

# ENVIRONMENT AND PLACE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Homelessness and Rough Sleeping Strategy 2026-2031 Update</b>
Meeting date	25 February 2026
Status	Public Report
Executive summary	<p>Homelessness continues to be one of the most significant challenges facing Bournemouth, Christchurch and Poole. Demand for assistance has risen sharply, driven by rising private rents, household income pressures and increasing complexity of need. In 2024 to 2025, BCP Council determined that 2,767 households needed formal intervention because of their homelessness or threat of homelessness, representing a doubling of demand compared with 2020. Rough sleeping reached a peak of 193 individual people seen over the month of July 2024 before beginning to reduce through targeted outreach, expanded supported housing and strengthened multi agency work.</p> <p>The proposed Homelessness and Rough Sleeping Strategy 2026 to 2031 sets out a long term, evidence based and partnership led plan for reducing homelessness and rough sleeping across the area. The Strategy is fully aligned with national Government priorities on homelessness and rough sleeping, including the emphasis on earlier prevention across public services, national commitments to reduce families and children in Bed &amp; Breakfast, rough sleeping and the monitoring of performance within the Local Outcomes Framework.</p> <p>Developed through comprehensive review, extensive engagement, consultation and strong lived experience input, the Strategy presents a shared ambition to make homelessness in BCP rare, brief and unrepeated. It reflects updated statutory data, changing system pressures and learning from recent years. Approval will help BCP Council and its partners strengthen prevention, reduce unsuitable temporary accommodation usage, improve multi agency practices and support people to secure and sustain safe and stable homes.</p> <p>This report sets out the approach taken to developing the Homelessness and Rough Sleeping Strategy 2026–2031, outlines the emerging strategic direction, and seeks the Committee’s input, noting that the detailed Delivery Plan is in its final stages of development and will be presented alongside the Strategy for</p>

	Cabinet approval in May 2026.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p><b>Environment and Place Overview and Scrutiny Committee;</b></p> <p><b>i) endorse the Homelessness and Rough Sleeping Strategy 2026–2031 and consider any further improvements ahead of consideration at Cabinet in May 2026</b></p> <p><b>1. ii) supports the co-production of the Delivery Plan with people who have lived experience and through a working group of Homelessness Delivery Board members.</b></p> <p><b>2. iii) consider how future updates of this area of work might be considered for scrutiny.</b></p>
Reason for recommendations	<p>Local authorities are required to publish a Homelessness Strategy at least every five years to ensure a consistent and coordinated response to homelessness. With the current Strategy concluding in 2026, it is imperative to adopt a refreshed, evidence-led approach that addresses the marked increase in homelessness, the growing complexity of needs among presenting households, and the persistent challenges surrounding housing affordability.</p> <p>Strengthening the Strategy at this juncture will enable the Council to respond proactively to emerging trends, leverage insights from recent engagement and consultation, and ensure that our interventions remain relevant and effective. Furthermore, this approach underscores our commitment to co-production with those who have lived experience, fostering stronger partnerships, and enhancing governance to deliver meaningful, sustainable change for our communities.</p>
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Wards	Council-wide
Classification	For Update and Recommendation

## **Background**

1. The national landscape of homelessness continues to present significant challenges. Across England, private rents have risen faster than many household incomes, and the affordability gap has widened. Homelessness assessments increased between 2021 and 2025, and temporary accommodation use reached its highest recorded levels during 2024 to 2025 in England. Rough sleeping, which fell during the pandemic period due to emergency public health measures, has risen again in many parts of the country.
2. Economic pressures, insecure employment, and continued strain on the private rented sector have contributed to further instability for many low-income households. In addition, more people are presenting with multiple and overlapping needs including mental health conditions, chronic physical health issues, substance use, domestic abuse and trauma. The national focus has shifted strongly toward prevention across all public services, reflected in developments such as legislative change e.g. The Renters Reform Act 2025 and the introduction of national outcomes frameworks intended to standardise performance reporting and partnership expectations within local authority responses to homelessness (this is within the National Plan to End Homelessness published by Government in December 2025).
3. The Homelessness Reduction Act 2017 continues to shape local authority responsibilities, requiring councils to intervene earlier and support households threatened with homelessness. National policy continues to highlight the importance of multi-agency work, particularly for people with complex needs, those experiencing repeat homelessness; and those who experience long term rough sleeping.
4. The new national homelessness strategy sets out a comprehensive framework for tackling homelessness through prevention, early intervention and improved partnership working. Key objectives include enhancing access to affordable housing, reducing the reliance on temporary accommodation, and ensuring robust support for individuals with complex needs. Our own strategy must align with these priorities by prioritising preventative measures, strengthening multi-agency collaboration, and adopting trauma-informed approaches that address the root causes of homelessness. Additionally, there is a renewed emphasis on data-driven decision making, service user involvement, and promoting equitable access to services for all groups, particularly those at risk of hidden homelessness or facing discrimination.

