

Furthermore, the Council will target a reduction in the number of people with complex needs rough sleeping in Swindon, as well as a reduction in repeat street homelessness.

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**Priority 3:**

**Preventing homelessness for people with care needs**

For too many people with care needs, accommodation is provided through the Council's homelessness service. If a client in care becomes homeless there should be appropriate and current assessments on the quality of the care that is offered. The target should be for all clients in receipt of care to be supported into suitable housing in a planned, supportive way to ensure the best outcome for the person and where possible reducing the care within a given timescale.

**Actions:**

Establish a Housing & Care Panel to match clients in housing need and suitable vacancies.

Improve partnership working to ensure that housing aspirations are discussed regularly as part of people's care planning.

**Success Measures:**

Success will be measured by improved understanding of the housing needs of clients with care needs, and a reduction of homelessness presentations people with care needs.

A wider variety of housing options will be developed to support this, as stated in the Housing Strategy.



**Priority 4****Ensure we make best use of our social housing to minimise homelessness**

Swindon has nearly 300 households in temporary accommodation, some of whom are prevented from bidding for social housing due to historical housing debts. There should be a more flexible approach, using direct matching of empty social housing properties to ensure that households in temporary accommodation do not remain there for excessive periods of time. Being in temporary accommodation can have negative impacts on families, in particular children and reducing the number of people in temporary accommodation can lead to improved wellbeing for those families.

The evidence base tells us that there is a resistance in the private rented sector to provide accommodation for those who have become homeless. This means that we have to ensure that we use this asset in a targeted way. Having lots of families in privately rented housing allows us to meet our statutory obligations, but it also reduces the amount of privately rented housing available to people willing to rent directly from landlords which can increase demand on Council services.

**Actions:**

Amend the Allocations Policy to offer a proportion of social housing voids in a targeted way to homeless households.

**Success Measures:**

This will be measured by a reduction in the average length of time households spend in temporary accommodation, as well as a reduction of the number of households in temporary accommodation.

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**Appendix 2**

**Swindon Borough Council  
Homelessness Strategy 2016-2021  
Draft Evidence Base**

James Graham, Sally Nelson, Swindon Borough Council

November 2015

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## Population Data

Figure 1: Household Forecasts Summary: All Swindon households

Household type	2008 '000s	2033 '000s	Total Additional '000s	Additional per year (actual)	% Growth
One person	27	47	20	800	74%
Couple (no other adult)	40	52	12	480	30%
Couple + 1 or more other adult	7	5	-2	-80	-29%
Lone parent (with or without other adult)	6	10	4	160	67%
Other	4	6	2	80	50%
Total	84	120	36	1440	43%

ONS 2008 based. Table 420 Household projections by household type and district 2008 and 2033 Swindon

Figure 2: Swindon household projections by age 2008 – 2033

Age group	2008 '000s	2033 '000s	Number of additional households '000s	Additional per year (actual)	% Growth
Under 25	3	4	1	40	33%
25-34	15	17	2	80	13%
35-44	19	24	5	200	26%
45-54	22	29	7	280	32%
55-64	6	9	3	120	50%
65-74	9	17	8	320	89%
75-84	7	12	5	200	71%
85+	2	7	5	200	250%
Total	83	119	36	1,440	43%

ONS 2008 based. Table 414 Household projections by age and district

SBC full household projections  
SBC Planning projections (full household forecast)

Figure 3: SBC zero migration projections

Household Types	2006	2031	Total growth	% growth	Additional households per year
Married couple	36,936	35,487	-1,449	-4%	-58
Cohabiting couple	9,756	13,283	3,527	36%	141
Lone parent	5,739	5,472	-267	-5%	-11
Other multi-person	4,855	6,409	1,554	32%	62
One person	24,281	38,440	14,159	58%	566
All Households	81,567	99,092	17,525	21%	701

SBC Planning projections (zero rate migration)

Figure 4: Components of population growth in Swindon (number of persons)

	2008	2013	2018	2023	2028	2033
Population	196,000	209,800	223,400	236,500	248,200	258,900
Natural Change		1,200	1,300	1,200	1,100	900
Births		2,800	2,900	2,900	3,000	3,000
Deaths		1,600	1,600	1,700	1,900	2,100
All Migration Net		1,500	1,400	1,300	1,100	1,100
Internal Migration In		7,100	7,200	7,300	7,400	7,600
Internal Migration Out		6,300	6,600	6,800	7,100	7,300
International Migration In		2,200	2,200	2,200	2,200	2,200
International Migration Out		1,400	1,400	1,400	1,400	1,400
Cross Border Migration In		500	500	500	500	500
Cross Border Migration Out		500	500	500	500	500

Source: Source: Subnational Statistics Unit, ONS: Crown Copyright.

Figure 5: Proportion of the working population who are economically active

	Swindon	North Wiltshire	Kennet	Cotswold	South West	England
2005/06	81.3	83.5	84.4	85.5	78.2	76.4
2006/07	84.0	79.6	81.9	83.2	78.7	76.7
2007/08	85.0	83.2	74.6	83.5	79.3	76.8
2008/09	82.7	80.1	83.8	82.7	79.3	77.0
2009/10	83.3	82.2	87.1	78.7	78.7	76.3

Source: ONS Last updated February 2011

Timespan: April to March. EAR for males aged 16-64 and females aged 16-59

## Deprivation

In the rankings of the 354 English districts and unitary authorities, Swindon is not within the most deprived 50 local authorities in any of the rankings. However, within Swindon there are extremes of high and low levels of deprivation as the table indicates below.

Figure 6: Acorn Deprivation Profile

Table 3.5: Acorn Deprivation Profile Region	Wealthy Achievers 2008	Urban Prosperity 2008	Comfortably Off 2008	Moderate Means 2008	Hard Pressed 2008
UK	24.80%	12.10%	28.00%	13.70%	20.60%
Swindon	21.10%	5.10%	41.10%	14.90%	17.80%

Source: ACORN March 08

The index of multiple deprivation is a score that combines levels of deprivation from the following 7 domains:

- Income (22.5%)
- Employment 22.5%
- Health Deprivation and Disability (13.5%)
- Education Skills and Training (13.5%)
- Barriers to Housing and Services (9.3%)
- Crime (9%)
- Living Environment (9.3%)

In 2007, Swindon's wards had the following deprivation scores, with Penhill having the highest level of deprivation and Shaw and Nine Elms the lowest.

Figure 7: Index of Multiple Deprivation 2007 by Ward

Ward	IMD 2007
Penhill	47.6
Parks	43.0
Walcot	31.8
Gorse Hill & Pinehurst	31.2
Central	24.7
Moredon	21.5
Toothill & Westlea	17.8
St Phillip	15.9
Dorcan	15.8
Eastcott	15.7
Western	14.9
Freshbrook & Grange Park	12.3
Wroughton & Chiseldon	11.3
Blunsdon	11.0
St Margaret	9.9
Highworth	9.5
Covingham &	8.6

Nythe	
Ridgeway	8.2
Old Town & Lawn	7.8
Haydon Wick	6.8
Abbey Meads	5.7
Shaw & Nine Elms	5.5

Source: Department of Communities and Local Government, Indices of Deprivation 2007.  
 Copyright.<http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/>

The percentage of young people (0-19) residing in Swindon wards varies from around 20% in Eastcott to 30% in Penhill. The percentage of working age people (20-64) varies from 55% in Wroughton & Chiseldon to 71% in Eastcott. The percentage of older people (65+) range from 3.4% in Abbey Meads to 22% Wroughton & Chiseldon. (See Appendix 3 for more details)

Housing affordability is worse for families than other household groups. Lone parent households, where the greatest problems of affordability are likely to be, are expected to grow by 67% in Swindon between 2008 and 2033, a total of 4,000 additional households, or 160 per year.

There is a significant unmet need for affordable rented housing from one-person households and couples, and overall demand for market rented housing will increase if a new University is established. Almost two thirds of households on the Council's register need one-bed accommodation.

ONS estimates that between 2008 and 2033 there will be 5,000 additional households containing a person aged over 85. Approximately 2,000 of these will be one-person households. This will have implications for care services, the suitability of existing housing in the private sector, and the demand for social housing.

There could be 202 wheelchair user households with unmet housing needs in Swindon.

Figure 8: The Model of Need for Affordable Housing in Swindon

			SBC housing	Bramley / Wilcox	
DEMAND (BACKLOG)					
	1.1 Homeless households and those in temporary accommodation				
	1.2 Overcrowding and concealed households				
	1.3 Other groups				
<b>sub-total</b>	<b>1.4 Total current housing need (gross) 1.1+1.2+1.3</b>		<b>3,245</b>	<b>3,245</b>	
DEMAND (FUTURE)	2.1 New household formation (gross) per year		1379	1,034	
	2.2 Proportion of new households unable to buy	39 %	537.81	403	
		35 %	482.65	362	
	2.3 Existing households falling into need		288	288	
	<b>2.4 Total annual newly arising need (2.1 x 2.2) + 2.3</b>	<b>39 %</b>	<b>826</b>	<b>691</b>	
sub-total		<b>35 %</b>	<b>770.65</b>	<b>650</b>	
SUPPLY	3.1 Affordable dwellings occupied by households in need		700	700	
	3.2 Surplus stock		0	0	
	3.3 Committed supply of new affordable housing		300	300	
	3.4 Units to be taken out of management		0	0	
	3.5 Total affordable housing stock available 3.1 + 3.2 + 3.3 – 3.4		1,000	1,000	
	3.6 Annual supply of social re-lets		791	791	
	3.7 Annual supply of intermediate for re-let or sale		55	55	
<b>sub-total</b>	<b>3.8 Annual supply of affordable housing 3.6 + 3.7</b>		<b>846</b>	<b>846</b>	
	<b>A TOTAL NET CURRENT NEED 1.4 – 3.5</b>		<b>2,245</b>	<b>2,245</b>	
	B QUOTA TO ADDRESS NEED OVER 5 YEARS		20%	20%	
	<b>C ANNUAL CURRENT NEED (20% OF A)</b>		<b>449</b>	<b>449</b>	
	D TOTAL ANNUAL NEWLY ARISING NEED 2.4	39 %	826	691.26	
		35 %	770.65	649.9	



	E TOTAL AFFORDABLE NEED PER YEAR (C+D)	39 %	1,275	1,140	
		35 %	1,220	1,099	
	F ANNUAL SUPPLY OF AFFORDABLE HOUSING (3.8)		846	846	
	<b>OVERALL ANNUAL SHORTFALL (E-F)</b>	<b>39 %</b>	<b>429</b>	<b>294</b>	362
<b>TOTAL</b>		<b>35 %</b>	<b>374</b>	<b>253</b>	313
					337

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## Private Rented Sector

Figure 9: Employment status of Private Rented Sector tenants.

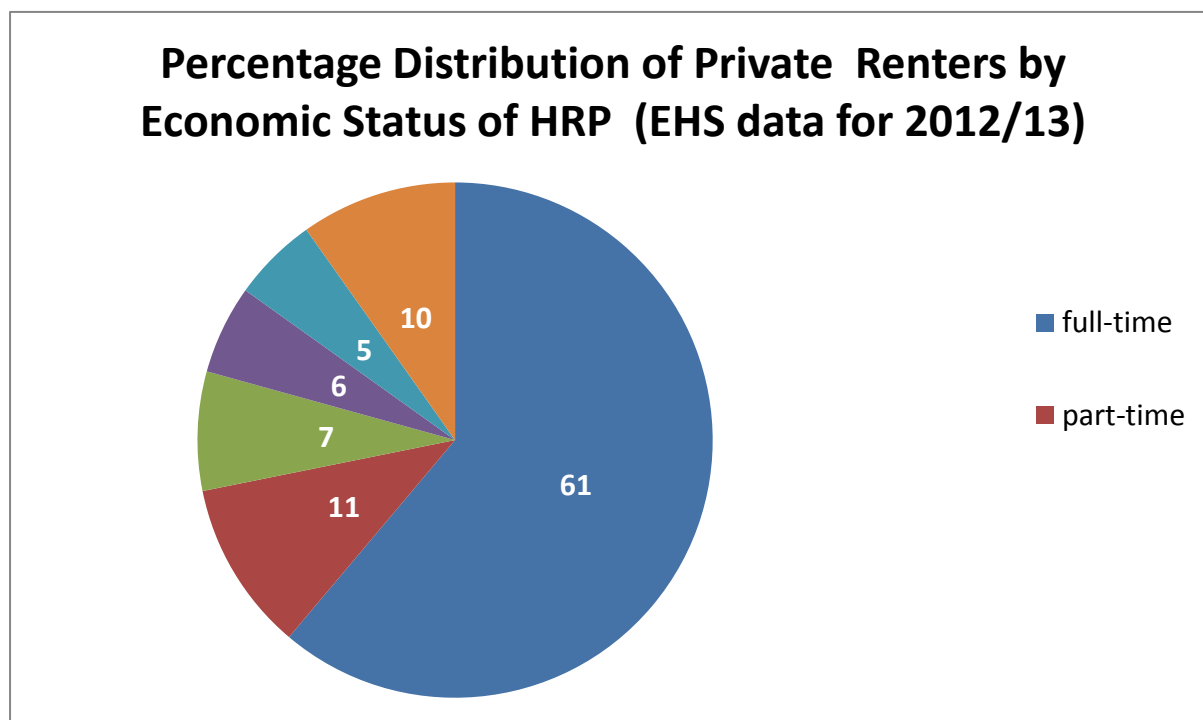
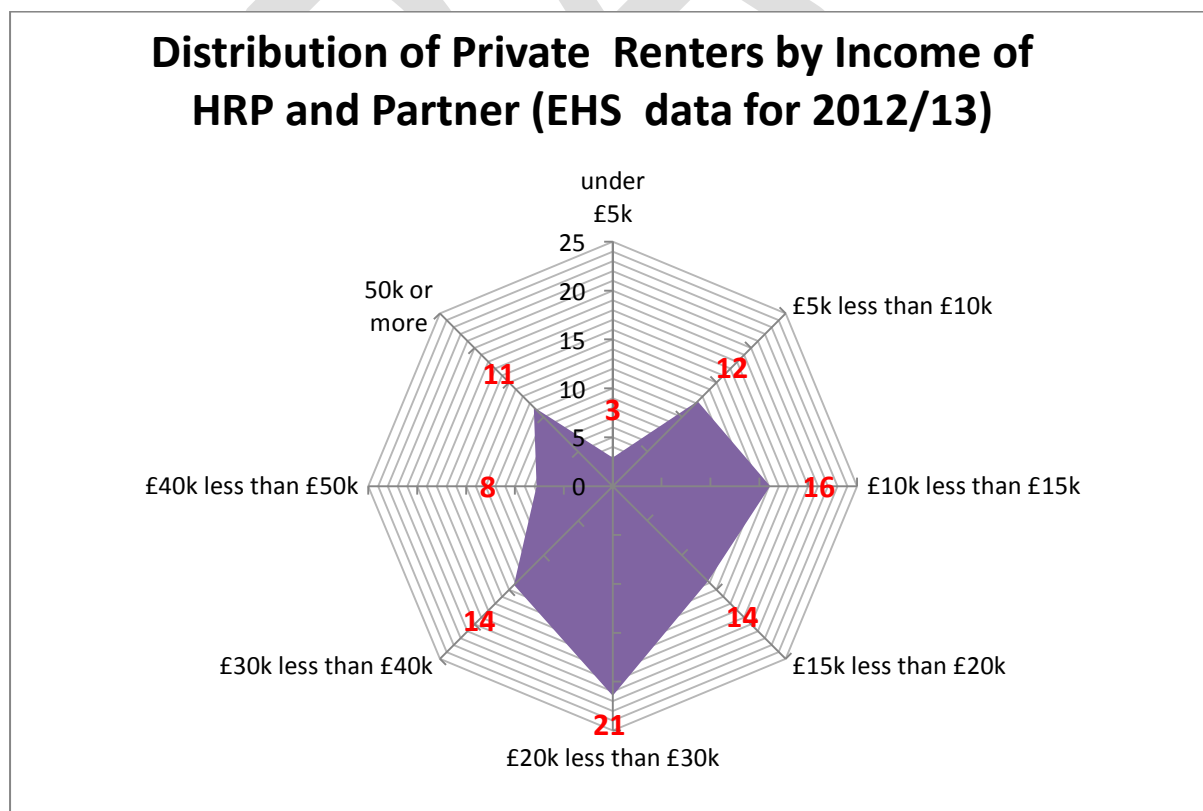


Figure 10: Income levels of private renters.



