

# **Designing an Intervention for a Rough Sleeping Social Impact Bond**

## **Final Report**

November 2011

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# 1. A rise in rough sleeping

Rough sleeping in London is once again on the rise. Despite significant progress in the development of targeted interventions through the Ministerial Working Group on Homelessness, reporting to the Cabinet Committee on Social Justice, they recognised that there is no one single solution to the problems of rough sleeping. As well as ground breaking action by the GLA, statistics from the Autumn 2010 count and estimate<sup>1</sup> found 415 rough sleepers on the streets of London, the highest figure of all the English regions and 23 per cent of the national total. The revised guidance and a new definition of rough sleeping and the methodology for conducting the count means that this data is not directly comparable with previous statistics on rough sleeping, and although it is seen by Government as a more robust and accurate reflection of the scale of the problem the figure only gives an illustrative snapshot of incidents of rough sleeping per local authority area on a single night.

Comparing this snapshot with the on going tally of rough sleeping chronicled by the CHAIN database (Combined Homeless and Information Network) suggests an underestimation of the numbers rough sleeping. Data indicates that there has been a recent growth in 'visible' forms of homelessness, which including rough sleeping, alongside what has become labelled 'hidden homelessness'. It is clear from the CHAIN data that the gradual decline in rough sleeping numbers until 2007/08 has now been reversed, with an 8% rise in rough sleeping in London over the past year (from 3,673 people seen rough sleeping in 2009 to 3,975 in 2010)<sup>2</sup>. This reversal in recent reductions in rough sleeping is set against a general background of statistical trends for 2010/11 that show:

- an increase of 15% in the number of local authority assessment decisions on cases of homelessness, which as is seen by the sector as a proxy for homelessness 'applications'.
- a 10% rise in the number of homelessness acceptances by local authorities, considered to be a key headline indicator.
- 14% increase in homelessness prevention activity by local authorities.

Ongoing domestic and international economic instability and pressure on public sector spending clearly presents considerable challenges to those agencies working to stem the flow of new rough sleepers and bring people in off the streets. Recent research by St Mungo's<sup>3</sup> based on the first ever survey of outreach workers in England found that three out of five believed rough sleeping had increased over the past year, with findings from the largest annual survey of rough sleepers (1,500 St Mungo's clients) pointing to the reasons behind these increases. In London this is supported through recent CHAIN data that shows between July and September 2011 over 1000 of the 2,069 people seen rough sleeping in London, were seen for the first time.

Should they continue unabated, these trends will have serious repercussions on the individual rough sleepers themselves as they get older, as well as imposing further costs on local communities and public services. These include:

<sup>1</sup> <http://www.communities.gov.uk/documents/statistics/pdf/1845810>

<sup>2</sup> Broadway (2011) *CHAIN Street to Home Annual Report 2010/2011*, London: Broadway

<sup>3</sup> St Mungo's (2011) *Battered, broken bereft – a new rough sleeping report*, London: St Mungo's

- Greater entrenchment on the streets and increased exposure to the associated risks of rough sleeping and a street lifestyle.
- Increased demand and costs on public services, such as unplanned Accident and Emergency admissions and entry into and disposal through the criminal justice system.
- Future increased levels of intensive support to help those who become victims of rough sleeping to rebuild their lives.
- Increases in number of complaints to local authorities and the police of anti-social behaviour, as mounting anecdotal evidence suggests increasing levels of anti-social behaviour as rough sleepers become more entrenched.

The autumn 2011 count or local authority estimation, conducted between 1 October and 30 November 2011 and due for publication spring 2012 will provide a comparable picture of recent changes in rough sleeping numbers.

## 2. London: where the streets are not paved with gold

London is of course unique in terms of a location for rough sleeping in the UK. As the nation's capital and a leading global city, the streets of London attract speculative migrant labour from across the UK, EU and the world, as well as those fleeing from or propelled by a spectrum of problems, and those with simply nowhere else to go. Despite a tightening of restrictions, historically the UK has been open to inward migration from the Commonwealth and beyond, and following the accession of former eastern bloc nations to the EU in the two waves referred to as the A8 and A2 countries, London became home to a not inconsiderable number of central and eastern Europeans. Some of these new EU citizens have been unable or unsuccessful in their attempts to fit into mainstream society and through choice or necessity have joined other indigent overseas and UK nationals living on the capital's streets and remaining largely 'outside of the system'.