## **Local Context**

1. Homelessness has increased significantly across Bournemouth, Christchurch and Poole during the past five years. Homelessness assessments rose from 2,241 in 2021/22, to 2,887 in 2024/25. Duties owed have increased in line with this trend. These pressures reflect a contracting private rented sector with rising rents, reduced affordability, increased competition for properties and strong growth in short term and holiday lets.

2. Rough sleeping reached a peak 193 people in July 2024. Numbers have since begun to fall due to expanded supported accommodation, enhanced street outreach and improved multi agency case coordination, but ongoing pressures remain.
3. The demographic profile of households approaching the Council has remained broadly consistent in terms of age, with no significant change across any age group over the past four years. Young adults aged 18 to 24 continue to represent a substantial share of applicants, but this proportion has remained steady rather than increasing. The same pattern is reflected across other age groups, indicating that age is not the primary factor driving changes in homelessness presentations locally.
4. Instead, the most notable shifts relate to household composition and the complexity of need. Single adults remain the largest household type approaching the Council, but family homelessness has risen steadily, particularly among single- parent families. These trends reflect pressures such as the loss of private rented accommodation, domestic abuse, overcrowding, affordability challenges and the limited availability of larger affordable homes. Women continue to experience higher levels of hidden homelessness, often relying on insecure arrangements or remaining in unsafe situations before seeking formal support.
5. Alongside changes in household composition, the complexity of presenting needs has increased significantly, though this may be in part due to better recognition and recording of support needs. Recent evidence shows that more than 1,500 households presented with mental health needs in 2024/25, and over 1,200 with chronic physical health conditions. Approximately 1,480 households had three or more identified support needs, while only a small minority presented with none. A growing number of applicants face intersecting challenges, including disability, learning disabilities, neurodiversity, substance use, repeat homelessness and the cumulative effects of trauma. Around 22 percent of open homelessness cases involve someone with a learning disability, and frontline services report an increase in people whose homelessness is compounded by social isolation, anxiety and difficulties navigating support systems.
6. There is also a more diverse range of households seeking assistance. People from racially minoritised backgrounds and LGBTQ+ residents report facing discrimination, unsafe or insecure living arrangements, contributing to higher levels of hidden homelessness and delayed engagement with services.
7. Taken together, the evidence shows that while the age profile of applicants has remained stable, the overall composition and needs of households approaching the Council have become more varied and more complex. More families, more single parents, and more individuals presenting with multiple needs and interconnected vulnerabilities are reaching crisis point. This shift highlights the importance of flexible, trauma- informed practice, tailored support pathways and strengthened multi- agency working to respond effectively to the broader and deeper needs now observed across the caseload.
8. Temporary accommodation demand has continued to grow over recent years, driven by rising homelessness approaches, pressures within the private rented sector, and limited availability of settled move- on options. Social housing supply

has not increased in line with local need, resulting in longer stays as households wait for suitable accommodation. This is particularly pronounced for larger families and for people with higher or more complex support needs who require stable or specialist housing.

