Appendix 3

HILLINGDON
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Hillingdon Homelessness and Rough Sleeping Strategy
Consultation Report
2026

A consultation process has been completed regarding the new Homelessness and Rough Sleeping Strategy 2026-2030. The consultation initially ran from 5th January 2026 to 15th February 2026 for 6 weeks in total. This was supplemented by one additional consultation meeting with Adult Social Care and Public Health staff on 17th February 2026 and through review by Residents' Services Select Committee at their meeting on 18th February 2026. The aims were to:

- Be legally compliant.
- Promote and raise understanding of the strategy to residents, partners and other stakeholders.
- Gather valuable insight in a range of ways, from a representative cross-section of residents, partners and other stakeholders to inform the final version of the strategy.

The following design principles have been used:

- To be proportionate to requirements.
- Provide 'self-serve' digital feedback options to participate in the consultation, for the convenience of residents and partners.
- Provide for easy read and inclusive consultation approaches where required.
- Using existing networks of groups and partnerships.
- Enable opportunities for providing structured views and responses to open dialogue, where required.

Methodology

A copy of the draft strategy was published on the Hillingdon Council website with a link to an electronic survey form and offer to provide the survey in different formats and translations, on request. Paper copies of the survey could also be requested through our Customer Engagement Team.

The survey has been promoted via various channels, including e-newsletters and the council's social media channels with a link to the survey form. Posters with a QR code link to the survey were also placed in council buildings at the recent Homelessness Forum.

A range of partner organisations have been written to directly, inviting their comments on the draft policy and directing them to the online consultation. These include:

- Housing and support providers.
- Existing community groups, faith groups.
- Voluntary sector networks.
- Neighbouring local authorities.
- Ministry for Housing, Communities and Local Government
- Greater London Authority
- Internal housing staff and related services including Adult and Children's Social Care and Public Health

Consultation meetings have been held with Children's Social Care, Leaving Care Team, Adult's Social Care and Public Health, Housing Managers and front-line housing staff.

Two consultation events were held on 4th February 2026. The first to gain active engagement and interaction with residents, with a question-and-answer session. The second consultation event was held with key partners who were invited to discuss the upcoming strategy. This was followed up with an event on 5th February 2026 with supported housing residents for a round table discussion.

The council's Homelessness Forum was invited to review and comment on the proposed changes and the consultation approach at its meeting on 9th February 2026. The feedback received informed the final shape of the consultation, resulting in the addition of an online staff engagement event held on 17th February 2026. This session provided further qualitative insight to complement the quantitative data collected. The report was also presented to Residents' Services Select Committee on 18th February 2026.

Consultation results

<u>Summary</u>

A total of 52 survey responses were received alongside extensive qualitative feedback from staff partners, and residents. Overall residents showed majority support for all five strategic priorities, with particularly strong endorsement for:
- Priority 3 – Access to safe, suitable and sustainable accommodation: 75% agreed or strongly agreed, making it the most supported priority.
- Priority 2– Resident focused homelessness service: (now reordered as priority 1 in the revised draft): 71% agreed or strongly agreed.
- Priority 1– Prevention (now reordered as priority 2 in the revised draft): 62% agreed or strongly agreed.

Support was slightly lower for:
- Priority 4 – Targeted pathways for single homeless and rough sleepers: Agreement and disagreement were more balance, reflecting mixed views.
- Priority 5 – Modern, data-led and cost-effective services: 58% felt the priority aligned with their expectations

Overall, the consultation shows:
- Broad support for the direction of the strategy.
- Strongly articulated concerns about temporary accommodation pressures, system coordination, fairness and communication.
- A clear need for enhance multi-agency working, data-led improvement, and more proactive, preventative pathways.
- Community and partner anxiety about national policy pressures – particularly migration and PRS instability – and their impact on local services.