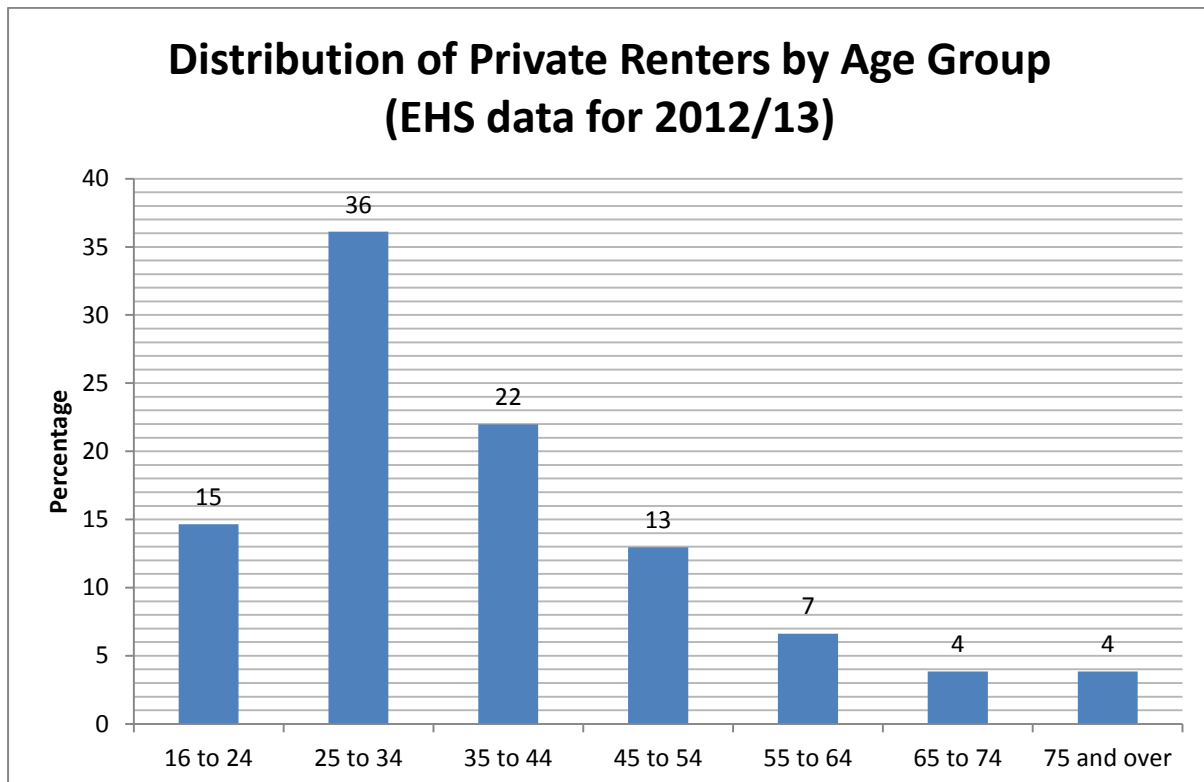


Figure 11: Age distribution of private renters.

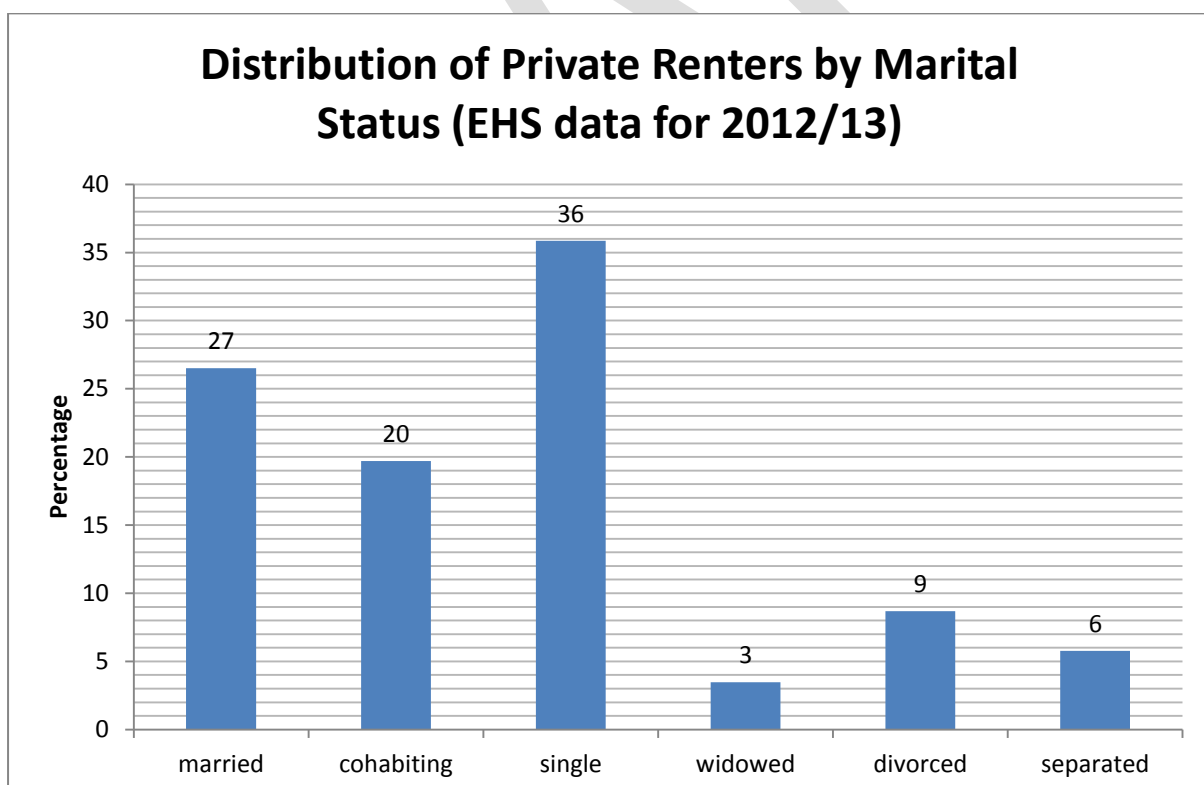


Figure 12: Marital status of private renters.

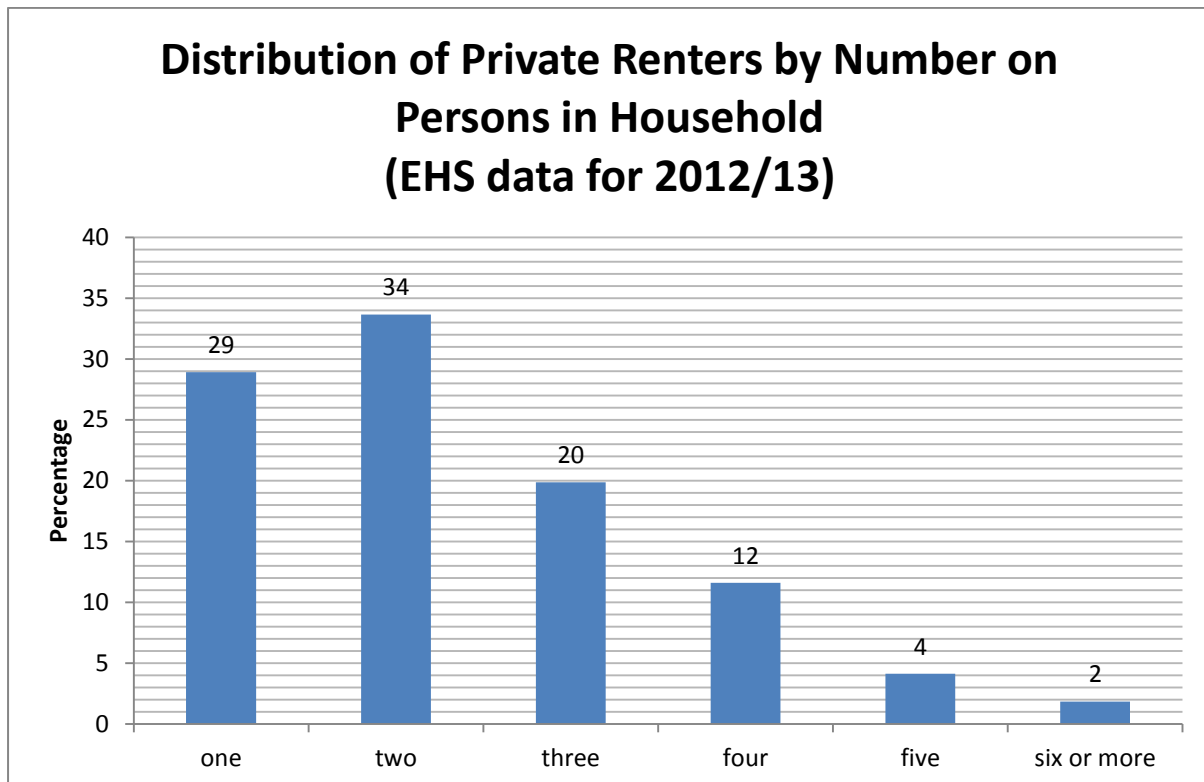


Figure 13: Household sizes in private rented sector.

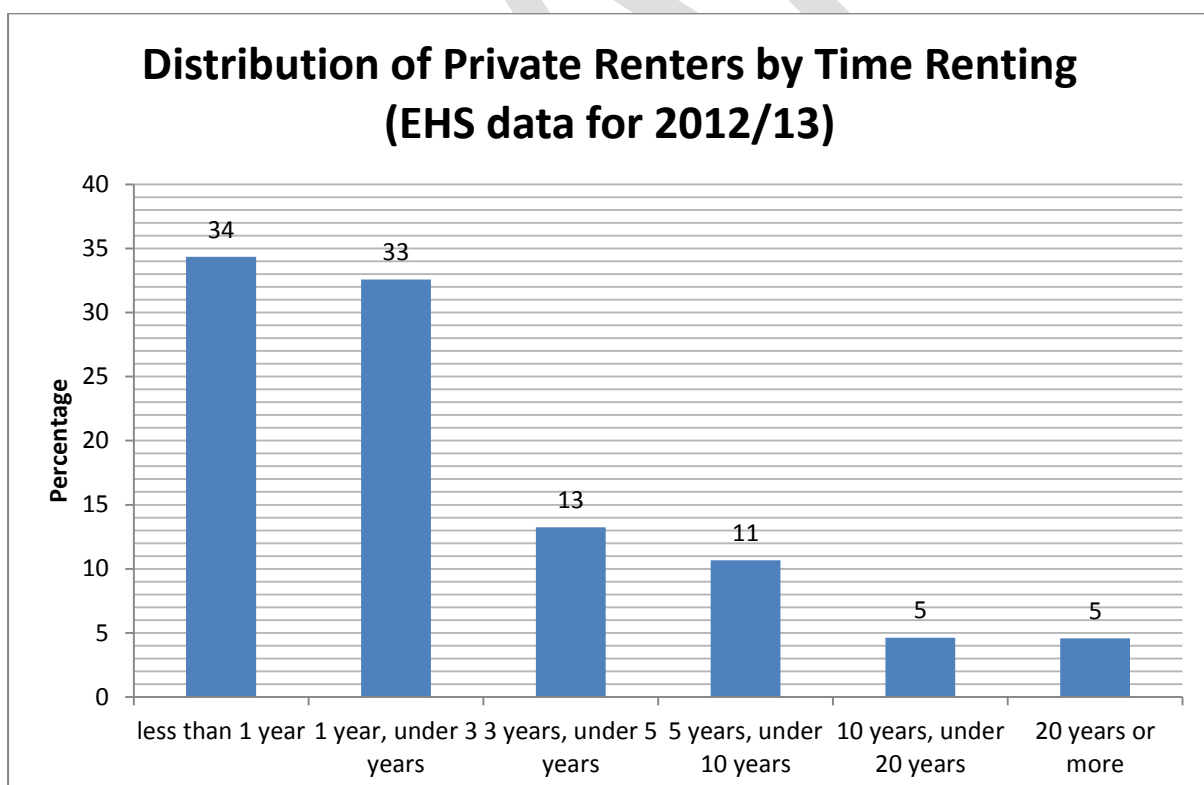


Figure 14: Length of private rented sector tenancies.

The private rented market in Swindon is currently very tight. This has obvious implications for future price trends, as well as reducing the ability of lower income households to access the market. It will also cause issues for agencies seeking to procure accommodation in the private rented sector.

Figure 15: All properties to rent on Rightmove by area:

Town	All Properties to Rent	Population (2011 census)	Residents per property
Bath	283	84000	297
Bedford	210	79000	376
Bristol	1255	437500	349
Milton Keynes	527	230000	436
Peterborough	506	184500	365
Reading	1586	156000	98
<b>Swindon</b>	<b>256</b>	<b>209000</b>	<b>816</b>
Telford	409	170000	416

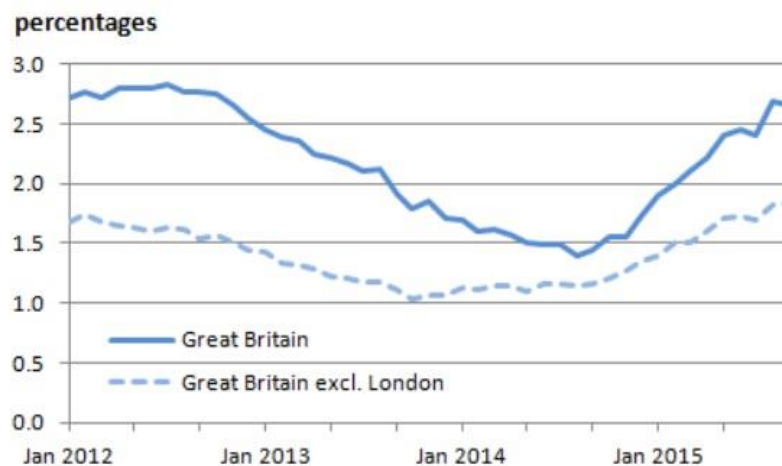
Source: Search all properties to rent in area, Rightmove, 14<sup>th</sup> May 2015.

Since supply is tight there is an inevitable impact on prices.

Figure 16: Index of Private Housing Rented Properties.