9. Despite these pressures, the Council has made significant progress in reducing the use of unsuitable bed and breakfast accommodation for families. Through strengthened placement processes, earlier prevention work, improved case coordination and increased access to interim and supported accommodation, the number of families placed in B&B has reduced, with no families in B&B for over 6 weeks sustained across the last 12 months. This improvement reflects sustained operational focus on safeguarding, maintaining access to education, and ensuring families are placed in environments that are safe, appropriate and stable.
10. However, temporary accommodation remains under significant strain. Longer stays are now common due to constrained move- on options and slow turnover within supported housing. Households requiring adapted homes, multi- agency support or affordable private rentals face particularly long waits, creating bottlenecks throughout the system. These pressures illustrate the need for increased availability of genuinely affordable housing and further expansion of supported and specialist accommodation pathways to prevent prolonged use of temporary accommodation.
11. The private rented sector (PRS) plays a dual and often conflicting role within the homelessness system. On one hand, the loss of a private rented tenancy; often due to affordability pressures, rising rents, Section 21 notices, or landlords selling or repurposing properties; remains a leading cause of homelessness locally. Competition for available homes has intensified, and a growing proportion of properties are being diverted into short- term or holiday lets, reducing the supply of long-term accommodation for local residents.
12. At the same time, the PRS is the largest and most effective route for both preventing and relieving homelessness. Early intervention work through services such as Let's Talk Renting and an active and engaged local Landlords Forum has helped increasing numbers of households to sustain existing tenancies through landlord negotiation, financial support, and resolving issues related to arrears, property conditions or benefit delays. For households already experiencing homelessness, the PRS continues to provide the most immediate and flexible move- on options, helping reduce time spent in temporary accommodation and supporting rapid rehousing where affordability allows.
13. This creates a challenging dynamic: the PRS generates a significant portion of homelessness approaches yet remains central to resolving them. Sustained engagement with landlords, improved tenancy sustainment support, incentives to maintain tenancies and targeted financial assistance are therefore essential components of the local approach. Ensuring that the PRS can continue to operate as a viable prevention and relief pathway; while mitigating the factors that cause homelessness within it; remains a critical priority for the Council and its partners.

Further details on the Review of Homelessness in BCP provided in Appendix B.

### **Homewards, The BCP Homelessness Partnership and its role**

14. BCP is one of six national Homewards locations, a five-year Royal Foundation programme that brings partners together to prevent homelessness and make it rare, brief and unrepeatable. Locally, Homewards strengthens our existing Homelessness Partnership by adding capacity, national expertise and funded activity—particularly around youth homelessness, early intervention and lived-experience involvement. Its work sits within our partnership governance and directly informs the development and delivery of this Strategy.
15. The BCP Homelessness Partnership has been central to shaping the local response to homelessness since its establishment in 2019. Although the statutory duty to produce a Homelessness and Rough Sleeping Strategy rests with the Council, the Strategy itself has been developed, owned and delivered through a shared partnership model. This reflects the recognition across Bournemouth, Christchurch and Poole that homelessness is a system wide issue that cannot be addressed by any single organisation working alone. The Partnership brings together a wide range of statutory, voluntary, community, faith and private sector organisations, each contributing experience, insight and operational capacity to support residents who are homeless or at risk of homelessness.
16. Over time, more than 45 organisations have participated, representing criminal justice services, health partners, supported accommodation providers, community organisations, specialist charities, education partners, private landlords and people with lived experience. This growth has strengthened both strategic leadership and frontline collaboration.
17. The development of the new Strategy has once again been delivered through a partnership process. Engagement activities undertaken throughout 2025 brought together partners at all levels to review data, discuss challenges, identify opportunities and reflect on the learning from the current Strategy. This collective process has ensured that the draft Strategy for 2026 to 2031 is firmly rooted in shared ownership and a common vision for reducing homelessness.
18. While the Council retains legal responsibility for publishing the Strategy, it is recognised across the Partnership that its success depends on collective commitment and coordinated delivery. The Homelessness Reduction Board will continue to provide oversight, but the Strategy's implementation, impact and continuous improvement will rely on the strength of the Partnership. This collaborative approach will remain a core feature of the local response, supporting effective prevention, rapid intervention, improved health and wellbeing outcomes, and long term stability for people at risk of homelessness.