Work to stop people sleeping rough on London's streets has been both helped and hindered by the capital's public sector architecture, and the policies and practice of delivery agencies and service commissioners: the 'system'. Split between 32 local authorities and the Corporation of London, a number of key public sector partners with differing agendas, targets and attitudes to rough sleepers and a multitude of charities, non-state actors, it has been relatively easy for a rough sleeper to fail to obtain the personalised care, support and treatment that they might need to help them make a sustainable return to mainstream life. Perversely, it can often be easier or more preferable for a rough sleeper to access ad-hoc services that help to maintain a life on the street, than to take up an officially-sanctioned offer of support that aims to bring them in off the street.

In London, the problem - as well as the evolving suite of solutions - can partly be located in the nature of local and citywide administrative arrangements. Until recently there has been a lack of political appetite and bureaucratic capacity for a co-ordinated and pan-London approach to tackling rough sleeping. However the Greater London Authority's creation of the London Delivery Board and subsequent advances in policy towards rough sleepers have been translated into practical action on the streets on a pan-London basis through the adoption of strategies that have targeted specific groups of the rough sleeping population: those entrenched on the streets (RS205) and new arrivals – or flow – under No Second Night Out (NSNO).

### 2.1 No Second Night Out

Launched by the GLA and the Mayor's London Delivery Board as a pilot scheme across nine central London boroughs, NSNO targets support at those rough sleepers newly arrived on the streets. Segmenting the rough sleeper population into stock (longer term, more entrenched rough sleepers), flow (those new to the streets) and returners (those who have been rehoused and who return to the street) NSNO's focus, as its name suggests, is to target the flow to ensure a rapid response and offer is made to prevent a second night out on the streets.

The scheme is not an accommodation scheme, but rather an agreed single service offer from all organisations involved locally with tackling rough sleeping. After identifying and taking the client to a 24/7 hub assessment centre, a tailored reconnection offer is made to the client, with an emphasis on reconnecting them to the right place. To date, 37 per cent of the flow of identified rough sleepers has come into NSNO. Of these, 90 per cent take up the reconnection offer, with 57 per cent reconnected to other London boroughs, 16 per cent to the rest of the UK and the remainder to predominantly central and eastern EU countries. However, there has been a considerable variation in the rate of referrals to NSNO, ranging from 86 per cent in Hammersmith and Fulham to 16 per cent by Westminster, which uses a parallel approach.

A third, documented cohort of rough sleepers falling in between these two groups has now been identified as a key target for focussed, sustained intervention under a Social Impact Bond. Learning from forerunner interventions and building on best practice must underpin any new approach to intervene on behalf of this core cohort who remain untouched by targeted state action on a pan-London basis, and whom it will be essential to assist in exiting the streets if the 2012 vision is to be met. The Rough Sleepers SIB presents an opportunity to finance such a new intervention, specifically designed to meet the needs of this named cohort of rough sleepers increasingly at risk of further entrenchment and to achieve positive, sustainable and long-term outcomes for them.

## 2.2 RS205

Created in May 2009 by the LDB as a key part of the effort to end rough sleeping by 2012, RS205 focused on developing a flexible, targeted and closely monitored approach to a named cohort of the 205 most entrenched rough sleepers. Members of this cohort were prioritised because they had been sleeping rough in five or more years out of the last ten, and/or had been seen sleeping rough more than 50 times over that period. Whilst it was stated there would be no expansion of the cohort, it was later expanded to 349.

### Outcomes

One year on, in April 2010, 78% of the original 205 cohort had moved into accommodation and were no longer listed as homeless. A key factor in this success rate has been accredited to close scrutiny and micro-management of the boroughs responsible for individual cases. However, 45 of the most entrenched remained on the streets. Research into this group (RS45) identified factors promoting a move into accommodation as the time-consuming but integral process of staff building positive, trusting relationships with clients; and the perceived attractiveness of the accommodation on offer.

Failure factors included ongoing emotional and psychological problems, including mental health issues, fear (poor or traumatic experiences of housing and support services) and shame (manner in which some people are approached can be publicly humiliating and risk alienation and avoidance), as well as no entitlement to public funds. Some members of the cohort saw homelessness as a happy experience and enjoy the freedom of having "no responsibilities", which accommodation would extinguish as the housing can be too "controlling".