Methodology

The consultation was promoted across the Council's social media channels, including Facebook, Instagram, X (formerly Twitter) and Meta. Each post highlighted the strategic priorities and included a direct link to the consultation webpage, enabling residents to provide their feedback. Meta advertising generated the highest level of engagement across all platforms. However, despite the substantial number of views, however this did not translate into a corresponding increase in completed survey responses.
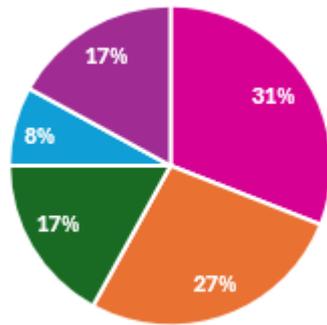
Social Media

| Channel	Week 1	Week 3	Week 6	Total Views	Total Clicks
Meta advert (views/clicks)	Total only available	Total only available	Total only available	27,245	1,048
Facebook (views/clicks)	10,287 views, 19 link clicks	5,882 views, 23 link clicks	3,228 views	19,397	42
Instagram (view)	884	683	332	1,899	N/A
X/Twitter (impressions/clicks)	310 impressions, 2 link clicks	302 impressions, 2 link clicks	362 impressions, 7 link clicks	974	11

Online Survey Results

There was a total of 52 responses to the online survey.

1. To what extent do you agree with priority one? Early and sustained prevention Note this is now priority 2 in the revised draft	Strongly agree	37%	
	Agree	25%	
	Neutral	6%	
	Disagree	17%	
	Strongly disagree	15%	
2. Additional comments	17.3% of respondents who "strongly agree" or "agree" with Priority One are Hillingdon residents and private tenants.		
3. To what extent do you agree with priority two?	Strongly agree	42%	
	Agree	29%	

Resident focussed homelessness service Note this is now priority 1 in the revised draft	Neutral	10%	
	Disagree	4%	
	Strongly disagree	15%	

4. Additional comments	17.3% of respondents who "strongly agree" or "agree" with Priority Two are Hillingdon residents and private tenants.

5. To what extent do you agree with priority three? Support access to safe, suitable and sustainable accommodation	Strongly agree	52%	
	Agree	23%	
	Neutral	6%	
	Disagree	4%	
	Strongly disagree	15%	

6. Additional comments	This priority had the highest level of agreement with 75% agreeing or strongly agreeing. Among respondents who expressed strong agreement or agreement with Priority Three, around one-third (32.7%) were living in social or supported housing situations; including council tenants, housing association tenants, or households in temporary accommodation.

7. To what extent do you agree with priority four? Targeted housing pathways for single homeless, rough sleepers and other groups	Strongly agree	37%	
	Agree	25%	
	Neutral	6%	
	Disagree	12%	
	Strongly disagree	21%	

8. Additional comments	Of those who strongly agree or agree with Priority Four, just over a third (36.5%) identify as single. This is compared to 36.8% either disagree or strongly disagree.

9. To what extent do you agree with priority 5?	Strongly agree	31%	
	Agree	27%	
	Neutral	17%	

Modern data led and cost effective services	Disagree	8%	
	Strongly disagree	17%	

10. Additional comments	Overall, responses to Priority Five were mostly positive, with a clear majority indicating support. 58% who took part feel that Priority Five aligns well with their expectations and concerns.

11. Any other comments you have about the Homelessness Prevention and Rough Sleeping Review and Strategy.
14 respondents (47%) answered people for this question.
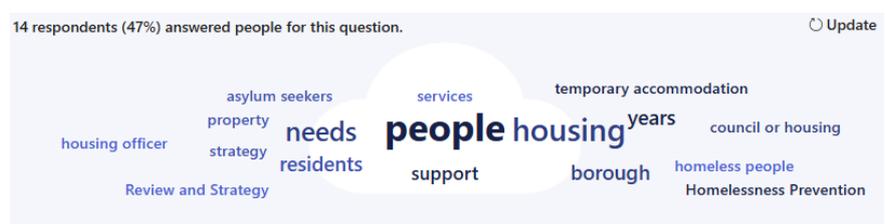
- Top concerns cluster around Temporary Accommodation (TA) and system pressure. TA hotels, nightly-paid use, move-on bottlenecks and related casework come up most frequently (21 mentions).
- Many comments ask for "locals first" or query the treatment of asylum seekers (14 mentions).
- A notable subset argue for prioritising long-term residents or "UK-born", this intersects with equalities and communications risk (9 mentions).
- Vulnerability and complex needs (mental health, substance use, domestic abuse, hospital/prison leavers) appear often and are typically framed as requiring multi-agency, trauma-informed responses (13 mentions).
- Partnership working is viewed as essential, with VCS partners offering to collaborate on prevention, data-sharing and outreach (11 mentions).
- Outreach and visible street activity: asks for more on-street engagement, Street Link usage, and responses to begging/tents in specific localities (9 mentions).
- Overall sentiment is mixed with many comments containing both support and critique. A smaller share is clearly positive or negative.