## Impact of the current Strategy in BCP

19. The Homelessness and Rough Sleeping Strategy 2021 to 2026 has had a significant impact across Bournemouth, Christchurch and Poole. Over the past five years, the Strategy has supported meaningful progress in reducing rough sleeping, strengthening multi agency coordination, improving prevention activity and expanding the availability and quality of supported accommodation. While demand has continued to rise, the systems, partnerships and approaches developed through the Strategy have enabled more consistent and proactive responses to homelessness across the area.
20. A major achievement of the current Strategy has been the expansion of supported accommodation and the strengthening of pathways designed to meet the needs of people who have experienced rough sleeping. Between 2021 and 2025, more than 275 new supported and specialist accommodation units were delivered through programmes such as Single Homeless Accommodation Programme (SHAP) and Rough Sleeper Accommodation Programme (RSAP). These accommodation routes provided safe, stable homes for individuals with high needs and significantly contributed to reducing rough sleeping from the peak levels seen during the pandemic period. Multi agency outreach and improved case coordination have ensured better identification of people who are long term homeless and have enabled more personalised plans to support their transition away from the streets. This has helped reduce the proportion of people experiencing long term rough sleeping and has contributed to more stable and sustained outcomes for many individuals.
21. Alongside improvements in supported accommodation more broadly, the Strategy period saw the development and expansion of Somewhere Safe to Stay (SStS) provision. This has provided a critical short term accommodation pathway for people who would otherwise be at high risk of rough sleeping, especially those with multiple or intersecting needs. The availability of a safe, immediate and staffed environment has helped prevent individuals from entering rough sleeping or returning to the streets during moments of crisis. SStS has also supported stabilisation work, enabling earlier assessment and planning, improved engagement with health and support services and smoother transitions into longer term accommodation. Its role in diverting people from rough sleeping and reducing the harm associated with crisis accommodation has become an important feature of the local system, contributing to the reductions in rough sleeping seen over the Strategy period.
22. Prevention activity across the Partnership has strengthened, supported by the Strategy's emphasis on early and upstream intervention. Services such as Let's Talk Renting, youth and family prevention work, and expanded housing options triage have helped households address risks earlier, with prevention success rates consistently being around 60%, meaning around 770 households maintaining their accommodation or finding a suitable alternative. Stronger partnership working with landlords, community groups and specialist support providers has enabled more timely action around affordability pressures, relationship breakdown, property issues and health related needs. These improvements have contributed to increased consistency in prevention outcomes and enhanced the support available to those approaching services before a crisis point.

23. Improvements in multi-agency working have been a central feature of the Strategy's impact. The Homelessness Reduction Board, the BCP Homelessness Partnership and a network of specialist sub groups have created shared spaces for information exchange, problem solving and system leadership. These arrangements have strengthened relationships across health, housing, criminal justice, social care, the voluntary sector and community organisations. Collaborative work with NHS Dorset, mental health providers and substance use services has resulted in more integrated support for people with complex needs. The partnership model has been recognised nationally as an example of effective local collaboration, supporting innovation and shared responsibility across services.
24. The Strategy has also contributed to improvements in temporary accommodation management and quality, although pressures remain significant. The introduction of supported housing routes and the early adoption of housing led principles have reduced reliance on bed and breakfast accommodation for families. While the number of households in temporary accommodation remains high due to continued demand, enhanced oversight, improved allocation pathways and stronger tenancy sustainment support have helped reduce the length of stay for some groups and improve the overall experience for residents.
25. The current Strategy has also helped embed a stronger health led approach to homelessness. This has included improved pathways between hospital discharge teams and housing services, closer working with primary and community health services and a growing focus on the role of trauma, mental health and chronic health needs in driving homelessness risk. These developments have highlighted the importance of integrated health and housing solutions through neighbourhood plans in the next phase of strategic delivery.
26. Importantly, the Strategy has laid strong foundations around lived experience involvement. Through the BCP Homelessness Partnership and the lived experience sub group, people who have experienced homelessness have identified gaps in support and contributed to proposed governance structures. Their insight has influenced priorities around trauma informed practice, communication, accessibility and the quality of temporary and commissioning intentions for housing related and supported accommodation. The involvement of lived experience has become a defining feature of homelessness activity in BCP and a core expectation for future planning.
27. While significant progress has been made, demand has continued to rise across the period. Homelessness assessments increased each year, and the Council faced growing pressures linked to affordability, private rented sector instability and reductions in available housing supply. These challenges underline the value of the existing Strategy but also highlight the need for a strengthened and more targeted approach for 2026 to 2031. The learning from the current Strategy has informed the new Strategy's emphasis on earlier prevention, stronger integration with health, improved communication, increased supply of suitable accommodation and a clearer focus on reducing long term homelessness.
28. Overall, the current Strategy has delivered improvements in rough sleeping outcomes, multi-agency practice, prevention activity, supported housing supply and system leadership. It has also generated significant learning on the importance of trauma informed practice, lived experience involvement and health integration. The

new Strategy builds directly on this progress, addresses ongoing challenges and sets out the next stage of transformation needed to ensure homelessness in BCP becomes rare, brief and unrepeated.