## Strengths of the R205 approach

- Suspension of the Local Connection Principle, enabling members of the cohort to find accommodation in communities they may feel to be more secure and that best meets their needs, rather than being forced to live in the areas that they have a connection with, or where the provision originates.
- Empowered outreach workers, enable to offer direct access to desirable supported housing projects and independent self-contained accommodation anywhere in London, as well as the provision of some individual budgets.
- High quality transitional housing specifically targeting the cohort, such as self-contained flats with together with high levels of support.
- Personalisation, through the City's individual budgets pilot, which promoted greater choice over the housing and support clients receive, and useful in building trust and meaningful relationships.
- Flexibility, enabling individuals to engage on their own terms.
- Training and regular clinical supervision in basic cognitive-behavioural techniques to frontline staff.
- Street Doctor service - delivering healthcare on the street and moving the locus of engagement from housing status to health and wellbeing proved effective in engaging with some of the most hard to reach clients, as well as having a positive impact on some mental health conditions.
- Enforcement measures were used robustly where appropriate.

## Weaknesses of the R205 approach

- Housing and adequate support is essential to ending rough sleeping which the intervention is predicated on, and greater provision is needed of smaller (10-12 bed), 'low demand' (no-strings attached) high quality, and well-located supported housing schemes.
- Reliance on psychologically-informed services, with staff equipped with the awareness, skills and training to deal effectively with the more challenging behaviours exhibited by some clients.
- Lack of mental Health Services that are focused on the particular needs of clients, whose broad spread of symptoms can prove difficult to diagnose (such as those with complex trauma and personality disorders).
- Silos of provision that serve to undermine partnership working
- Enforcement, whilst decisive in helping bring clients in, is a high risk strategy that needs careful and appropriate execution

### 3. Cohort characteristics

From the CHAIN database a cohort of 654 provisional clients has been identified, referred to informally as the 'inbetweeners', owing to their position below the most entrenched group in the expanded RS205 programme, and those new to the streets (the 'flow') coming under the remit of NSNO. Cohort members account for 44 per cent of rough sleeping over the past year, and have been categorised due to them having:

- been seen rough sleeping in the last three months and/or have stayed in a London rough sleeping hostel in the last three months, and have
- been seen rough sleeping at least six times over the last two years.

Heterogeneous in terms of nationality, ethnicity, age, gender, length of time on the streets and with a diverse width and depth of presenting needs and issues identified with the concept of 'multiple exclusion homelessness'<sup>4</sup>, the cohort presents a considerable challenge to any focused intervention designed to bring them in off the street and meet a number of positive outcomes. Current rough sleeping arrangements and the services offered have not been sufficiently attractive, available or effective in bringing them in on a sustainable basis, and enforcement activity has not served to deter them from sleeping rough or made a street lifestyle unpalatable.

Any intervention designed specifically for this cohort under the SIB would need to be both sufficiently flexible to enable those homelessness professionals commissioned to deliver the service to do what was best for their clients, and based on a structure that facilitated co-operation between agencies whilst holding them accountable for their performance.

With 25 per cent coming from the central and eastern (CEE) European EU Accession10 nations (23 per cent A8 and 2 per cent A2 – Bulgaria and Romania), 12 per cent non A10 EU and 8 per cent from the rest of the world (with 7 per cent nationality not known), the cohort throws up a number of additional challenges, revolving around ineligibility to public funds and even the legal right to remain in the UK. Since the accession to the EU of the A8 and then the A2 nations there has been a substantial influx of rough sleepers from these countries to London, swelling local street counts and putting additional demand on open access rough sleeper services such as day centres, and if meeting qualifying criteria as EU citizens, on hostel accommodation.

#### 3.1 Anticipated presenting needs

Complex needs, chaotic lives and multiple problems are assumed characteristics of this cohort, with an anticipation that there will be a mix of those with low support needs together with those with more complex and specific needs. Some of the provisional clients have been identified as overlapping with current priority clients of providers and local authorities, many of whom have high support needs and are in and out of hostels. The majority of the cohort are currently or have in the past been

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<sup>4</sup> Tackling Homelessness and exclusion: Understanding complex lives



worked with, which demonstrates a capacity to engage with services at a certain, basic level. The fact that they are not currently in a hostel may indicate that they do not want to be in one – for a variety of reasons – with an early implication that robust enforcement action may be required to ensure that members of the cohort make an initial move off the streets.