**Figure 2: IPHRP percentage change over 12 months: Great Britain, January 2012 to September 2015**

12 month percentage change



Source: Office for National Statistics

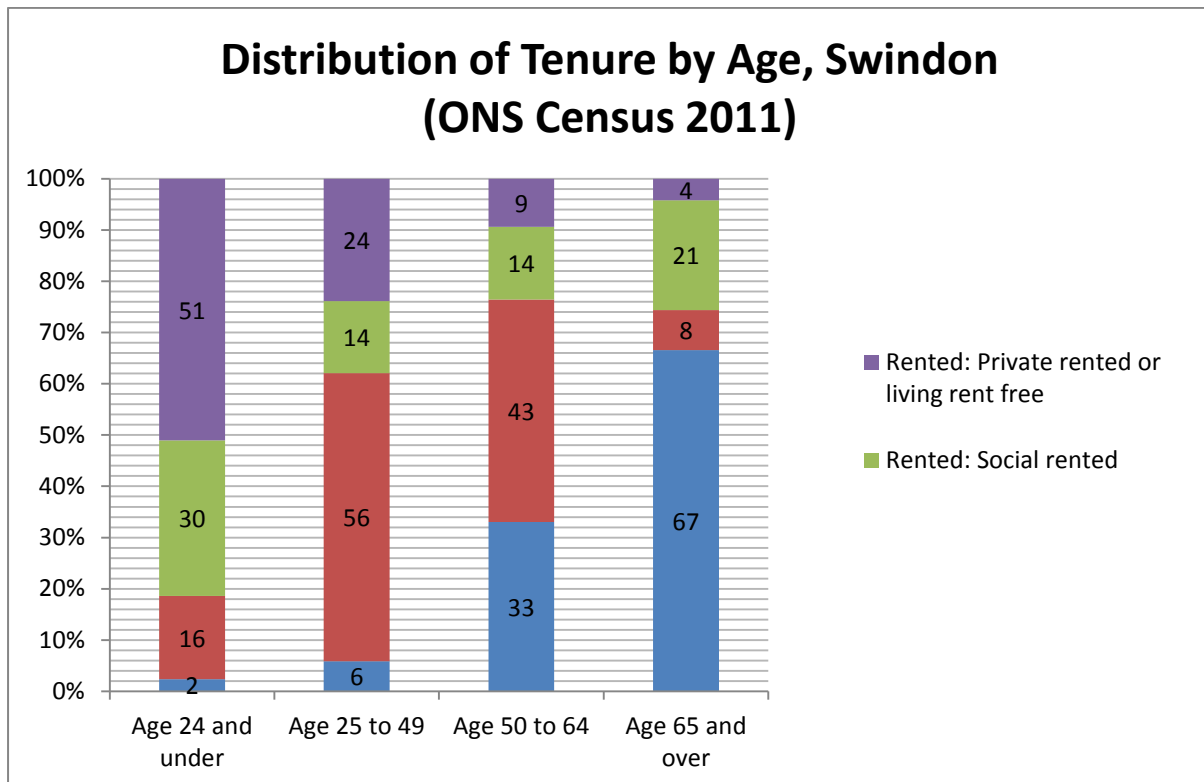


Figure 17: Distribution of tenure by age.

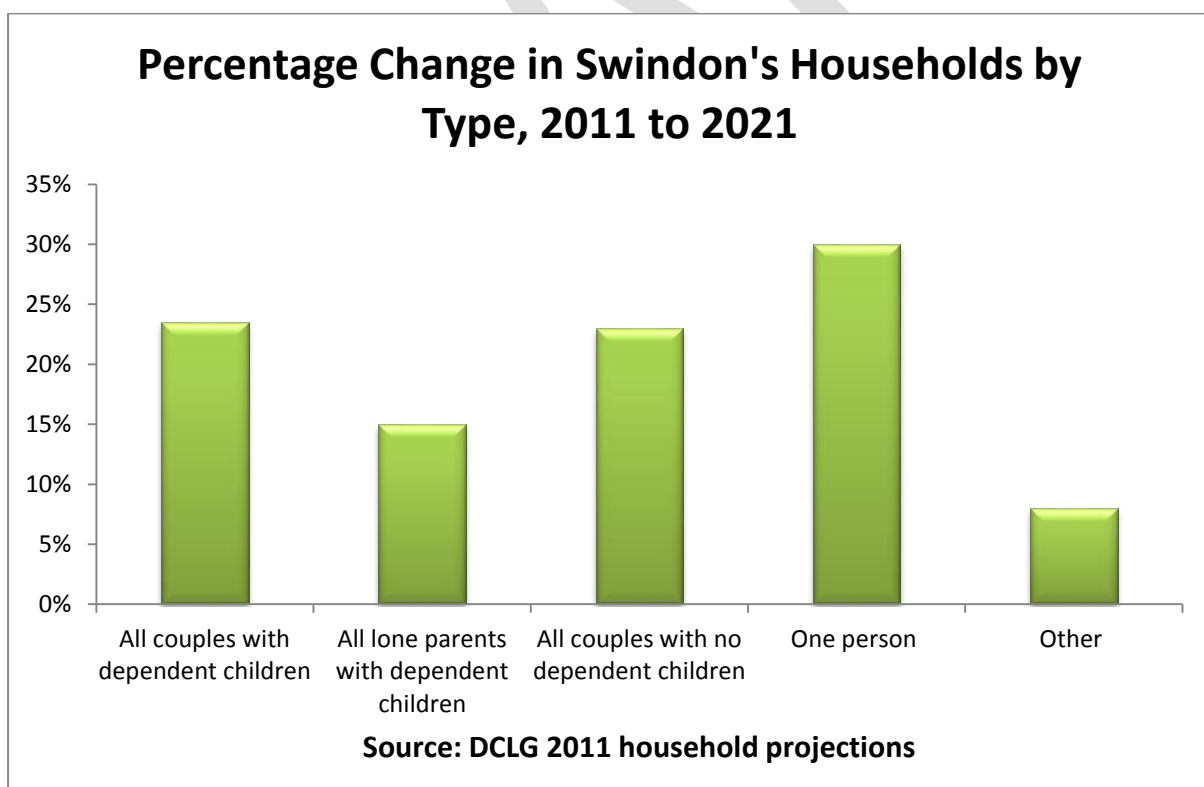
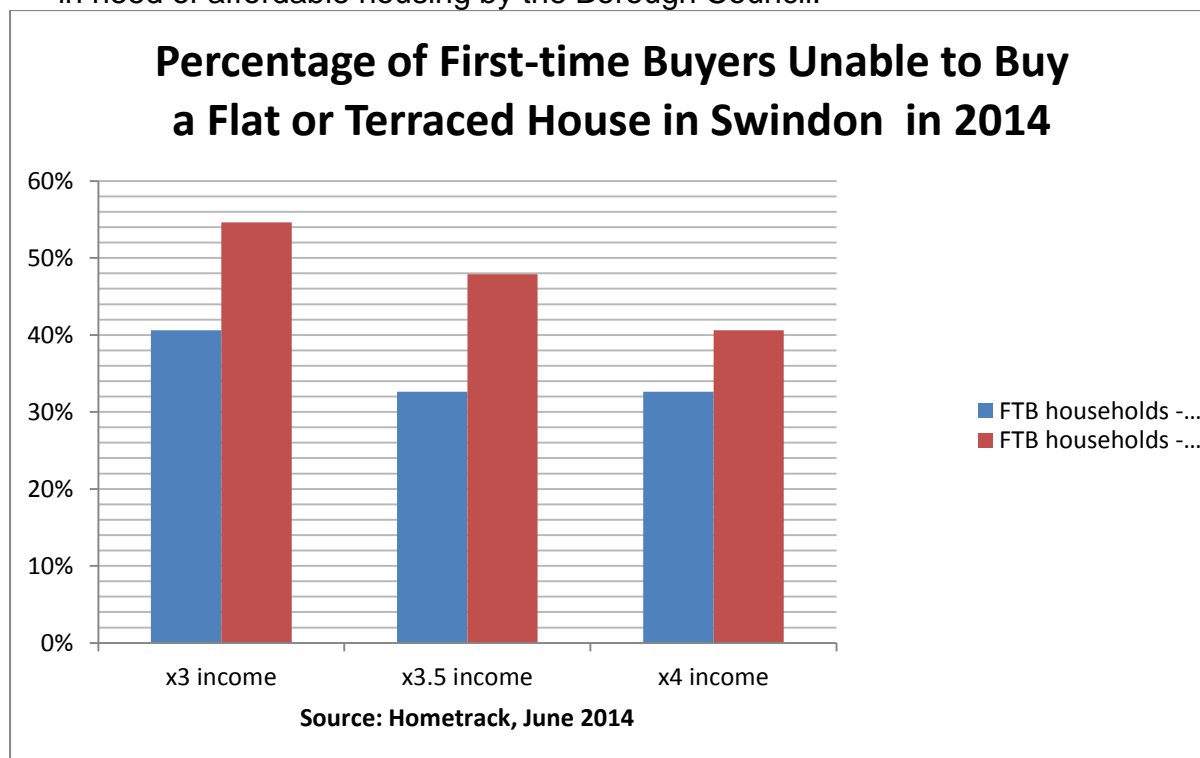


Figure 18: Change in Swindon's household make-up.

## Affordability

Figure 19: Approximately 7 per cent of all Swindon households are deemed to be in need of affordable housing by the Borough Council.

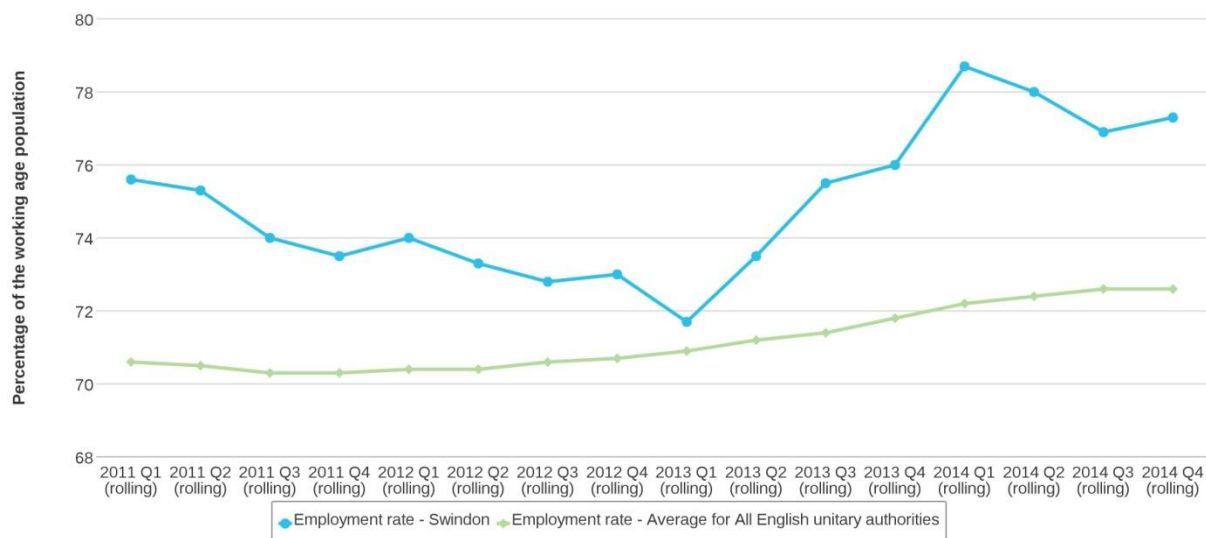


The number of possession orders granted to mortgagors rose to a peak of 435 in 2009 at the height of the recession, but have since fallen back to pre-recessionary levels (fig.11). Not all possession orders granted to mortgagors result in the repossession of a property as agreements can be made post order resulting in a stay of execution.

The number of households in receipt of housing benefit has been increasing. Since 2009 the number of private tenants in receipt of HB increased by approximately 18%, and those in the social rented sector increased by about 8% (fig.12). When compared to the total estimated stock of social housing in Swindon, about two thirds of social rented tenants are in receipt of housing benefit.

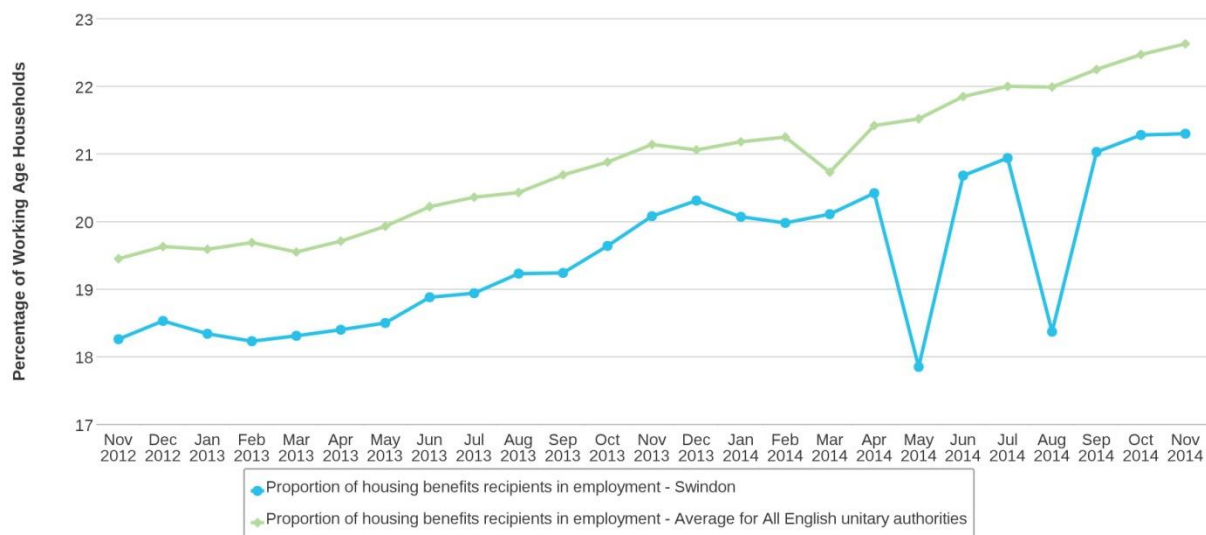
Figures 20 and 21: Employment in Swindon.