Illustrative quotes
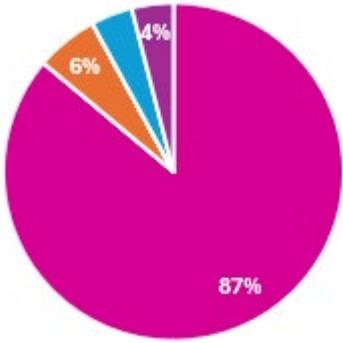"Perhaps focus on those that have put into the system for years. Those with at least 10 year links to Hillingdon."
"The strategy would benefit from clearer commitments to intervene early… proactive advice, mediation and tenancy sustainment before crisis point… stronger emphasis on genuinely affordable housing and Housing First pathways."
"Families in temporary accommodation should have a housing officer." |

"There is a need for on-the-ground teams to go out to where homeless people are to offer advice and reduce begging."
"All 5 strategy priorities will require funding and staffing…Promising support without the staff to provide it seems empty."

12. Are you?	A Hillingdon resident	87%	
	Voluntary or community organisation working in the borough	6%	
	Housing association with homes in the borough	0%	
	Another type of organisation	4%	
	Other	4%	
13. What is your current housing situation? I am:	A council tenant	19%	
	Living in temporary accommodation provided by Hillingdon Council because I was homeless	6%	
	A private tenant	23%	
	A housing association tenant	8%	
	A homeowner (with or without a mortgage)	44%	
14. If you are responding on behalf of a voluntary or community organisation, a statutory organisation or a housing association with homes in the borough, please provide the name of your organisation in the box	charity Legal Advice **No** Advice Homeless Projects A2Dominion Nucleus Advice - megan@nucleusorguk P Citizens Trinity Advice Hillingdon		

15. What is your gender	Male	23%	
	Female	63%	
	Prefer not to say	13%	
	Other	0%	

16. What age range do you belong to?	
Under 18 0	
18-24 0	
25-34 14	
45-54 8	
55-64 12	
65+ 8	
Prefer not to say 10	

17. How would you describe your ethnicity?	
Asian or Asian British ethnic group or background (Indian , Pakistani, Bangladeshi, Chinese or any othe... 3	
Black, Black British, Caribbean or African ethnic group or background (Caribbean, African, any other black,... 4	
Mixed or multiple ethnic group or background (White and Black Caribbean, White and Black Africa... 2	
White group or background (English, Welsh, Scottish, Northern Irish or British Irish, Gypsy, Irish... 33	
Prefer not to say 10	

18. Do you consider yourself to have a disability? A physical or mental illness or condition that has a substantial and long-term effect on your ability to carry out normal day to day activities.	Yes	62%	
	No	23%	
	Prefer not to say	15%	

19. What is your sexual orientation? ● Heterosexual 37 ● Bisexual 1 ● Gay man 0 ● Gay woman / Lesbian 0 ● Prefer not to say 12 ● Other 2		
20. What is your religion or belief? ● Sikh 0 ● Buddhist 1 ● Christian 22 ● Hindu 0 ● Humanist 0 ● Jewish 1 ● Muslim 1 ● No religion 16 ● Prefer not to say 11 ● Other 0		