This mix of needs will have significant implications for the success of any intervention, as it will have to cater to all of them on a one-to-one basis and in a holistic approach. The level of need points to how the intervention will have to be more than a simple service working to resolve the issue of homelessness. This is because rough sleeping has to be seen as both a symptom of - and an underlying cause of - the problems facing members of the cohort. It may be more accurate to describe the Rough Sleeping SIB as an intervention focused on picking up the pieces and putting them back together again, and the many strands of work this may entail. The key danger here is down to the degree of diversity of need, as there is no guarantee of how cohort members will respond to any treatment, and a new intervention may need to carefully segment the cohort into manageable groups.

### 3.2 A weak link in the CHAIN

Whilst CHAIN is a vital source of data on the rough sleeping population, and is key to taking a named cohort approach, due to possible errors and omitted information it cannot be regarded as entirely accurate or authoritative. The CLG review of London hostels mentions some agencies expressing concern that “there was no overall management of the verification of rough sleepers before they were recorded on CHAIN”. Until detailed needs assessment are carried out, there will be a degree of uncertainty about the depth and extent of individual needs, which is further compounded by:

- Unknown needs, illustrated by blank gaps on CHAIN, or the use of ‘not recorded’ and ‘not known’.
- Other undiagnosed needs or problem behaviours that are not recordable on CHAIN, such as Police National Computer indicators for violence, Hepatitis C or HIV status, Category 1 status.
- The unknown past history of many non-UK nationals, including instances of criminal activity or being victim of persecution or torture in their home country.

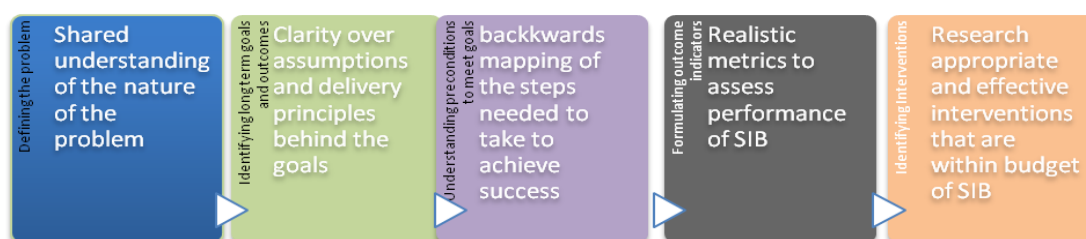
## 4. Designing the intervention: a theory of change approach

Theory of change is a tool that can be used to facilitate a shared understanding of what it is the proposed intervention is trying to achieve, why it is being proposed, and how it will work. Following an identification of a shared long-term goal a theory of change approach can help illustrate how this is to be met by mapping backwards through the various short-term and intermediate outcomes that need to be achieved along the way, and the multiple strategies and interventions needed to do this. This is the creation of a pathway of change, the ultimate aim of which is to achieve the specified outcomes and goals through three key identifiable transformations:

- 1) Individual impacts: changes in the client's behaviour, attitude, outlook, health and wellbeing.
- 2) Institutional influence: wider system change in services, partnerships, policies and practice.
- 3) Resource leverage: changes in the resources available.

In adopting a theory of change tool, an analysis of the causes of rough sleeping in London, and the scale and nature of the issue are essential components of understanding what interventions and resources are needed by the SIB, thus developing a causal chain between the SIB's deployable resources and the problems it has been created to tackle. This will be particularly helpful in overcoming potential obstacles and enabling success to be attributed to interventions under the SIB, which needs to be measurable through the adoption of specific metrics.

### A theory of change process



### 4.1 Methodology

As part of the design of this intervention, face to face interviews were carried out with street population and homelessness officers from all the London boroughs on the LDB, as well as homelessness practitioners from a range of homelessness and rough sleeping charities and service providers. This was accompanied by several workshops with former and current homelessness service users, from the UK and overseas and key stakeholders with an interest in the future success of any SIB. Desk-based research into past successful interventions and public sector provision across the capital formed a further strand of information.