**Overall employment rate (working-age) (raw values) (latest plus last 15 rolling calendar quarters ) for Swindon & All English unitary authorities**



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**Proportion of housing benefits recipients in employment (and not on Passported Benefit) (raw values) (latest plus last 24 months ) for Swindon & All English unitary authorities**

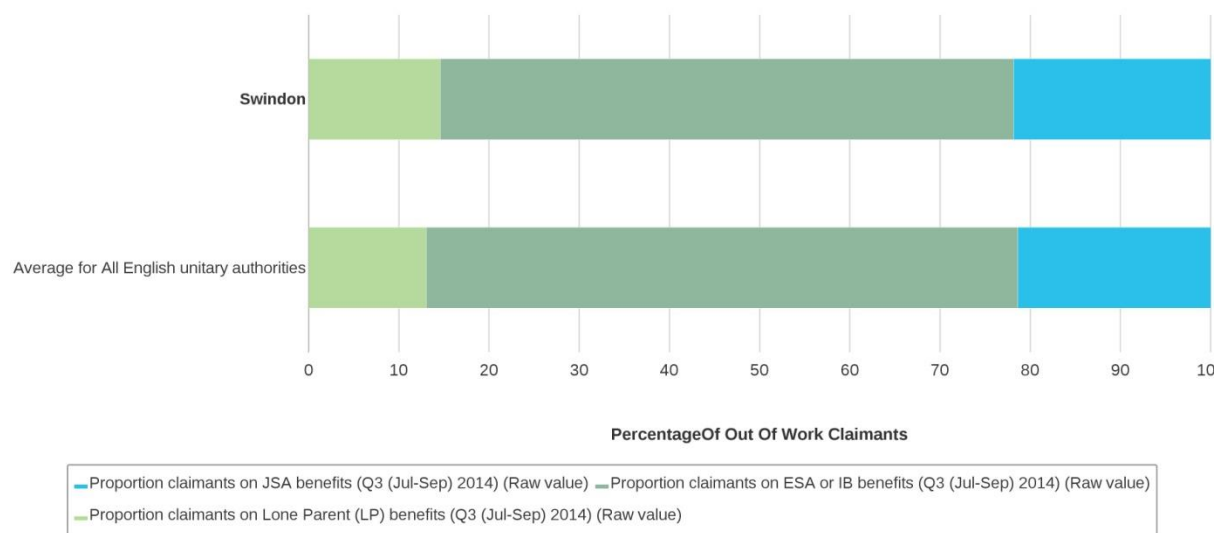


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Figure 22: Unemployment data:

Proportion of claimants on JSA benefits (raw values) (latest), Proportion of claimants on ESA or IB benefits (raw values) (latest) & Proportion of claimants on Lone Parent (LP) benefits (raw values) (latest) for Swindon & All English unitary authorities



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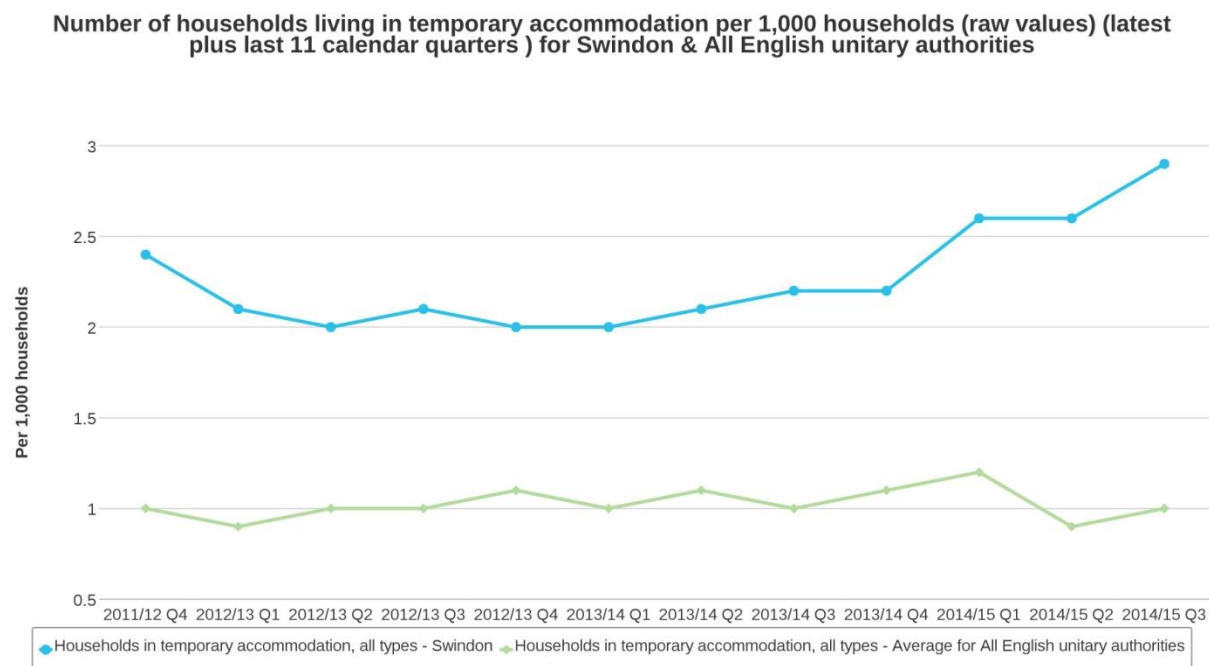
Figure 23: Bankruptcy data for Swindon.

Number of bankruptcy orders (raw values) (latest plus last 3 calendar years ), Number of debt relief orders (raw values) (latest plus last 2 calendar years ) & Number of individual voluntary arrangements (IVAs) (raw values) (latest plus last 3 calendar years ) for Swindon

Metric_type	Swindon			
	2010 Raw value	2011 Raw value	2012 Raw value	2013 Raw value
Bankruptcy orders	311	189	145	107
Debt relief orders	no value	265	239	219
Individual voluntary arrangements (IVAs)	245	233	260	246

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Figure 24: Households in temporary accommodation.



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**Number of possession claims issued by landlords (raw values) (latest plus last 7 financial quarters ), Number of possession claims issued by landlords per 10,000 households (raw values) (latest plus last 7 financial quarters ), Number of possession claim orders issued by mortgage lenders (raw values) (latest plus last 7 financial quarters ) & Number of possession claim orders issued by mortgage**

Metric_type	2012/13 Q3 (Raw value)	2012/13 Q4 (Raw value)	2013/14 Q1 (Raw value)	2013/14 Q2 (Raw value)	2013/14 Q3 (Raw value)	2013/14 Q4 (Raw value)	2014/15 Q1 (Raw value)	2014/15 Q2 (Raw value)	2014/15 Q3 (Raw value)
Possession claims issued by landlords Swindon	no value	118	81	78	87	101	72	77	95
Possession claims issued by landlords Average for All English unitary authorities	no value	140	130	153	150	163	132	134	115
Possession claims issued by landlords per 10,000 households Swindon	no value	13.1	9.0	8.7	9.6	11.1	7.9	8.5	10.3
Possession claims issued by landlords per 10,000 households Average for All English unitary authorities	no value	15.2	14.4	16.6	16.3	17.8	14.4	14.8	12.4
Possession claim orders issued by mortgage lenders Swindon	60	74	50	47	36	43	45	36	no value
Possession claim orders issued by mortgage lenders Average for All English unitary authorities	59	59	51	58	50	51	43	39	no value
Possession claim orders issued by mortgage lenders per 10,000 households Swindon	6.7	8.2	5.6	5.2	4.0	4.7	4.9	4.0	no value
Possession claim orders issued by mortgage lenders per 10,000 households Average for All English unitary authorities	6.5	6.5	5.6	6.3	5.5	5.6	4.7	4.2	no value

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Figure 25: Possession claims in Swindon.

## Overcrowding

There is much more under-occupation than overcrowding in Swindon. Just over half of all Swindon residents have two rooms more than they need, while a quarter have one more. About 5% need an extra room, which has gone up slightly since 2001, and 2% need two extra rooms, which remains unchanged.

The latest evidence of overcrowding and under-occupation in Swindon is derived from the Census 2001, which uses an occupancy rating as a means of measurement. A positive rating indicates that there are more rooms than the minimum the household requires. A negative rating indicates that there is a shortfall.

The Census does not record the number of bedrooms a property has, just the total number of rooms in a property, which excludes bathrooms, toilets, halls and landings, and storage rooms.

A property classed as having five rooms by the Census is assumed to have two or three-bedrooms as it takes into account the kitchen, the living room, and the possibility of a separate dining room (Table 47).

The number of rooms in Swindon homes is consistent with the type of properties available, for example, the highest proportion of households live in properties with five rooms, assumed to be three-bedroom<sup>1</sup>.

Figure 26: Number of rooms in Swindon homes compared to the region

	Number	%	Compared to region
<b>1 room</b>	618	0.8%	0.1%
<b>2 rooms</b>	1,833	2.4%	0.3%
<b>3 rooms</b>	6,102	8.1%	0.4%
<b>4 rooms</b>	13,886	18.5%	-1.0%
<b>5 rooms</b>	22,271	29.5%	3.9%
<b>6 rooms</b>	15,626	20.8%	0.3%
<b>7 rooms</b>	7,461	9.9%	-0.6%
<b>8 or more rooms</b>	7,380	9.8%	-3.4%
<b>Total</b>	75,177	100.0%	0.0%

Source: Hometrack: Based upon Census 2001

According to the 2001 Census, based on the occupancy rating, 4.2 per cent, or 3,156, of households are estimated to be lacking one room, while 1.6 per cent, or 1,220, of households are estimated to be lacking two.

51.4 per cent, or 38,594, of households have two rooms surplus to their needs, which is 2.9 per cent below the South West regional average (Table 48).

Figure 27: Occupancy rating in Swindon compared to the region

<sup>1</sup> Census 2001

<b>Occupancy rating</b>	<b>Number</b>	<b>%</b>	<b>Compared to region (%)</b>
<b>2 or more</b>	38,594	51.4%	-2.9%
<b>1</b>	19,288	25.7%	0.9%
<b>0</b>	12,878	17.1%	1.3%
<b>-1</b>	3,156	4.2%	0.4%
<b>-2 or less</b>	1,220	1.6%	0.4%
<b>Total</b>	75,136	100.0%	0.0%

Source: Hometrack: Based upon Census 2001

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## Decent Homes

The Decent Homes Standard is a standard set by government that every dwelling should meet and which has four broad criteria:

1. It should be above the legal minimum standard for housing,
2. It should be in a reasonable state of repair,
3. It should have reasonably modern facilities (for example, kitchens and bathrooms) and services, and
4. It should provide a reasonable degree of thermal comfort (i.e. effective insulation and efficient heating).

The legal minimum standard for housing is defined by the Housing Health and Safety Rating System (HHSRS). This replaced the Housing Fitness Standard from April 2006. It categorises dwellings according to whether they have hazards and classifies these into Category 1 or 2. If there is a Category 1 Hazard the property will fail the Decent Homes Standard. Hazards can relate to 29 different issues that include dampness, excess cold/heat, pollutants such as asbestos, carbon monoxide or lead, lack of space, security or lighting, poor hygiene, sanitation and water supply, structural collapse, accidents, or explosions. Each hazard is assessed separately, and if judged to be 'serious', with a 'high score', is deemed to be a Category 1 Hazard. All other hazards are Category 2 Hazards. The Council has a duty to take action of some kind on discovering a Category 1 Hazard, and a power to take action to deal with a Category 2 Hazard.

In April 2011, the Building Research Establishment (BRE) prepared an assessment of the condition of private sector housing stock in Swindon.<sup>2</sup> The results indicate that the Swindon private sector housing stock is better than the national average:

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<sup>2</sup> Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. BRE April 2011

Figure 28: The condition of private sector housing in Swindon

Measure	Swindon	National average
Non decent homes	25% (18,413)	34%
Inadequate thermal comfort	10% (7,595)	13%
Cat 1 hazards	15% (11,251)	24%
Excess cold	6% (3,342)	10%
Disrepair	4% (2,778)	7%
Fuel poverty (EHCS def <sup>3</sup> )	6% (4,181)	15%
Total vulnerable households	15% (11,010)	19%
Vulnerable h/h non decent	4% (3,164)	7%
Vulnerable h/h decent	71% (7,846)	61%

Source: Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. April 2011

The results also show that the proportion of non-decent homes is highest in the town wards of Eastcott, Central, and Gorse Hill and Pinehurst, where there is a concentration of pre-1919 housing, and the rural wards of Blunsdon and Ridgeway. The highest distributions of vulnerable households in non-decent homes are in Central, Penhill, Gorse Hill and Pinehurst, Parks, and Eastcott.

Figure 29: Highest rates of non-decent homes by ward

Ward	No. of properties	No. non decent properties	% non decent properties
Eastcott	4858	2024	42
Central	3979	1610	40
Blunsdon	1154	438	38
Gorse Hill & Pinehurst	2961	1136	38
Walcot	1063	371	38

Source: Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. April 2011

Figure 30: Highest distribution of vulnerable households living in non-decent properties

Ward	No. of non decent properties	No. of vulnerable households	No. of vulnerable households in non decent
Central	1610	841	365 (10%)
Central Penhill	419	312	114 (10%)
Gorse Hill & Pinehurst	1136	636	252 (9%)
Parks	830	624	224 (9%)
Eastcott	2024	781	348 (8%)

Source: Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. April 2011

<sup>3</sup> Fuel poverty is defined as when a household has to pay more than 10% of its income on all household fuel in order to maintain a satisfactory heating regime. (English House Condition Survey)

Figure 31: Highest distribution of properties in disrepair and associated number requiring modernisation

Ward	No. of properties in disrepair	Requiring modernisation
Central	379 (10%)	313 (8%)
Eastcott	457 (9%)	335 (7%)
Gorse Hill & Pinehurst	245 (8%)	167 (6%)
Western	254 (6%)	164 (4%)
Blunsdon	58 (5%)	45 (4%)

Source: Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. April 2011

Figure 32: Dwelling numbers in Swindon by type of amenity

	Number	%	Compared to region
Central heating; sole use of bathroom	68,623	91.3%	1.4%
Central heating; w/o sole use of bathroom	306	0.4%	0.1%
No central heating; sole use of bathroom	6,194	8.2%	-1.3%
No central heating; w/o sole use of bathroom	50	0.1%	-0.1%
Total	75,173	100.0%	0.0%

Source: Hometrack based upon Census 2001

### **Substance misuse:**

Heavier drinking is associated with engaging in other “risky” behaviours such as drug taking and unprotected sex. This is partly because alcohol impairs people’s judgement and lowers their inhibitions to participating in such behaviours. As well as people being vulnerable to the direct impacts of alcohol, they are then vulnerable to other harms such as sexually transmitted and/or communicable (e.g. Hepatitis B through sharing of needles) diseases.

Heavy alcohol (and other risky behaviours) is a risk factor for many other problems, including poor mental health, unemployment, and homelessness. A report by Shelter in 2007<sup>55</sup> for example, stated that 31% of the homeless people they questioned cited drug and alcohol problems as a reason for their being on the street. People with such problems tend to lead chaotic lifestyles and there is a need to ensure that their alcohol use and needs are recognised so that support in other areas is effective. People who take drugs are also likely to use alcohol, though not necessarily to harmful levels.

Research suggests that (early) alcohol use can be a risk factor for drug taking, but there is also some evidence to suggest that drug use can lead to increased alcohol use. Where alcohol is used with drugs, it can increase the harmful effect of the drug. A report by the NTA in 2007<sup>56</sup> for example, found that the combined use of heroin and alcohol increases the risk of overdose. Alcohol concentrations, even those associated with mild intoxication, appeared to lower the amount of heroin required to fatally overdose by as much as a half.

Harmful alcohol consumption can be one of the trigger factors leading to a lack of housing and subsequent homelessness for some people. Of those people that are homeless, people that live on the street (“rough sleepers”) are particularly vulnerable to alcohol misuse problems, and are more likely to die from unnatural causes such as alcohol poisoning than the general population. In a report by Shelter (2007)<sup>51</sup>, alcohol and drugs are highlighted by service users as an important contributor to both losing housing and worsening health.

In general, homeless people with alcohol (and possibly other e.g. drug use, mental health needs) problems face particular difficulties in finding accommodation and support to meet their needs. Those who also experience mental health problems can have particularly severe difficulties in finding somewhere to stay and/or appropriate support services.

Data from Swindon’s St. Luke’s Day Centre indicates that between April and September 2009 9% (16) of people attending were rough sleepers and 18% (32) were sofa surfing. A further 27% (48) were in temporary accommodation, and 11% (19) were in Local Authority housing. Of those attending the day centre it was recorded that 28% (49) had alcohol issues and needs. Many other issues and needs were also identified including drugs, emotional, mental health, and learning difficulties.

Swindon’s Rough Sleeper Panel estimates that 95% of those sleeping rough have alcohol and drugs issues. Although from this data it is not possible to say that



drinking caused people's housing (i.e. rough sleeper) status, it is possible to infer that alcohol plays a role in contributing to and/or compounding people's lack of permanent housing.