21. What is your marital status?			
	Married	52%	
	Single	37%	
	Divorced	8%	
	Widowed	2%	
	Separated	2%	
	Civil partnership	0%	
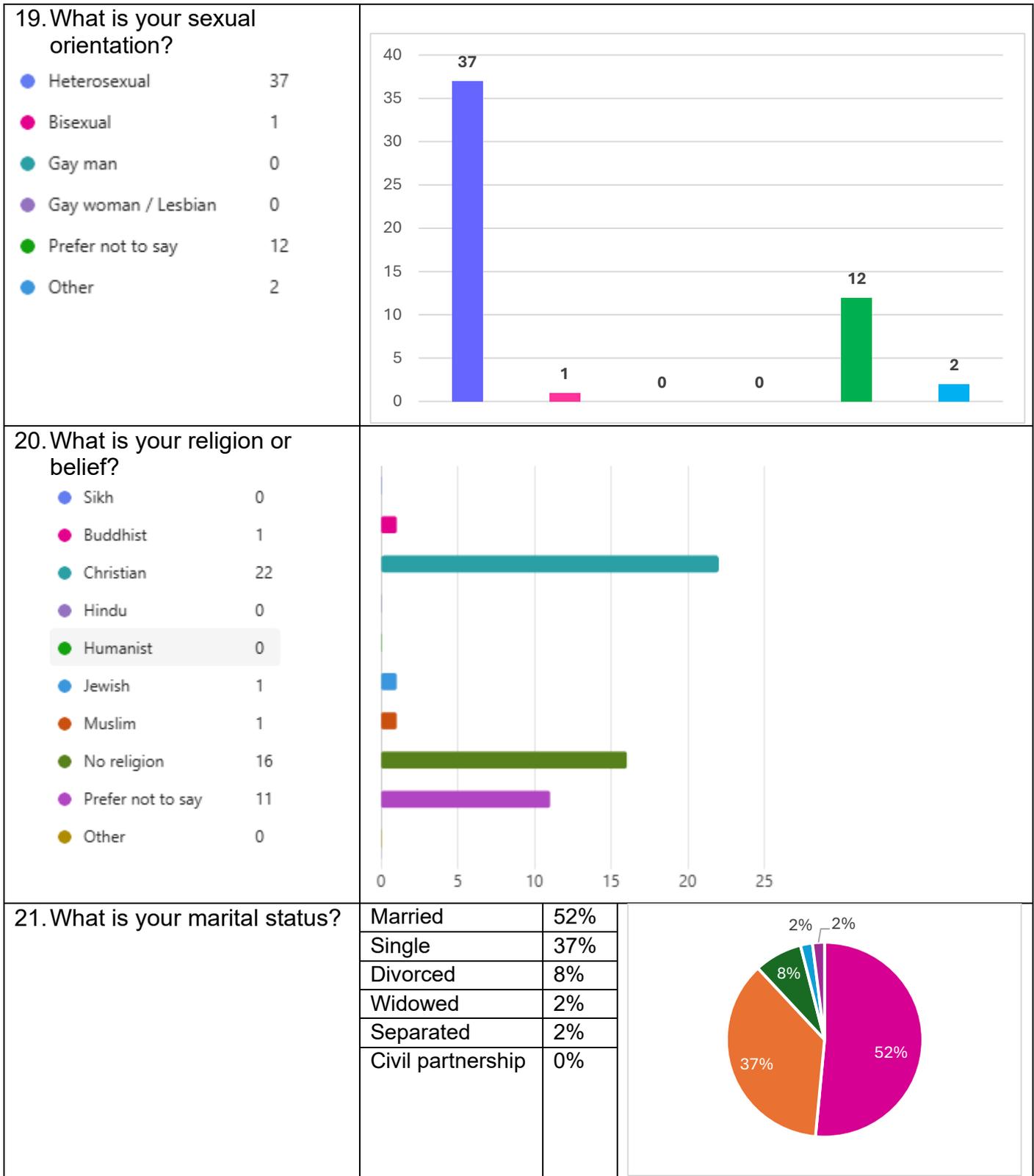
Staff Consultation

<u>Staff Workshop</u>

A drop-in staff workshop was held on 4 February 2026, during which colleagues from across services provided extensive feedback on the challenges and opportunities within homelessness prevention and housing pathways.

The workshop highlighted a strong collective commitment to early and sustained prevention of homelessness, underpinned by clearer communication pathways, more consistent responses, and a coordinated approach across services. Participants emphasised the need for earlier intervention, improved information-sharing, and clearer guidance on managing prevention cases, noting recurring issues such as inconsistent caseworker contact, premature case closure by triage, and unclear responsibilities between service areas.

Strengthening relationships between the private rented sector and social housing was seen as essential, supported by PRS incentives, Renters' Rights Act training, and public awareness sessions on new legislation.