## 4.2 Defining the problem

The crux of the problem to be tackled by the proposed intervention is that members of the identified cohort are at increased risk of becoming further entrenched on the streets. Indeed, it could be argued that many of the cohort have already become entrenched in a street lifestyle. Whilst many members of the cohort are the users of various services (such as hostels) and are subject to homelessness interventions (through contact with outreach workers and key workers), they remain unable or unwilling to exit the street. Indeed, for a sizeable minority of the cohort who are ineligible for public funds being destitute on the streets may be the only real option open to them, bar a return to their country of origin.

The current design and delivery of rough sleeping services is not therefore meeting the needs of the cohort, and this is a key part of the problem that the SIB has to overcome. There are a number of reasons for this, ranging from the complexity of individual presenting need to the existence of gaps in policy, services and service-delivery in relation to this cohort. Individuals with a range of diverse needs do not fit into the wider service landscape as it has evolved to date, and although cohort members will from time to time be using considerable resources a lack of co-ordination among London boroughs and service providers does not deliver the long term solutions and sustained wider and deeper level of co-operation that is required to meet the needs of this cohort. Some members of the cohort may also not be receiving the help from statutory services that they should be entitled to, such as not being properly classified as being in priority need. Whilst they will be consuming the additional resources available under the SIB the objective is for a successful intervention to generate cost savings further down the line.

In designing a realistic intervention within the funding parameters and time horizon of the SIB it is necessary to examine the causes of rough sleeping as well as the landscape of current rough sleeping service provision in order to understand why these gaps exist and to identify what interventions actually work.

## 4.3 Understanding the causes of rough sleeping

In order for the SIB to have a positive effect on the lives of cohort members, it will be necessary to acquire a detailed understanding of the complexity of problems and multiplicity of needs exhibited by each individual member of the cohort, and an understanding of how and why they ended up and remained stuck on the streets. This will influence the design of the SIB and the sort of work that it will do both generally, and specifically with each cohort member. Above all, an understanding of the causes and pathways into rough sleeping highlights the importance of personalised, tailored provision in securing an exit from the street. The importance of listening to homeless people and connecting their past to their current circumstances is a key recommendation of an Australian 2008 longitudinal study of 103 homeless households from Victoria<sup>5</sup>, and the SIB will need to embrace this approach if it is to succeed. The St Mungo's report argues that although today's rough sleepers might be unemployed, "the underlying reasons for their homelessness are unmet support needs".

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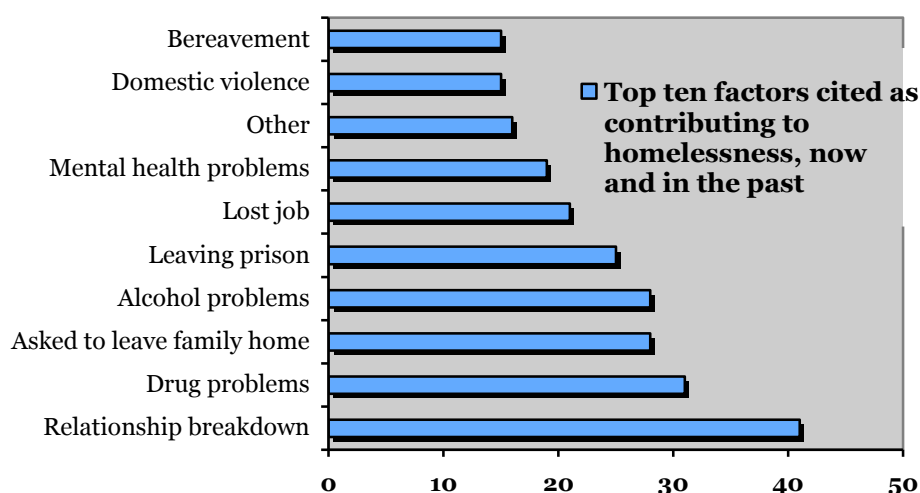
<sup>5</sup> Johnson G, Gronda H. and Coutts S. (2008) *On the Outside. Pathways in and out of homelessness*, Melbourne: Australian Scholarly Publishing

Since homelessness and rough sleeping entered the popular consciousness as a subject of social concern, there has been considerable argument and debate among policy makers, academics and service providers as to the underlying causes. The location of the causes of rough sleeping tends to fall between an emphasis on 'structural' factors, such as the supply of social housing, welfare benefit eligibility and economic disadvantage and on individual 'risk' factors, such as substance abuse, mental health problems, or being subject to local authority care.