### **Overview of the new Strategy**

29. The learning and progress achieved through the current Strategy form a strong foundation for the next phase of homelessness prevention and response in Bournemouth, Christchurch and Poole. Building on this progress, the Homelessness and Rough Sleeping Strategy 2026 to 2031 sets out a renewed and forward looking approach that is fully aligned with the national direction set by Government. This includes the emphasis on prevention across all public services, national commitments to reduce rough sleeping, and to the Government's recently announced national outcomes framework for homelessness and rough sleeping. The new Strategy reflects updated evidence, rising local demand, system pressures and the views of partners and people with lived experience. It provides a clear collective ambition to ensure that homelessness in BCP becomes rare, brief and unrepeated, and sets the direction for the next five years of coordinated activity.
30. **Rare** reflects a commitment to strengthen early intervention across services through trauma informed practice, youth and family prevention, recognition of hidden homelessness, health triggered early identification, better work with landlords and employers and clear and accessible communication.
31. **Brief** focuses on rapid and effective responses to homelessness through swift triage, navigation support, improved temporary accommodation standards, rapid rehousing approaches, stronger integration with health services and reduced reliance on bed and breakfast provision.
32. **Unrepeated** focuses on sustaining long term stability through proactive tenancy monitoring, wraparound support including mental and physical health services, community and peer support and improved access to training, education and employment opportunities.
33. Two cross cutting priorities support the core aims; **Change the Narrative** focuses on stigma reduction and public understanding. **Embed Lived Experience** ensures genuine involvement in governance, monitoring, service design and decision making.
34. Delivery is overseen by the Homelessness Reduction Board and the Housing Strategy Steering Group. Progress will be monitored annually and aligned with the national Local Outcomes Framework.
35. Further detail regarding the Core Aims and associated commitments can be found in Appendix A.

## Engagement Overview & Public Consultation Methodology and Key Findings

36. The development of the Homelessness and Rough Sleeping Strategy 2026 to 2031 has been shaped through an extensive programme of engagement across Bournemouth, Christchurch and Poole, followed by a formal period of public consultation. Engagement activity took place between June and November 2025 and formed a central part of the Strategy's co production approach. A total of 549 people contributed through 36 structured sessions involving a wide range of partners, residents, professionals and people with lived experience. These sessions included workshops, thematic round tables, frontline staff discussions, sessions with voluntary and community organisations, landlord engagement forums, youth engagement activities and meetings with health, probation, education and social care partners. Input from people with lived experience was particularly significant, providing detailed accounts of the emotional impact of homelessness, barriers to accessing support, experiences of trauma, the importance of consistent and compassionate communication and the need for long term stability rather than short term crisis solutions. This insight informed the shaping of the Strategy's aims and commitments and helped identify the system changes that matter most to those affected.
37. The engagement programme also highlighted priority issues relating to system coordination, gaps in specialist pathways, variation in trauma informed practice, complexities within the private rented sector, the need for stronger prevention at earlier stages, and challenges in accessing supported accommodation. Feedback emphasised the importance of improving communication between services, strengthening integration with mental health and substance use support, and ensuring that young people and families are able to access timely, clear and practical advice. Stakeholders also reinforced the value of partnership work delivered through the BCP Homelessness Partnership, recognising the benefits of shared intelligence, joint working and multi-agency problem solving.
38. Following the engagement programme, a formal public consultation took place between November 2025 and January 2026. The consultation used an online survey hosted on the Council's website, which was shared across BCP stakeholders as well as being advertised by our corporate Communications team. The consultation received a good level of engagement and demonstrated broad support for the Strategy's aims and commitments.
39. Across the consultation responses, there was strong agreement that prevention should remain the central priority, with respondents calling for earlier identification of risk, better access to timely advice and improved clarity about support pathways. Respondents also highlighted the need for stronger integration between housing, health and social care services, particularly for people with complex needs, mental health issues or substance use challenges. Many respondents emphasised the importance of improving the quality and availability of supported accommodation and reducing reliance on hotels. Others called for greater emphasis on public communication, increased efforts to challenge stigma and the need to ensure that people with lived experience remain closely involved in shaping and monitoring services.