Staff identified the importance of community-based outreach working through job centres, churches, and faith services alongside better engagement with partners, promotion of Duty to Refer, and a more seamless advice offer. Concerns were raised about fragmented systems, limited stability in staffing, and a need for renewed multi-agency forums, including reinstating the Single Homeless Partnership Meetings and developing an internal group spanning housing, social care, youth justice and public health.

Early planning for young people and care experienced young people emerged as a priority, including clearer pathways, stronger joint working with Children's Services, and more consistent messaging about realistic housing options. The group also highlighted operational challenges such as a lack of meaningful data on temporary accommodation flows, limited review of long-term cases, system incompatibilities between NEC and Locata, and insufficient use of DHP and HPF to sustain tenancies.

Finally, participants called for better strategic planning, improved data insight across specific cohorts, and clearer processes for communication, commissioning and prevention activity, recognising that people need to feel the system is fair, transparent, and responsive to their needs.

Adult Social Care and Public Health Staff Workshop

The consultation highlighted broad support for the direction of the draft Homelessness Strategy, while identifying several areas requiring clearer emphasis. Public Health colleagues stressed the need to reference infectious diseases particularly tuberculosis and the absence of a local protocol to guide joint responses with NHS services. Participants also emphasised strengthening commitments around substance misuse, mental health and multiple complex needs groups, including clearer pathways, joint commissioning, and system wide collaboration.

Adult Social Care colleagues noted that standard temporary accommodation is often unsuitable for people with complex needs and encouraged more creative, flexible housing models, potentially including small self-contained units or bespoke provision for instances where shared accommodation is unsuitable, such as those undergoing treatment for tuberculosis or where there are addictions or behaviours or mental health needs that are provoked by other people in shared schemes. A suggestion was made that the old Woodside site could be used for a bespoke development of small mews houses that might suit this purpose. The discussion also underlined the significance of wider supply side pressures such as the impact of Airbnb around Heathrow, the use and availability of council housing stock, and the strategic role of HMOs.

Further points included the need for explicit reference to residents with no recourse to public funds, clearer accommodation pathways for young people and survivors of domestic abuse, and better incorporation of lessons learned from the COVID 19 response particularly rapid accommodation for rough sleepers with respiratory illness. The consultation reinforced strong multi-agency support for the direction of the homelessness strategy, while identifying important areas for enhancement.

<u>Key Partners Meeting</u>

A meeting was held with Key partners on 4th February 2026 which explored the pressures shaping homelessness services, noting the tension between strategic ambitions and the operational reality of growing demand, rising PRS evictions and wider political pressures around asylum and refugee systems. Partners highlighted the need for more granular, trauma informed, and better coordinated practice, recognising that existing pathways are underused and that staff turnover, inconsistent referrals and gaps in frontline training undermine service effectiveness. Strengthening prevention was identified as essential, with calls for improved data sharing, clearer pathways, and regular partnership meetings focused on individual needs and workforce capability.

Issues around move-on processes were raised, including inconsistent sign-up procedures, risks linked to some PRS landlords, and the impact of concentrated disadvantage in certain supported accommodation areas. Partners noted the influence of communication and word-of-mouth in how people navigate services, and the value of heat-mapping intelligence to target resources more effectively. Social prescribers were reported to be dealing with significant numbers of housing-related issues, reinforcing the need for accessible, safe and suitable accommodation options and clearer triage decisions.

Temporary accommodation pressures were also discussed, including cases where non-priority households remain due to tenancy rights, variable property quality, rent caps, and the new pan-London TA cost agreement (LAMA). Earlier prevention was viewed as crucial given the faster turnover in TA compared to supported schemes. Partners highlighted housing stock challenges, especially for single people and larger households, suggesting that creative use of shared housing models, repurposing properties and exploring private sector frameworks could help relieve pressure. Opportunities in First Stage Accommodation and learning from other boroughs—such as Enfield and Ealing's assessment models and RSAP supported pathways—were recognised as useful comparators.

Concerns were also raised about the lapse in single homeless meetings, the need to bring empty facilities such as Jupiter House and Fountains Mill back into use, and preparations required for the forthcoming supported housing licensing regime. Overall, the discussion underscored the need for clearer structures, stronger partnerships, and earlier, more proactive approaches across the entire homelessness and rough sleeping pathway.