It is patently clear that the existence of structural and individual risk factors will not pre-determine that an individual subject to them will become a rough sleeper, and some argue that it is the existence of these factors, compounded by 'trigger' events, such as family break-up, bereavement or unemployment as the basic driver causing housing breakdown and thus leading to life on the streets. However, others have argued that rough sleeping is just one manifestation of social exclusion, which has led to individuals with specific vulnerabilities, characteristics and high support needs at risk of living on the streets.

Paradoxically, the causes of homelessness are therefore complex, multiple and interlinked, as well as being uniquely personal to each individual. Some evidence<sup>6</sup> suggests that the behaviours leading to homelessness may be associated with Personality Disorder, Post Traumatic Stress Disorder, complex trauma or conduct disorders in children, with an estimation that up to 60 per cent of people in hostels in England may suffer from Personality Disorder (with exhibited behaviours described as ways of coping with traumatic experience of childhood traumas).

A pragmatic approach to understanding causality would be to view a mix of structural and individual risk factors at work, together with the existence of trigger mechanisms which have the immediate effect of presenting the individual on the street. Shelter consulted 257 street homeless people in 2007, then the largest national consultation exercise of its kind, and the findings give an insight into the various factors at work in leading to homelessness.<sup>7</sup>



Source: *Reaching out*, Shelter, 2007. (Note: All 257 respondents were able to tick more than one box)

<sup>6</sup> Maguire, N.J., et al (2009) *Homelessness and complex trauma: a review of the literature*, Southampton: University of Southampton

<sup>7</sup> Shelter and Broadway (2007) *Reaching out: A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit*, London: Shelter and Broadway

On average, those interviewed identified two to three contributory factors to homelessness, with 30% highlighting four or more. This indicates that many problems have a compounded and reinforcing effect on each other. These problems are wide ranging: in the category 'other', key responses included eviction and problems with welfare benefit payments. The findings are reinforced by the 2011 St Mungo's survey which found that relationship breakdown (42% of male rough sleepers), domestic violence (35% of female rough sleepers) and mental health conditions (44% of St Mungo's residents who slept rough had one or more mental health problems) as three of the traumas – or triggers – that lead to people sleeping rough on the streets.

This is reinforced by findings from the Homeless Link Advisory Panel, with service-users also pointing to the impact of problems with money management, dependence on welfare benefits and an inability to pay utility bills and rent as key triggers. Behaviourally, anecdotal evidence would suggest that many of this cohort who have ended up on the streets lack the support structures and networks that people in mainstream society - who might be afflicted by the same problems and issues - benefit from. Rough sleeping becomes the answer to their difficulties and problems. In order to tackle the causes of rough sleeping, it is therefore necessary to address the underlying issues that lead to the individual with nowhere else to turn to but the streets. These can be numerous, deep-seated and interlinked, and of a very disturbing nature.

The complexity of the situation is highlighted by recent research from the ESRC<sup>8</sup> into what it has termed Multiple Exclusion Homelessness. Findings from four research projects document the overlap between rough sleeping and other social problems and support needs, and among service users of homelessness and low threshold services (drugs, alcohol, ex-offender and street sex worker services) there was widespread overlap between sleeping rough (80 per cent), substance misuse (70 per cent), street culture activities (67 per cent) and institutional care (62 per cent). Almost half reported experiencing all four.

Examining what it termed the 'pathways to multiple exclusion homelessness', the report identified four stages through which people pass:

Stage in Pathway	Occurrence	Set of experiences • Adverse life event
<b>Stage 1 - Substance abuse</b>	If happens at all, happens earliest	Using hard drugs; problematic relationship with alcohol; • leaving home or care
<b>Stage 2 – Transition to street lifestyle</b>	Early or mid-way through sequence	Anxiety/depression; survival theft/sex work; time in prison; victim of violent crime • redundancy
<b>Stage 3 – Confirmed street lifestyle</b>	Mid to late phase	Rough sleeping; begging; intravenous drug use; admission to hospital with mental health issue • bankruptcy • getting divorced
<b>Stage 4 – 'Official' homelessness</b>	Later on in sequence	Applying to local authority; staying in hostels; • being evicted/repossession • death of a partner
<b>Source: Tackling homelessness and exclusion: Understanding complex lives, JRF</b>		