In a Service User and Stakeholder Survey conducted by Swindon Borough Council in 2007, people that were homeless or roofless identified the following as contributors to their housing situation:

- Lack of affordable accommodation
- Family and relationship breakdown
- Drug/ alcohol problems (and lack of accommodation for people with these problems)
- Behavioural/mental health problems

Swindon's Rough Sleeper Panel estimates that 95% (15) of rough sleepers have alcohol as well as housing needs. The majority of rough sleepers and sofa surfers with alcohol needs are male and single. Of the (approximately) 220 adults attending SWADS for treatment between 1st April 2008 and 28th February 2009, the majority (885) did not have housing problems. 8 people were identified as having housing problems, 7 of which were urgent.

Victims and perpetrators of domestic violence: There are clear links between the misuse of alcohol and domestic violence. According to Swindon's Domestic violence Strategy (2009 – 2012) in 2008/09 2,844 incidents of domestic violence were reported to Wiltshire police. In 2007/08 23% of all reported violent crime and 30% of serious woundings and assaults could also be attributed to domestic violence. Not all cases of domestic violence are reported and on the basis of the national statistics that one in four women and one in six men will experience domestic violence at some point in their lives, 23,250 women 15,500 men could potentially be victims of domestic violence in Swindon.

People with Korsakoff's Syndrome: Korsakoff's syndrome can cause symptoms such as amnesia, limited ability to converse with others, lack of insight and apathy, and can be caused by chronic alcoholism. There are a number of people with Korsakoff's syndrome resident in Swindon (figures unavailable).

#### Dual diagnosis services

A significant proportion of problem drinkers will also have mental health problems. This combination is associated with high levels of suicide, self-harm and violence to others and can make clients difficult to engage in services or treat effectively.

In Swindon there are three outreach workers that work with people that are particularly vulnerable to having alcohol, mental health and other problems. A part-time Community Mental Health Nurse (CMHN) works with Swindon's homeless community, including those drinking on the streets. The CMHN delivers information and advice, and supports clients in accessing health services (largely delivered at Carfax NHS Medical Centre) and alcohol services at SWADS. Two Outreach Workers are employed through Threshold Housing Link. The Outreach Workers work with the homeless community, and refer clients to the CMHN or services as

appropriate. The Outreach workers also work closely with residents at Amethyst House, which provides bed and breakfast to 4-5 previously homeless people with a long history of chronic alcohol misuse.

Key gap: Lack of integrated care for those with mental health and alcohol problems.  
People misusing alcohol

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Figure 33: People Experiencing Poor Mental Health Factors affecting mental health include:

<b>Family circumstances</b>	<b>Life events</b>	<b>Socio-economic environment</b>
Education	Employment	Social networks
Social support	Social isolation and transport	Military experience
Migration & Ethnicity	Sexual orientation	Age & Gender
Caring responsibilities	Maternal mental health	Disability/physical ill-health
Debt	Housing and homelessness	Social cohesion
Neighbourhoods/Environment	Crime	Domestic violence

In Swindon it is estimated that between 22,600 and 29,000 individuals have a common mental health disorder such as anxiety, depression, phobias, panic and Post Traumatic Stress Disorder. Estimates indicate that the number of people in Swindon with depression is slightly higher than the national and regional average but the numbers with severe and enduring mental health conditions is slightly lower than national and regional averages. Swindon also has the third highest rate of prescribing of anti-depressants in the South West. The number of people with mental health disorders is predicted to rise over the next twenty years due mainly to demographic changes.

The general findings showed Swindon mental health service users were more likely to report stress outside the workplace that they were unable to cope with than Swindon residents generally and they were more likely to turn to services for support. In general, service users felt considerably less safe in the areas where they live and in the town centre than other Swindon residents. They thought supporting people back into work (meaningful paid activity) was a priority and were concerned about the impact of benefit changes. They also highlighted the particular difficulties they had with maintaining a healthy lifestyle.

The Royal College of Psychiatrist state:

“We recognise that the challenge posed by the downturn is twofold:

1. demand for mental health services is likely to increase as a result of unemployment, personal debt, home repossession
2. and other fallout from the recession the UK government

The larger proportion of males under the age of 45 may be significant with regard to suicide rates. We know that single, males under the age of 45 are at highest risk. Males tend not access mental health services as readily as females.

94% of homeless people in Swindon and Wiltshire under the age of 35 had a mental health need

There is some evidence of an association between debt or repayment difficulties and mental health problems and thoughts of suicide but not with suicide attempts<sup>48</sup>. There is plausible evidence that indebtedness is often subsequently followed by

mental health problems and that the greater number of debts a person has, the higher their risk of also having a mental disorder.

There is growing concern over the relationship between homelessness and mental ill-health. Research has found that despite the difficulties of accurately measuring psychiatric morbidity rates among homeless adults it is apparent the majority of this population have severe mental health problems. This figure is based on the statutory homeless population. The estimated prevalence of mental ill health may be 40–50 times higher than in the general population. The type of mental ill health can vary according to the type of homelessness (sleeping rough, using a night shelter, staying in special hostels or using temporary, leased accommodation) but the most prominent disorders experienced by homeless people appear to be depression, affective disorders, psychosis including schizophrenia and personality disorders. All epidemiological studies point to a high level of co-occurrence of these conditions. The causal link between homelessness and mental ill-health is the subject of an ongoing debate. Some argue that the psychiatric problems of many of the homeless may result directly from their poverty and associated lack of accommodation. Others contend that the majority first experienced their symptoms of mental disorder before becoming homeless.

According to the Department for Communities and Local Government there were 6 people (estimated) sleeping rough on Swindon streets in autumn 2012. Number of statutory homeless households expressed as a crude rate per 1,000 households give an estimated of 1.1 homeless households per 1,000 households in 10/11 in Swindon LA area. This is statistically significantly better than the South West (1.5 per 1,000 households) and the England average (2.0 per 1,000 households).

In 2013 a Gaps Needs Analysis for Wiltshire and Swindon homelessness support services<sup>55</sup> was undertaken. The Draft report shows that support for mental health issues for all age groups was a commonly identified need and the most identified need in those under 35. The draft report concludes that the findings “suggest that support for the mental health issues (and likely deteriorating mental health) across all ages is the most prominent reason for presentation to homelessness services and especially for the under 35s”. Almost all (94%) of those under 35 presented with a mental health need.

## Domestic Abuse

Analysis of Police information to Swindon Social Services about children in households with DA incidents shows that approximately 1000 children and young people that we know about, are exposed to DA each year. There was an overall rise of 8% in the numbers of children from 2011 to 2012 from just under to just over 1000 children in each year. The numbers of children vary according to where they live, with children in deprived areas having higher exposure to DA. Mosaic analysis has helped to identify who the target Mosaic groups are within Swindon and where they are most likely to live.

This information also shows a clear age gradient with younger children being more likely to be exposed to current incidents of DA. More than 40% of the children are under five, highlighting a significant concern, as what happens in early life is critically important for children's development, health and wellbeing. A further 30% are primary school age. Single incidents among school aged children at primary and secondary schools (ages 5-15) rose by more than 40% from 2011 to 2012.

The impact on children is aggravated by a range of factors such as the severity of the violence, a combination with problem drinking, drug misuse, mental illness or learning disability, and witnessing the sexual and physical abuse. It is often the combination of factors which can co-exist with domestic abuse that have been found to increase the risk of harm to children and this is reinforced by the findings from Serious Case Reviews.

A wide range of agencies providing services for adults, families and children and young people come into contact with families experiencing DA. These include health, social care, education, criminal justice, voluntary and community sector, housing and DV specialist agencies. Governance for DA is currently through the Community Safety Partnership.

High risk victims are offered the support of an Independent Domestic Violence Advocate (IDVA) and are referred to the Multi Agency Risk Assessment Conference (MARAC) which makes plans to improve victim safety. The numbers of high risk victims referred to MARAC in Swindon peaked at 350 high risk victims with just under 500 children in the year up to October 2010, followed by a 30% drop in the year to January 2013. CAADA expect the right number of Swindon MARAC referrals to be similar to 2010 levels. The police provide 70% of the referrals to MARAC with very small numbers being referred by children or health services. In the year to January 2013, 15% of the MARAC referrals were from the black and minority ethnic community in Swindon, a proportion roughly representative of the Swindon population. Other groups including those aged under 18, were under-represented.

Children Social Services in Swindon received notifications from police of approximately 1000 children each year being exposed to DA. More than 80% of these children do not have any contact with Children's Social Services following this, and of those that do, less than 2% were placed on a child protection plan and less than 1% became children in care. The common assessment (CAF) has been core to the delivery of services by the wider children's workforce but only 10% of these children had a CAF, suggesting poor identification of DA by children's agencies.

Mothers at the Refuge described how they tried to cope with the DA and how it had undermined their confidence. Disclosing the abuse and finding the right help was difficult. They usually had told family or friends but this often resulted in unhelpful advice. Acknowledging the impact on their children could be difficult and they feared that telling others would result in them having no control over their situation. Their mental health was often adversely affected and GP's frequently had been consulted for this.

The children at the Refuge described crying and being scared when their parents were shouting and arguing. They found it hard to tell people what had happened and found it helpful for school staff to regularly talk to them and see how they were. They felt that no-one would understand their problems or be able to help them. Living at the Refuge meant it was harder to see their friends.

DA is a complex and significant social problem. A recent survey found that 31% in women and 18% of men said they have experienced domestic abuse in their lifetime. On average almost two women are killed every week by their current or ex-partner in the UK. DA takes place in a family environment. The impact on children can be overlooked, because they are not normally the direct victims of domestic abuse. However those family relationships are crucial for their development and well-being and for some children, the harm they suffer can be cumulative and severe. This impact will be the focus of the needs assessment. The impact is particularly damaging when children are exposed to violence at an early age, where it can contribute to poor health and well-being prospects across the life course.

Factors found to be associated with being a recent victim (but not necessarily causal factors) of DA include:

- Gender – women are more likely to be victims than men;
- Lack of access to financial resources, including being unable to find money at short notice;
- Living in poorer households;
- Living in social rented housing;
- Younger age, particularly under 25;
- Separated from partner;
- Lone parent;
- Presence of children in the household;
- Poor health.

Women were more likely than men to be in every group with experience of violence and abuse, especially the groups with the most extensive experience. Extensive experience of violence and abuse was more common among people with a lower household income, a low level of educational qualification and living in rented accommodation or in the most deprived neighbourhoods. However violence and abuse were experienced in all socio-economic groups and 29% of people with

extensive experience of physical and sexual abuse lived in households with an income in the highest third of the population compared to 42% in the lowest third.

An evaluation of the impact of Independent Domestic Violence Advisers<sup>10</sup> (IDVAs) highlighted some points regarding the high risk victims with whom they were working. Key points from the report were:

- The average abusive relationship lasts 5.5 years.
- The large majority of victims (76%) were experiencing at least one form of severe abuse.
- Actual or intended separation was found to increase the potential risk faced by victims. The majority of victims (66%) were separated from their partners.
- A substantial number of perpetrators committing severe levels of abuse were chronically aggressive and antisocial.
- Over two-thirds (69%) of victims accessing IDVA services had children, the large proportion of whom were of primary school age or younger.
- Abuse was more frequent and severe for victims reporting some form of additional adversity in their lives (6% had drug misuse; 12% alcohol misuse; 11% were registered disabled; 3% had insecure immigration status; 23% were from black and minority ethnic communities).
- Of those with children, 41% had conflict over child contact, 27% of victims were afraid of harm to the children and 11% of perpetrators had threatened to kill the children. The evaluation found that IDVA support had resulted in drops in these areas of risk to children.
- To those with children: 51% of IDVA's had provided support over child contact, 27% had supported with Social Services contact and 7% with the children's schools.
- "Even where the direct risk to children's physical wellbeing may not appear to be significant, many children may be at risk of psychological harm as a result of their exposure to domestic abuse. Problems and conflict regarding child contact arrangements were prevalent in this sample and children may be particularly distressed when they perceive themselves as a cause of conflict, as is undoubtedly the case when they see their parents embroiled in battles over how and when to see them. Prolonged child custody battles and contact visits may also represent an opportunity for perpetrators to maintain contact with and continue to abuse their partners or ex partners, further exposing children to risk. Child contact issues have also been noted as a precipitating factor in a number of domestic homicides."

The transition to parenthood is a major life change and it is often reported that women first experience domestic abuse during pregnancy and immediately after childbirth.

Evidence suggests that about 30% of domestic abuse starts during pregnancy.<sup>12</sup>

International research suggests that 4-8% of pregnant women are victims of domestic abuse, with injuries more frequent in the second and third trimester.

Figure 34: Estimated prevalence of domestic abuse in Swindon

	Since age 16			In past 12 months		
	Men	Women	All	Men	Women	All
<b>Any DA (inc. family)</b>	<b>11,300</b>	<b>19,300</b>	<b>30,600</b>	<b>3,200</b>	<b>4,800</b>	<b>8,000</b>
<b>Partner DA</b>	9,300	17,200	26,500	2,500	3,700	6,200
<b>Partner (non-sexual)</b>	8,100	15,200	23,300	1,900	3,000	4,800
<b>Partner (emotional, financial)</b>	4,900	10,800	15,700	1,100	2,000	3,100
<b>Threat or force</b>	4,900	11,500	16,400	900	1,700	2,700
<b>Threats</b>	700	6,400	7,100	100	1,000	1,100
<b>Force</b>	4,600	10,400	15,000	900	1,400	2,300
<b>Minor force</b>	1,900	7,800	9,700	500	900	1,400
<b>Severe force</b>	3,900	7,700	11,700	700	1,000	1,600
<b>Sexual assault</b>	1,700	12,000	13,700	300	1,600	1,900
<b>Stalking</b>	6,300	11,700	17,900	2,100	2,600	4,800

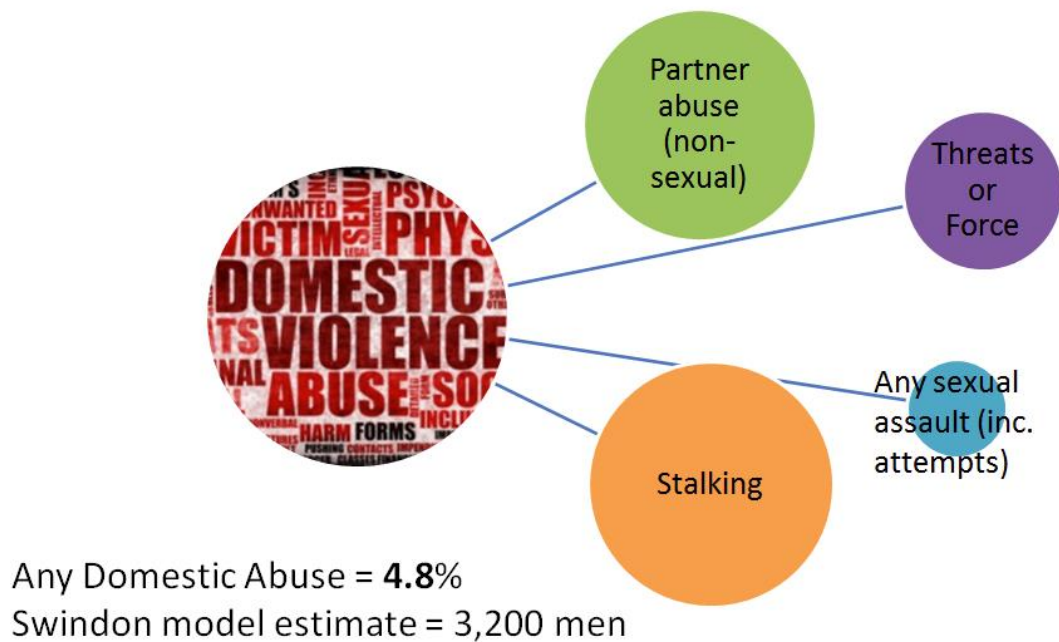
Source: Crime in England and Wales 2010/11 (table 3.01) applied to Census-based SNPP for 2013

Figure 35: Female victims in last 12 months, aged 16-59 (Swindon)





Figure 36: Male victims in last 12 months, aged 16-59 (Swindon)



Figures from the BCS indicate that only 11% of sexual assaults and 16% of incidents of partner abuse are reported to the Police.