40. Young people who participated expressed concerns about stigma, lack of accessible information, and the disruption homelessness causes to education, employment and wellbeing. Private landlords highlighted affordability issues, concerns about risk and the importance of earlier engagement to support tenancy sustainment. People with lived experience again underlined the need for compassionate, consistent and person centred practice and the importance of recognising trauma, emotional safety and long term support needs.
41. The findings from both the engagement and consultation activities have directly shaped the Strategy and informed the commitments within each core aim. The depth and breadth of insight provided through this process has ensured that the Strategy is grounded in lived experience, reflective of professional expertise and aligned with the needs and expectations of the wider community.

Further information on the public consultation can be found in Appendix C.

## **Summary**

42. The Strategy presents a comprehensive and forward looking approach to preventing and reducing homelessness across Bournemouth, Christchurch and Poole. It draws on extensive engagement, updated evidence, lived experience insight and partnership working. The detailed Delivery Plan that will support implementation of the Strategy is currently being developed through a working group of Homelessness Delivery Board members, the Board includes representation from the Council, Homewards, the VCS and Private Sectors. This process will also include Experts by Experience, reflecting the Strategy's commitment to co production at every level and stage. This approach will ensure that the Delivery Plan is rooted in operational expertise, lived insight and local priorities and that actions and measures are developed collaboratively across the Partnership. Delivery will be coordinated through established governance structures with regular monitoring and accountability. The Strategy positions BCP Council and its partners to meet future challenges and support residents effectively.

## **Summary of Financial Implications**

43. Homelessness and rough sleeping services are funded through a combination of national grant allocations, programme-specific funding and local resources. BCP Council has received an initial three-year settlement which consolidates several previously separate grant streams while Temporary Accommodation funding has been moved into the general Revenue Support Grant, creating some complexity for medium-term planning
44. In 2025/26, the Council received around £2m in one-off additional funding which is not included in the new settlement. Excluding this, core funding remains stable but at an overall lower level than last year's resource.
45. While national programme specific funding remains available, these are not part of the consolidated core grant and therefore cannot be relied upon to support essential

baseline services. This funding risk will require monitoring by the Homelessness Delivery Board to ensure continuity of provision.

46. At this stage the strategy is not expected to create additional financial pressures within the Medium Term Financial Plan (MTFP). It is assumed that the new three-year settlement and existing base budget will be sufficient to support delivery. Should service demand or funding levels change significantly over the lifetime of the Strategy, the financial impact will be reviewed as part of the Council's budget monitoring and MTFP process.

### **Summary of Legal Implications**

47. Local authorities are legally required to publish a Homelessness Strategy every five years under the Homelessness Act 2002. The Strategy must be informed by a comprehensive review of homelessness and set out how homelessness will be prevented and addressed.

### **Summary of Public Health Implications**

48. Homelessness has substantial impacts on mental health, physical health and wellbeing. The Strategy strengthens integration with NHS Dorset, mental health services, public health teams and other partners. Health considerations are embedded across all stages of prevention, intervention and recovery.

### **Summary of Equality Implications**

49. Homelessness affects some groups disproportionately, including young adults, women experiencing hidden homelessness, racially minoritised groups, LGBTQ plus residents and people with learning disabilities. The Strategy has been shaped with input from diverse communities, and the Equality Impact Assessment identifies actions required to ensure inclusive communication, improved access and tailored support. Our EQIA has been heard at the panel and was agreed in principle, only noting that because it was early in the development, a final version may be required to be heard again.

Further detail is contained in Appendices D and E.

### **Summary of Risk Assessment**

50. Key risks include continued affordability pressures, limited availability of suitable homes, increased complexity of cases, pressure on temporary accommodation and partner capacity. The Strategy mitigates risks through data driven approaches, targeted prevention, stronger governance, improved pathways and co production.

## **Background papers**

None.

## **Appendices**

- A. BCP Homelessness Partnership Draft Homelessness and Rough Sleeping Strategy 2026-2031
- B. BCP Homelessness and Rough Sleeping Strategy – Narrative and Evidence Base
- C. Homelessness Strategy Consultation Report
- D. EQIA Outcome form
- E. Revised EQIA