<sup>8</sup> McDonagh, T (2011) Tackling homelessness and exclusion: Understanding complex lives, York: JRF

## 4.4 Housing and other needs

The ESRC research supports findings from The Young Foundation's workshop with service providers, policy makers and homeless service users that homelessness is much more than simply an accommodation issue. Although meeting accommodation needs is a key step to exiting a street lifestyle, a greater emphasis is needed on meeting wider support needs. Disentangling housing issues from the other aspects of an individual's life can be difficult in itself, particularly in the most complex cases, and this has implications for the nature of the intervention and how it will work to identify and meet individual needs, as there is a requirement to understand why people behave the way they do as it is essential if trying to change their behaviour. Needs and risk assessments are a key tool in this. The ESRC research survey helped identify people's experience of Multiple Exclusion Homelessness and translated the statistical patterns of need within the Multiple Exclusion Homeless population into five types of clusters. This segmentation is useful in informing the SIB design as it helps illustrate the range and depth of need, and gives a rough idea of the proportion of people falling within each 'cluster'.

	Cluster 1 Mainly homelessness	Cluster 2 Homelessness and mental health	Cluster 3 Homelessness, mental health and victimisation	Cluster 4 Homelessness and street drinking	Cluster 5 Homelessness, hard drugs and high complexity
<b>Percentage</b>	25%	Over 25%	9%	14%	25 %
<b>Complexity of cases</b>	Least complex	Moderate complexity	More complex and severe version of Cluster 2	Moderately complex	Most complex
<b>Experiences on average</b>	5	9	15	11	16 experiences
<b>Key characteristics</b>	Less likely to report experiences other than homelessness	Experiences with mental health: anxiety/depression (86%); suicide attempts (51%)	Mental health admission to hospital (89%); anxiety/depression (100%); suicide attempts (91%); victim of violent crime (71%)	Street drinking (100%); rough sleeping (98%), problematic alcohol use (96%)	Hard drugs (100%), anxiety/ depression
<b>Key features</b>	Mostly male; aged over 35; disproportionate number of non-UK migrants	Disproportionately female	48% had been in local authority care; slightly younger than average	Older, mainly male	Middle age range, most in their 30s
<b>Tackling homelessness and exclusion: Understanding complex lives, JRF</b>					



Using these clusters as a guide, it becomes evident that the cohort can be similarly segmented along lines of need and experiences. This is partly informed by the experience of segmenting rough sleepers into 'flow', 'stock' and 'returners', and by the RS205 intervention's segmentation of the most entrenched rough sleepers for its focused approach. There are a number of options available for this, as suggested by homelessness practitioners interviewed as part of the Young Foundation's research, including by presenting need, borough, nationality, right to remain status or eligibility for public funds, history of accommodation and time spent on the streets.

## 4.5 Flawed framework, piecemeal provision and silo services

Rough sleepers access and are subject to a wide range of planned and emergency provision, which seeks to respond to and cater for their physical, psychological, social, and economic needs. However, taken together this provision is piecemeal in nature, often operating in silos and in relative isolation from other services, and as a mix of public, private and voluntary sector services, is of varying quality and effectiveness, despite the 2007 national strategy for England that sought to encourage housing support services to be more holistic in their outlook regarding provision for single homeless people through greater joint commissioning with health and social care services. Service users often report of how they feel this landscape of services is complicated and hard to navigate. For example, many of those who participated in the 2011 St Mungo's report told how they had – often repeatedly – approached the statutory services for assistance, but had been turned away.

This is one of the key problem areas with provision that service users refer to time and again (eg Young Foundation and think public 'On the Streets' workshops, April 2011). Rough sleepers often need support and guidance in navigating their way through bureaucratic processes, particularly in accessing Housing Benefit. Fears around the levels of involvement that applying for state help and support can also lead to avoidance behaviour. When people do enter the system in search of support, they can also fall victim to bureaucratic disagreements not just between the various departments of one borough, such as housing and social services, but also inter-borough disagreements over who is responsible for levels of provision. Joint strategic working and commissioning across the London borough sub-regions has seen enhanced co-operation, such as the specific actions in the East London Housing Partnership's Sub-Regional Action Plan *No One Left Out in East London 2009-2013*.