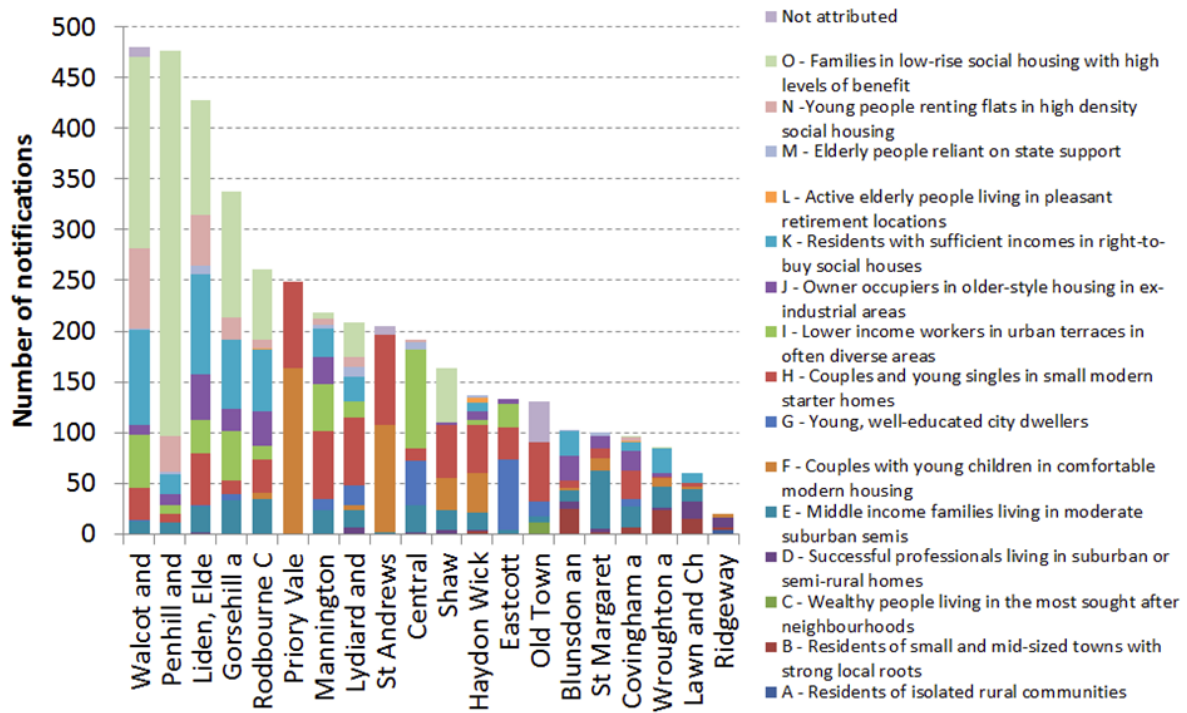


Figure 37: Domestic Abuse notifications by ward and by Mosaic segment (April 2010- Dec 2012)

Leaving the home may be the best avenue of escape but this does not necessarily result in a cessation of the violence. For 37% of women the violence increased, took a different form such as stalking, remained the same or commenced following separation. Men who were most violent when living with women continued to be the most violent after separation. (Source: Cleaver, Unell and Aldgate. 2011. Children's Needs – Parenting Capacity 2nd Edition )

Health, social care, education, criminal justice, voluntary and community sector, housing and specialist agencies are some of the wide range of services which are likely to come into contact with families experiencing domestic abuse. Services for both adults and children are involved and each broad service area such as health, may be delivered by many agencies. Given this, the need for a shared understanding of domestic abuse, integrated pathways across agencies and joint and effective governance structures are critical. (Source: Howarth et al. 2009. Safety in Numbers: Multi-site evaluation of Independent Domestic Violence Advisers. Accessed at [http://www.caada.org.uk/policy/Safety\\_in\\_Numbers\\_full\\_report.pdf](http://www.caada.org.uk/policy/Safety_in_Numbers_full_report.pdf) )

## **The Refuge**

A Refuge has existed in Swindon for over 20 years. In the period from April 2009 to December 2012 (almost 3 years) the Swindon Women's Refuge has provided 244 women and 434 children with emergency refuge accommodation. Full occupancy of the Refuge has led to a further nine women with their children being referred on to Swindon Borough Council for emergency accommodation.

Sixty percent of women were referred to the Refuge as a result of a 999 Police response to physical assault. A further 26% were referred by the Housing Department, and 9% from Social Services.

Age distribution of children in the Refuge (April 09 to Dec 12)

More than half the children in the Refuge were aged 0-4 (which reflects the general pattern of children affected by DA incidents).

On arrival at the Refuge 11% of the Primary school children changed their school to prevent abduction and 5% of secondary pupils also changed schools to avoid further abuse. Another 8% changed school later due to settling elsewhere or attempted abduction.

Fifty two families were actively engaged with Social Services on arrival at the Refuge and 36 children were subject to a child protection plan. A further 10 families were referred to Social Services after arrival at the Refuge.

Just over 30% of women stay at the Refuge for less than a month, and the same proportion are there for between 3 and 6 months.

On leaving the Refuge 11% returned to their partner. 38% went to privately rented accommodation. 25% of the women were repeat victims and were reported to have accessed emergency Refuge accommodation due to physical violence on a previous occasion. When asked “what was the hardest thing about leaving home and coming to the refuge?” children replied:

“Not knowing why we were moving here”

“We sort of had everything we needed. We got a welcome pack with food, and books and toys for me and my sister, but we still didn’t bring most of our things with us.”

Source: Consultation with children at the Refuge

“I got the number from my maternity notes and I phoned the refuge.”

“My mum got me the number for here. And I met up with (Refuge staff member) a few weeks before I left. I needed an outsiders perspective on what was going on.”

“I know of refuges because 25 years ago a friend of mine was in one so I googled it.”

“My perception was you were all living in on room with families. So it was a massive decision.”

“I thought a refuge would be a big hall.”

Source: Consultation with mothers at Swindon Refuge

31% of the victims described themselves as having a disability and 33 % were from BME groups, with the most common being Polish and Asian (Pakistan, India) & then African.

A small group of women (5%) had no recourse to public funds, and were mainly Asian from Pakistan or India, or African. Many had entered the country on a spousal visa from outside the European Union. More than half had children and more than a quarter reported having been forced into marriage in their country of origin. SWA provide them with food, accommodation and clothes through fundraising, as they have no rights to housing or benefits. They have issues about trying to remain in the country, isolation from family and friends, no accommodation, money and access to services such as GPs, transport etc.

There are a number of issues about school access for children living at the Refuge. Maintaining attendance at the child’s current school frequently involves travel costs which are difficult for their mothers to cover and for which there is no provision. Local schools to the Refuge are oversubscribed and children can wait in the Refuge for allocation of a local school place.

### **Housing Advice and Homelessness Statistics**

Current housing applications held are 3,590. We receive on average 170 housing applications each month to assess and 210 change in circumstances to re-assess or amend applications with new details.

We receive on average 240 contacts per month through front-line services (Contact Centre, One Stop Shop, telephone enquiries and correspondence). This can be measured through Lagan correspondence but this includes an estimate of contacts through telephone and email. This figure does not include non-front line enquiries.

Through Homelessness the Council receives on average 180 enquiries per month via our on-line Swindon Home Advice website. In addition the Council receives on average a further 180 visits per month to the One Stop Shop. In addition the Council receives approximately 200 contacts per month via the contact centre and Tier 2.

Expenditure on homelessness has been contained within budgets despite the number of enquiries and applications rising compared to recent years, figures collected by the Council show that a total of 120 households were registered and accepted as homeless during 2012/13. This represented a decrease of 72% on the figure for 2004/05 and 76% for the period 2005/06. The current figures show a concerning upward trend despite considerable and continued prevention work. Encouragingly in 2013/14 108 households were accepted, however, in 2014/15 this increased to 163 households for the year. The main recorded reasons for homelessness in Swindon are: parents no longer willing to accommodate, relationship breakdown (violent and non-violent), and loss of private sector accommodation.

Figure 38: For the last quarter of 14/15 latest figs available (DCLG) provide some national and regional comparators for numbers of households accepted as Homelessness (Jan-March 2015)

Bristol 314	Peterborough 85	Stevenage 37	Thurrock 62	Wiltshire 85
Exeter 20	Plymouth 54	Swindon 32	Torbay 13	B'mouth 22
Oxford 30	South Glos 42	Taunton Deane 20	Gloucester 34	

Figure 39: National performance on homelessness:

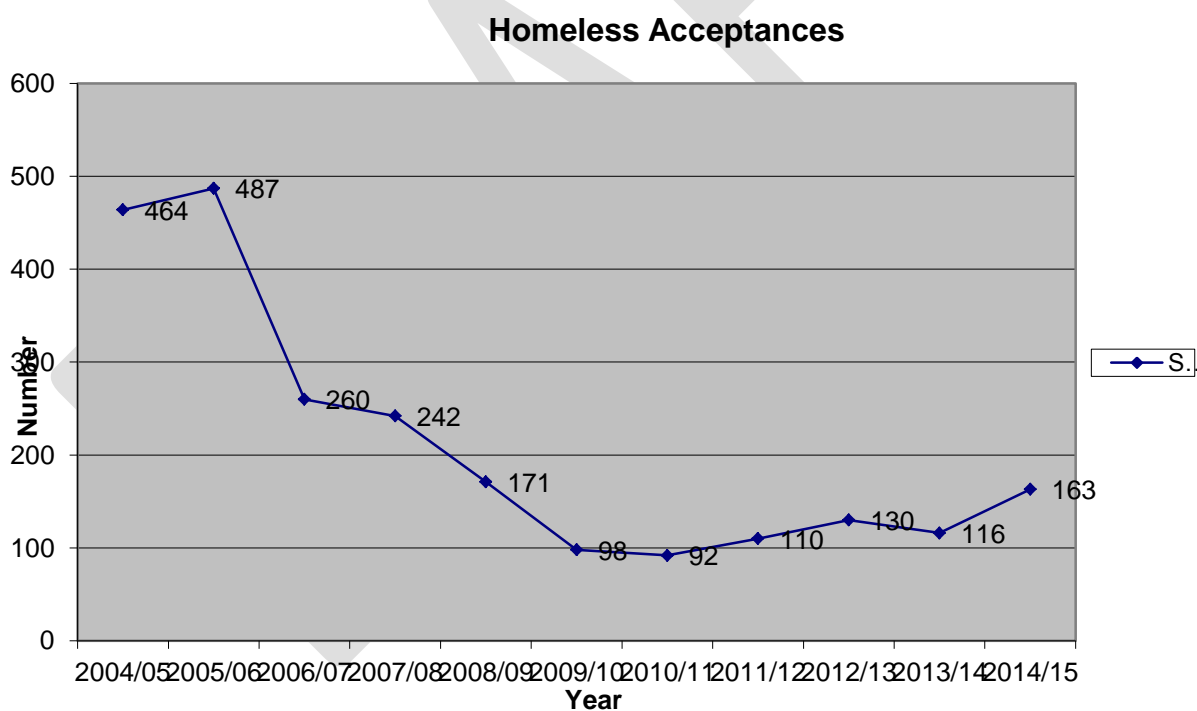
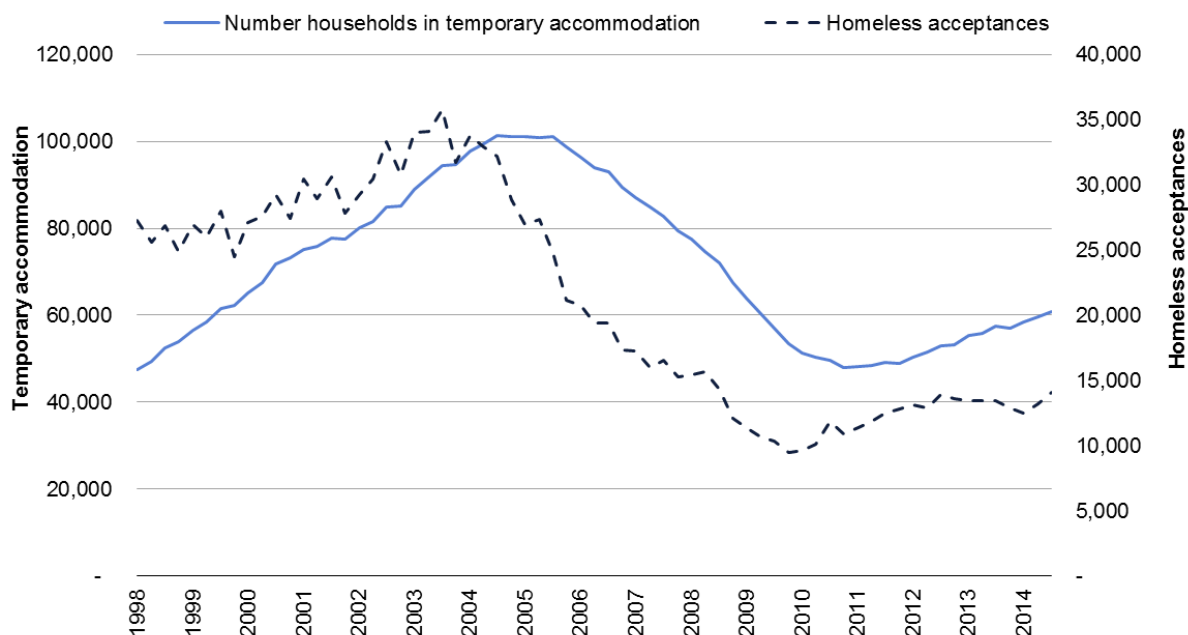


Figure 40: Number of households accepted as homeless in Swindon, mirroring the national trend.

Figure 41: Reasons for homelessness of households accommodated by Swindon Borough Council in temporary accommodation in 2014/15.

14/15	Q1	Q2	Q3	Q4	Total
Termination of AST	12	19	15	4	50
Other reason	6	4	12	6	28
Parents no longer willing to accommodate	3	7	8	6	24
Violent breakdown of relationship	6	9	3	5	23
Left institution	3	2	1	2	8
Friends / Relatives no longer willing to accommodate	3	1	1	2	7
Mortgage Arrears	1	2	2	1	6
Non-violent breakdown of relationship	2	0	0	3	5
Private Sector Arrears	2	1	0	1	4
Other forms of violence	1	0	0	1	2
RSL Arrears	0	0	2	0	2
Leaving NASS	0	0	1	1	2
Violent breakdown of relationship involving associated persons	0	1	0	0	1
Racially motivated violence	1	0	0	0	1
LA Rent Arrears	0	0	0	0	0

Figure 42: Reasons for priority need, homeless acceptances 2014/15.