Residents' Consultation

<u>Trinity Residents' Meeting</u>

A consultation with Trinity residents was held on 5 February 2026, attended by five service users living in Trinity shared homes and one Trinity staff member. One resident, who had experienced homelessness over several years, provided detailed reflections on his journey. His move into Trinity accommodation had been relatively swift; initial contact in October followed by placement in December, first into high-support accommodation and later into a lower-support setting. While his experience of Trinity had been positive, he expressed strong frustration with the council's processes, summarised repeatedly as "losing paperwork." His background included time in foster care, periods in supported and self-contained accommodation out of borough, and later instability linked to a relationship breakdown and drug involvement. He had engaged with social care inconsistently and was unclear whether Trinity became involved through a referral from homelessness services or through their own outreach. Residents and staff agreed that having a clear, designated point of contact within the council for Trinity to liaise with on homelessness applications would be beneficial.

Three other residents had moved out of Home Office hotel accommodation three to four months earlier and were now living in Trinity shared homes. One was struggling to secure employment; although he had engaged with the Jobcentre, he felt he had largely been left to manage the process himself. Another needed to transfer to a different college as the current one was no longer practical given his change in address. A further participant, also previously in Home Office accommodation but moved on around eighteen months ago, described the limited engagement he had received at that time due to large backlogs. He noted that processes had since improved, particularly now that the council receives advance notice when people are due to leave hotel accommodation, with the Home Office currently required to give 28 days' notice.

This resident also raised concerns about his current accommodation, including a long-standing broken window which the landlord had refused to repair, leaving his room cold and noisy. He also reported difficulties with another resident involved in drug use, anti-social behaviour, and poor cleanliness, with police attendance on several occasions. Trinity staff were actively supporting him to collate evidence. His intention was to remain in his current home until completing his college course, after which he hoped to move on, potentially to Manchester, and would need support exploring suitable housing options. He and others agreed that experiences could be improved through clearer communication, particularly ensuring that new arrivals understand how local systems work and where to go for help. Spending more time with people at the outset, offering effective signposting, and adopting a proactive approach, especially during the 28-day notice period would allow earlier preparation around Universal Credit applications, understanding housing pathways, and managing expectations. The group further suggested that acting as a guarantor for first-time renters would significantly expand housing options.

Trinity staff highlighted the lack of advance information about individuals expected to move through their services, noting that a rolling four-week forecast would enable earlier assessment and planning. Without this, support needs are often unclear, and several individuals do not attend as expected, either because they resolve their housing situations independently or because referral pathways lack coordination. Previous models such as the former singles team in Hillingdon had provided more stability and predictability, and recent developments suggested a possible return to this more structured approach. Overall, the group emphasised the value of a single point of contact, clear joint pathways, and collaborative assessments, including potential early engagement in hotel settings. They stressed the need for improved understanding of risks, demographics, and individual circumstances so that services can respond more proactively and "get ahead of the curve."

Oak Farm Residents' Association

A consultation session was held with 21 residents and visitors, alongside nine committee members and councillors, during which a presentation was delivered outlining statutory requirements for the Homelessness and Rough Sleeping Strategy, key findings from the Homelessness Review, increasing service pressures, national policy changes and local challenges relating to temporary accommodation, private rented sector supply and immigration-related housing demand. Residents expressed strong concern about new arrivals being housed ahead of local households and reported frustration at the perceived lack of social housing lettings. Officers explained the distinction between high numbers of homelessness approaches from people leaving NASS accommodation and the much smaller proportion to whom the council owes a duty. Most of those owed a duty are housed in the private rented sector; typically, in shared accommodation for single people and, where there is no local connection, out-of-borough placements are more likely.

Residents also raised concerns about the number of asylum hotels in Hillingdon, particularly around Heathrow, and felt that the borough was being treated unfairly. A wider discussion followed about national responsibilities, the shifting role of the Home Office, and the pressures this creates for local services. While acknowledging the council's steps to manage HMOs through Article 4 and additional

licensing, some attendees questioned whether the use of HMOs for single homeless people inadvertently encouraged further conversions of family homes. There was a strong view that landlords were profiteering by purchasing family properties and turning them into HMOs, contributing to a reduction in the availability of family-sized homes. Overall, the session highlighted significant community concern around fairness, transparency, and the broader impacts of national policy pressures on local housing supply.