	Q1	Q2	Q3	Q4	Total	%
Dependent Children	27	33	26	19	105	64.81%
Pregnant Women	3	7	8	6	24	14.81%
Aged 16/17	1	1	2	0	4	2.47%
Formerly in 'Care' aged 18 to 20	1	0	2	0	3	1.85%
Old Age	0	0	0	0	0	0.00%
PD	1	0	2	4	7	4.32%
Mental illness / Disability	1	0	4	1	6	3.70%
Drug dependency	0	0	0	0	0	0.00%
Alcohol Dependency	0	0	0	0	0	0.00%
Former Refugee / Asylum seekers	0	0	0	0	0	0.00%
Other Special Category	0	0	1	1	2	1.23%
Having been in 'care'	4	2	0	0	6	3.70%
Served HM Forces	0	0	0	0	0	0.00%
Been in Custody / Remand	0	1	0	1	2	1.23%
Threat of violence	1	2	0	0	3	1.85%
of which Domestic Abuse	0	0	0	0	0	0.00%



### Applications by Ethnic Origin

Figure 43: Quarter 1 2014/15

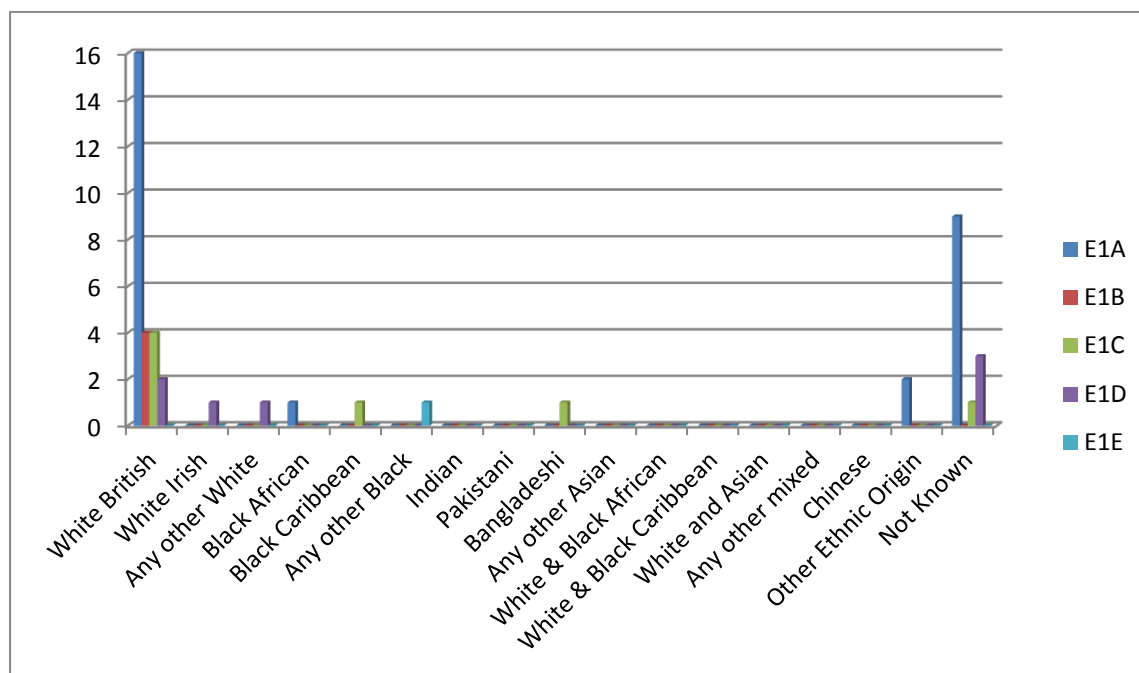


Figure 44: Quarter 2 2014/15

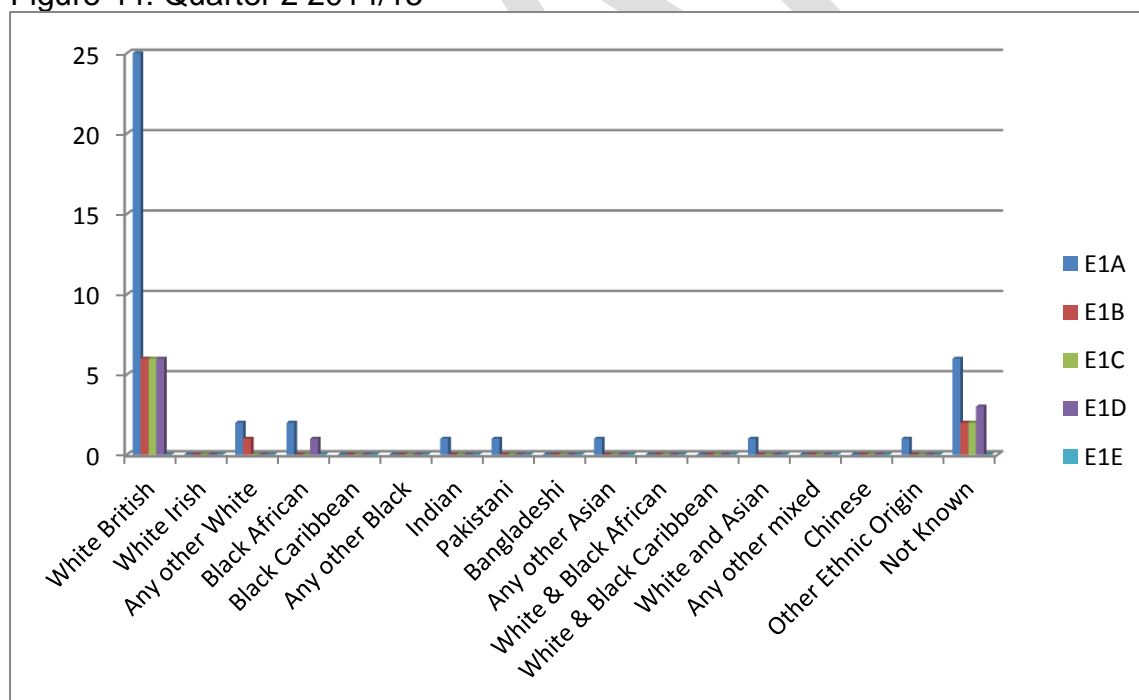


Figure 45: Quarter 3 2014/15

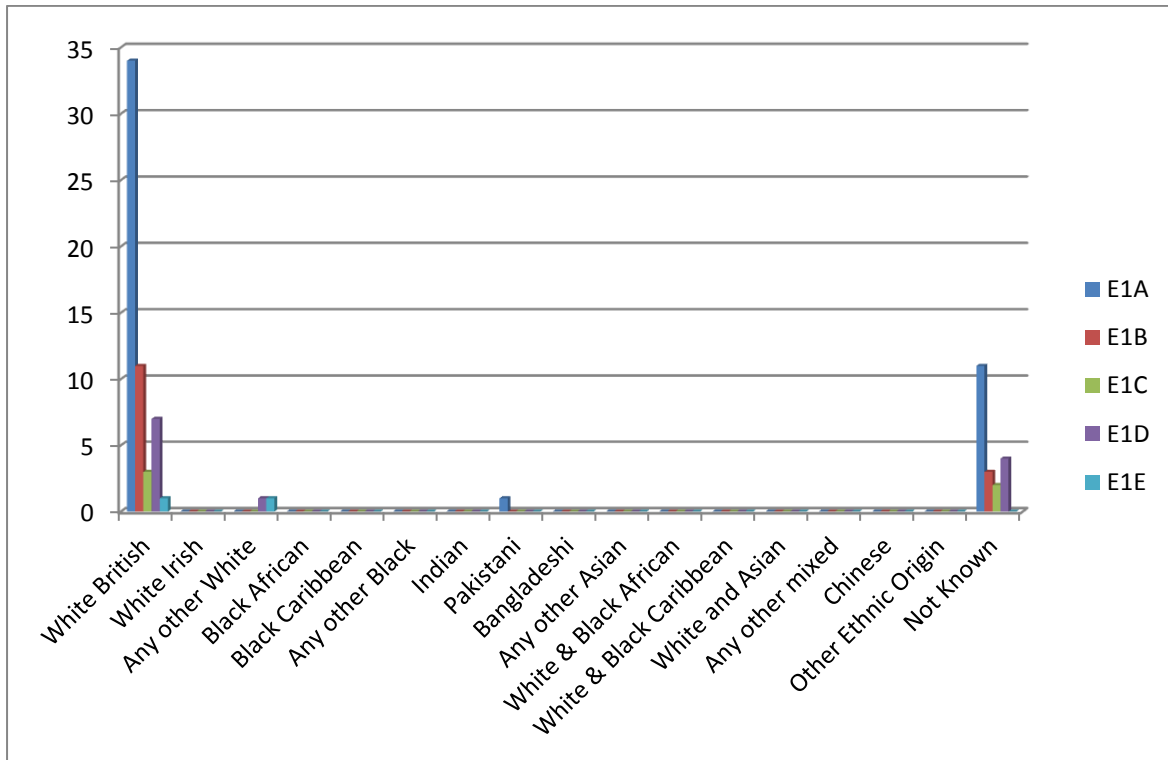
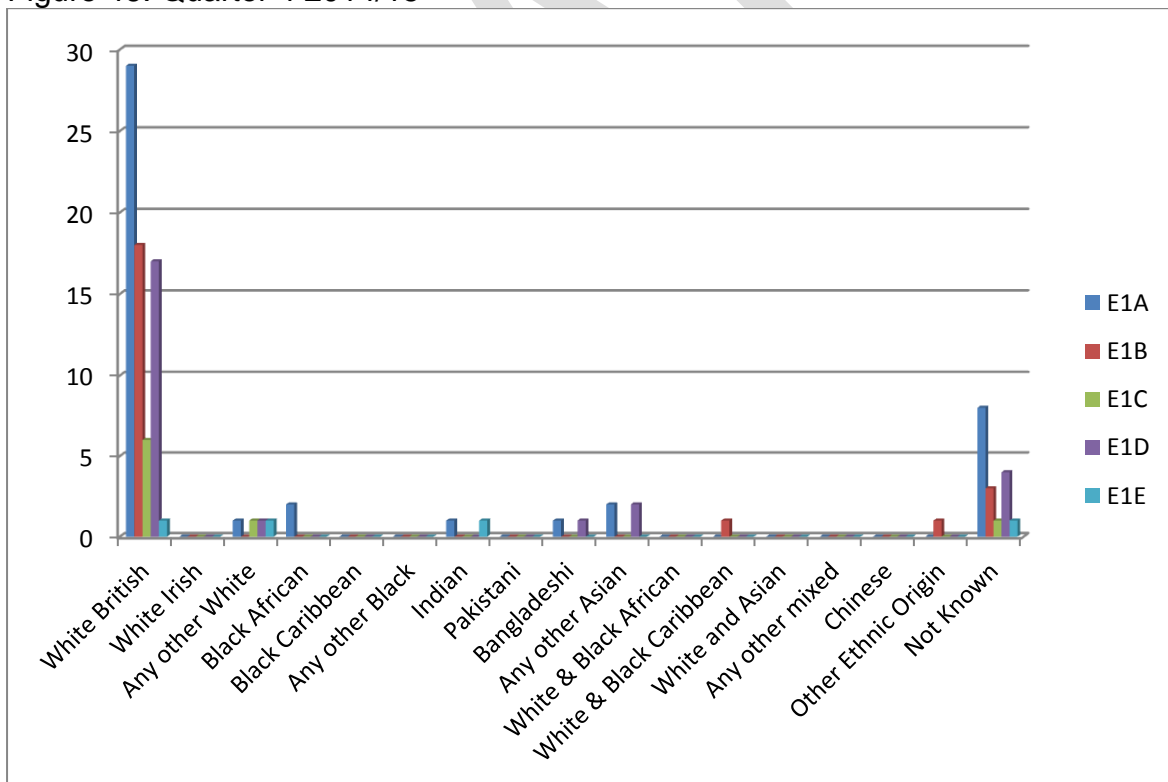


Figure 46: Quarter 4 2014/15



### Homeless Acceptances by Age

Figure 47: Quarter 1 2014/15

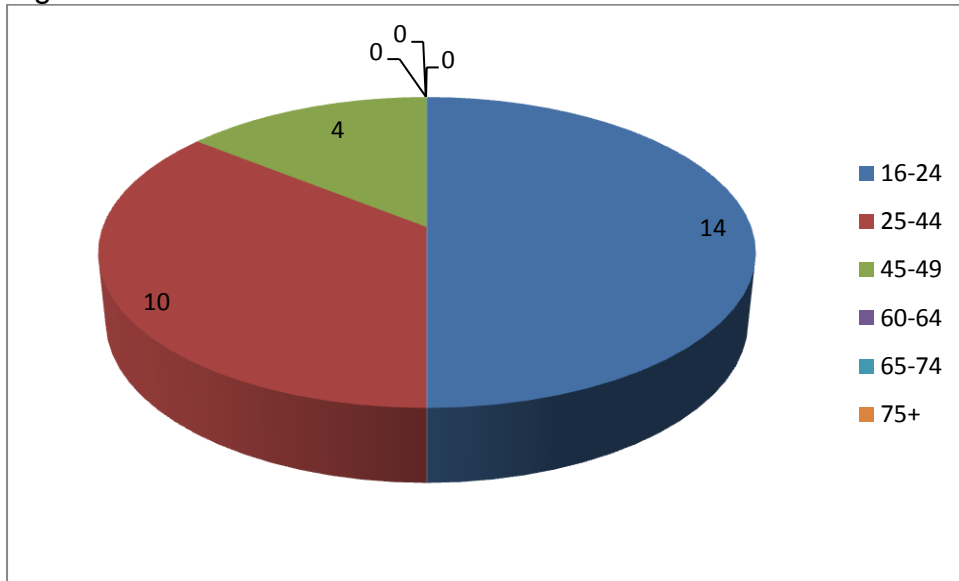


Figure 48: Quarter 2 2014/15

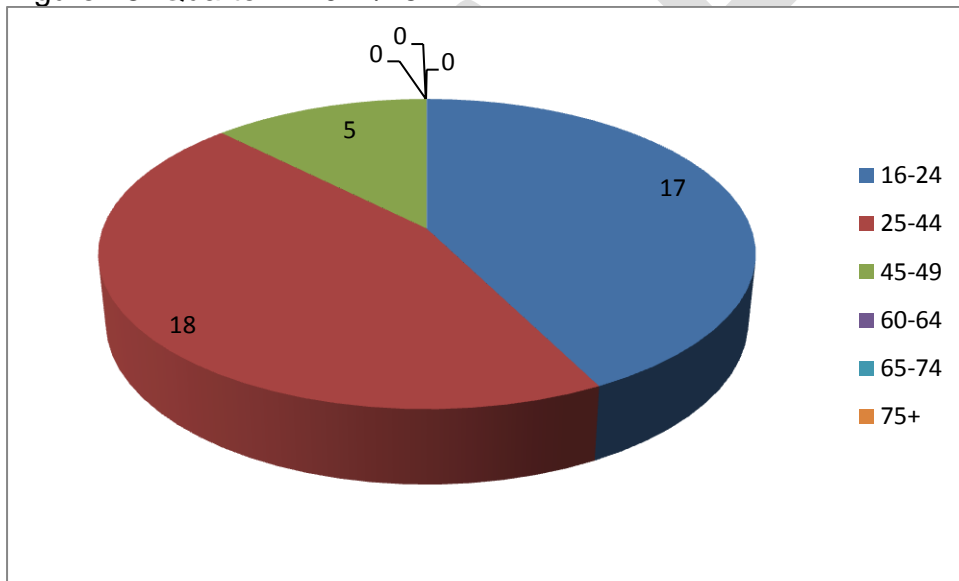


Figure 49: Quarter 3 2014/15

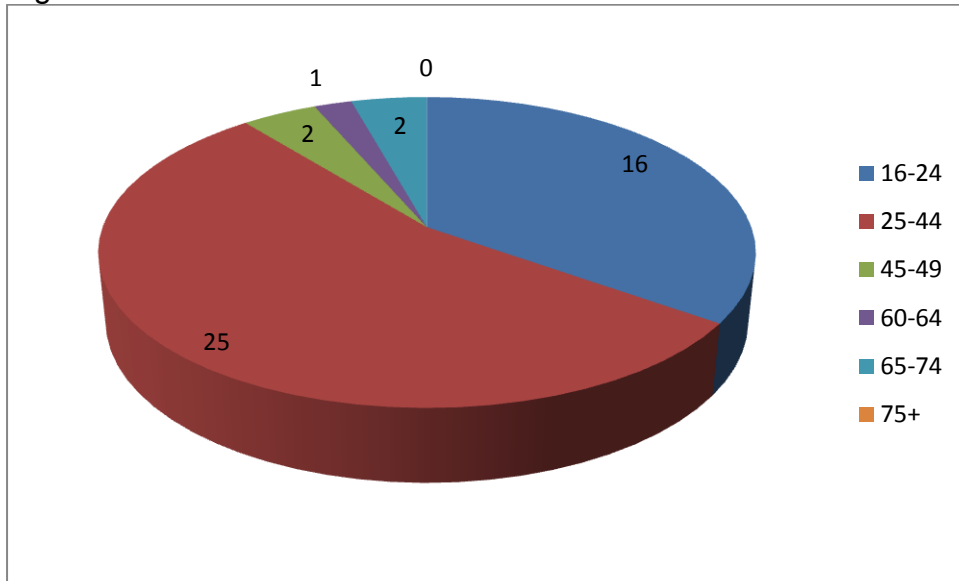
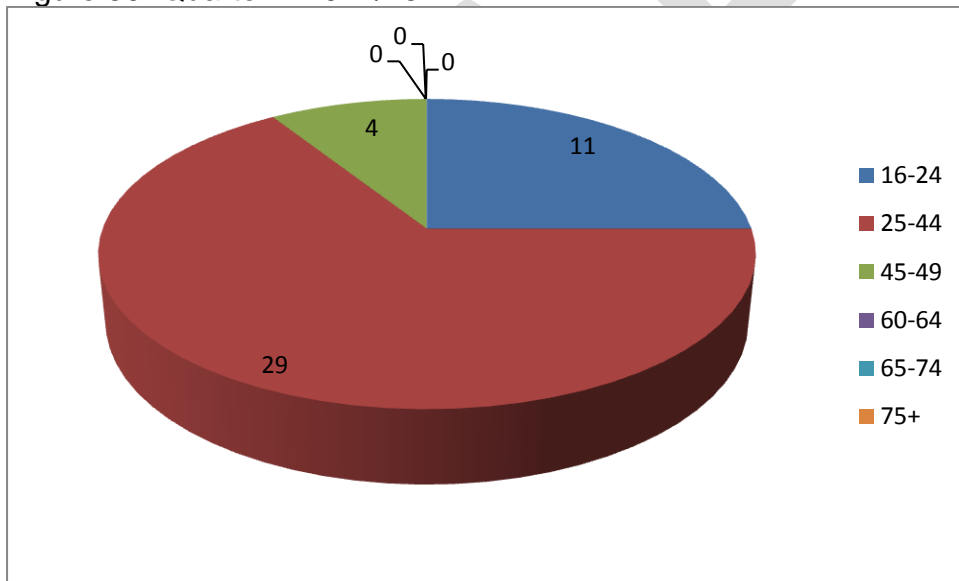


Figure 50: Quarter 4 2014/15



### Homeless Acceptances by Household Type

Figure 51: Quarter 1 2014/15

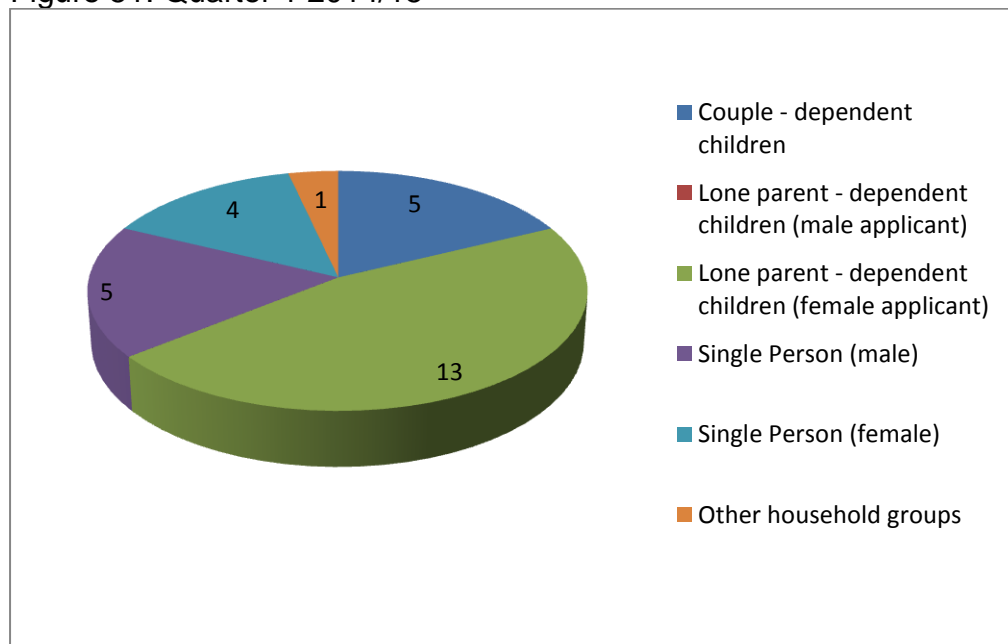


Figure 52: Quarter 2 2014/15

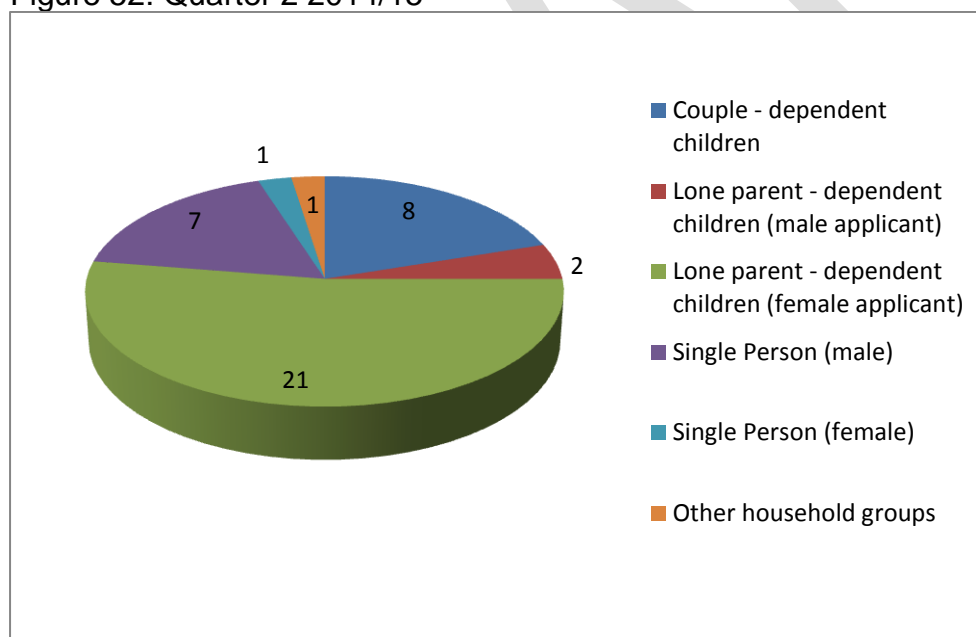


Figure 53: Quarter 3 2014/15

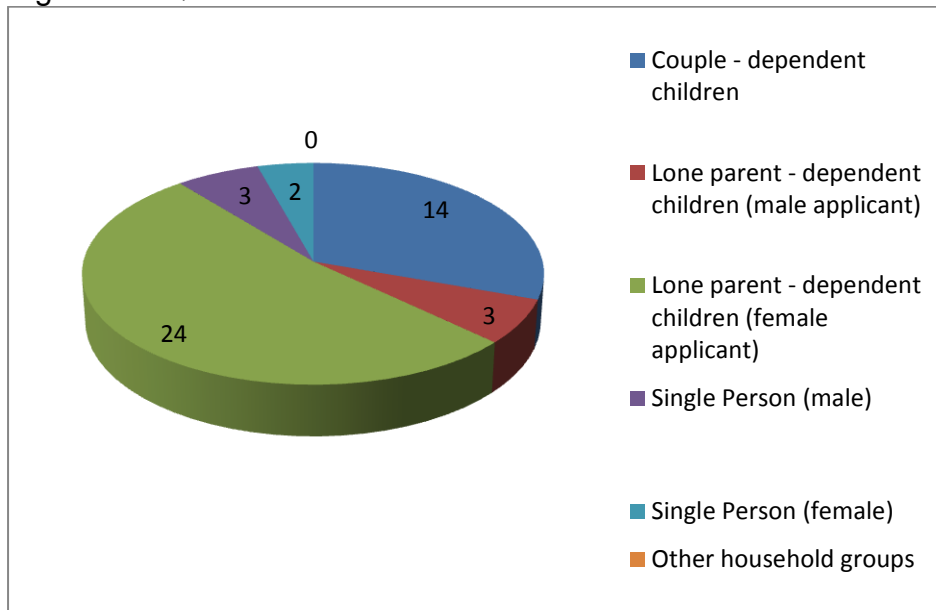
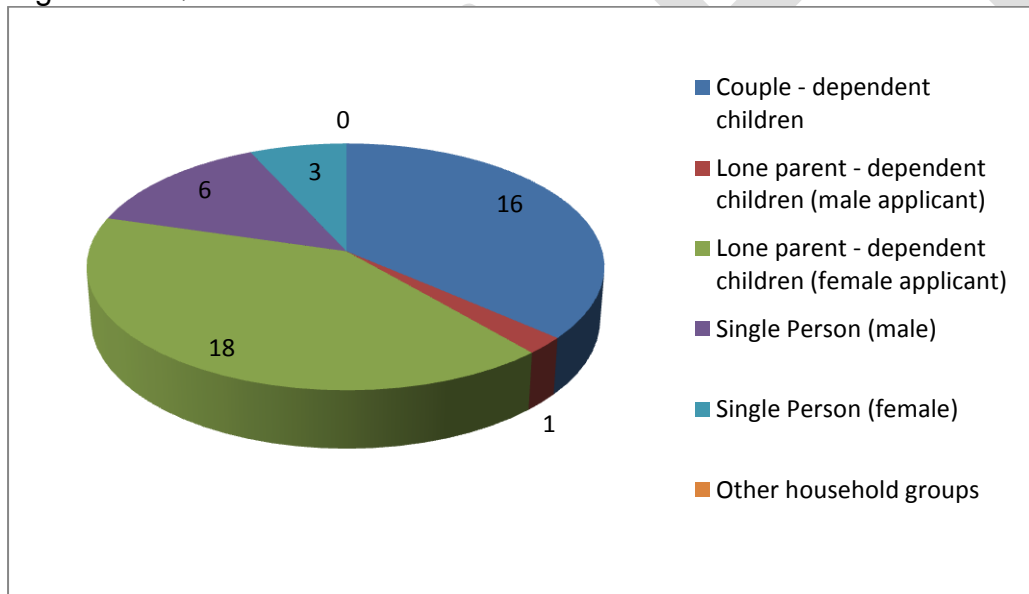


Figure 54: Quarter 4 2014/15



**Figure 55: Complex Need Rough Sleeper Analysis**

<b>Provider Organisation</b>	<b>Number of Identifiers provided as No Fixed Abode</b>	<b>Number of Identifiers with a partial identifier i.e.RG???????M</b>
Booth House	418	0
SBC Housing	225	31
Threshold Housing Link	133	43
Probation B (Risk Assessment)	130	0
STARS (Drug Service)	91	1
Probation A (CM system)	50	0
SOLAR (Alcohol Service)	21	0
Switch	14	0

Overall 1,082 identifiers were supplied by partner agencies which should provide a good indication to what extent different identifiers could be seen across services. SBC Housing and Threshold housing held varying levels of client information to make up the identifier, due to the nature of the engagement, clients wish to provide information to those agencies and appropriateness of capturing full client information in those settings.

Each service supplied one list of information apart from Probation which has two distinct sources of NFA client information Probation A (Clients reporting NFA on Case Management system) and Probation B (Clients reporting NFA on their risk assessment) - these were found to be distinct from each other.

Cross matches between agencies	Probation A (CM system)	Probation B (Risk Assessment)	SOLAR (Alcohol Service)	STARS (Drug Service)	Booth House	Threshold Housing Link	Switch	SBC Housing
Probation A (CM system)	X							
Probation B (Risk Assessment)	1	X						
SOLAR (Alcohol Service)	1	1	X					
STARS (Drug Service)	1	3	0	X				
Booth House	7	21	7	5	X			
Threshold Housing Link	7	15	2	9	60	X		
Switch	4	6	0	1	8	7	X	
SBC Housing	9	27	3	13	69	52	8	X

Figure 56: The figures in the table above used the all the data supplied and crossed matched this between agencies, these are based on exact matches so these may an under- representation due to errors in data recording.

For example, when looking at the number of identifiers which are found between SOLAR and Booth House, the matching suggests that 7 clients have been seen by both agencies .

The highest numbers of identifiers crossing over services were found in Booth House, Threshold Housing Link and SBC - although this should be taken with caution due to the number of incomplete identifiers finding a closest match to the agency with the largest volume of identifiers. Further data cleansing work should take place by these agencies to see whether these matches are appropriate.

However even when taking the partial identifiers out of the analysis - these three organisations still have the highest amount of individuals crossing over.

Identifiers across agencies	Probation A (CM system)	Probation B (Risk Assessment)	SOLAR (Alcohol Service)	STARS (Drug Service)	Booth House	Threshold Housing Link	Switch	SBC Housing
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Identifiers matching across all 7 agencies								
Identifiers matching across 6 agencies						1		1
Identifiers matching across 5 agencies								2
Identifiers matching across 4 agencies	2	2		2	4	5	3	6
Identifiers matching across 3 agencies	2	3	1	3	7	12	2	11
Identifiers matching across 2 agencies	2	7	1	1	16	24	5	22
Identifiers matching across 1 agencies	3	24	8	1	66	42		64
Identifiers matching across no other agencies	41	94	11	84	325	49	4	119
<b>Total</b>	50	130	21	91	418	133	14	225
<b>% of identifiers matched over 1 or more agencies</b>	18%	28%	48%	8%	22%	62%	71%	46%

Figure 57: The above table shows those identifiers that match across multiple agencies, the multiple matches across can partly be explained by missing elements in the identifier meaning that more than one match being found across different agencies so that JB???????? is more likely to find a match than JB19021980M.

For this reason the columns highlighted in red should be viewed with caution, as they have a number of identifiers with incomplete information which means they can potentially match with many more identifiers than those with complete information.

The percentage indicates the extent to which identifiers cross over to other agencies - as such Threshold Housing, Switch and SOLAR come out highly, although Switch and SOLAR hold the fewest identifiers. The lowest crossover is seen in STARS (Drug Treatment service). A possible reason for discrepancies between agencies is the way in which housing status is captured and kept up to date.

Looking at the more robust level of identifiers mapping across 3 or 4 agencies this reveals 13 identifiers where a full identifier was provided and a further 13 where there is a partial identifier. These would benefit from more in depth investigation as these will be a cost attached with people presenting to multiple agencies.

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