Public sector assistance is fragmented and uncoordinated, and although each individual service is often effective at responding to particular needs and through the provision of specialist advice, it will not naturally seek to work in a joined-up fashion to address issues on a holistic basis is able to see the overall picture of need. What are often known in the sector as 'Cinderella services', such as those for mental health or domestic violence, are often the first to be faced with service cuts, but which serve as key preventative bulwarks against rough sleeping.

Services and professionals can also be restricted in the amount of time available for working with their clients, and may also fail to provide users with a level of continuity that is conducive to success. Furthermore, rough sleepers may require a



considerable degree of support in order for them to access services in the first instance, and ongoing support to enable them to continue to benefit from the services they are entitled to (eg. reminders about appointments). Because services are not joined up, rough sleepers can end up receiving help in one area but being penalised in another: service users give examples of the inflexibility in the attendance regime at Jobcentre Plus when they are also required to keep a regular appointment with drug treatment agencies.

## 4.6 A flawed framework: priority need

Many rough sleepers are left on the streets because they have not been able to access statutory services, or for various reasons have not tried to access them, or have applied for help but been turned down, sometimes erroneously. Under Part 7 of the Housing Act 1996, to qualify as 'statutory homeless' and benefit from access to social housing under a local authority's 'main homelessness duty' applicants must meet certain legal criteria and be:

- Eligible for funds (as UK citizens or those with immigration status or from the EU who meet relevant criteria)
- Legally homeless: meeting the definition of being in insecure or temporary accommodation or threatened with homelessness
- Unintentionally homeless, excluding people whose homelessness is due to rent arrears, anti-social behaviour or other events that deem them intentionally homeless.
- In 'priority need', belonging to a defined group (those with dependent children, 16-17 year olds, those under-21 leaving care) and people deemed 'particularly vulnerable' as a result of being a victims of domestic violence or abuse, those with mental health problems, a physical or learning disability, ex-offenders and those spending time in custody, care or the armed forces.<sup>9</sup>

If local authorities accept applications as being legally homeless and in priority need then they have a legal obligation to house them. Unsurprisingly, this can result in an incentive for local authorities to find ways to exclude people from accessing provision that they may by rights be entitled to. Often without the confidence, voice, knowledge or persistence to challenge local bureaucratic decision making processes, many rough sleepers could be missing out on provision that those with an experience of dealing with the system would be able to secure.

## 4.7 Provision on a borough basis and the local connection

By definition homeless, rough sleepers live a nomadic street lifestyle that is not subject to the administrative and geographical structures of the state, and the eligibility criteria and obligations commissioning by the public sector often places on service providers. Many boroughs have large numbers of rough sleepers whose last

<sup>9</sup> Section 10.12 of the Homelessness Code of guidance on the interpretation of vulnerability states that "It is a matter of judgment whether the applicant's circumstances make him or her vulnerable. When determining whether an applicant in any of the categories set out is vulnerable, the local authority should consider whether, when homeless, the applicant would be less able to fend for him/herself than an ordinary homeless person so that he or she would suffer injury or detriment, in circumstances where a less vulnerable person would be able to cope without harmful effects."

settled home was not in their area, and a central issue to obtaining help and support hinges upon the rough sleeper establishing a local connection. One question to be agreed by all parties in relation to the cohort is to decide, for example, in which borough the cohort member can establish a local connection: using the CHAIN database, is it the borough where a rough sleeper was first recorded on CHAIN as bedded down, or would the borough of the last reported contact be more appropriate? Regardless of the decision reached, in order for needs to be adequately addressed then this administrative barrier may somehow need to be overcome, as the work of the RS205 intervention demonstrated.

State-funded services administered on a local authority basis can lead to perverse incentives and outcomes, for both the public authorities themselves and for rough sleepers, and to outcomes of Kafka-esque proportion. London boroughs commission services with an emphasis on 'a local connection' that can lead to outcomes detrimental to rough sleepers, or which incentivises homeless people to try 'gaming the system'. Rough sleepers must prove that they have a local connection to the area, such as through working or living there for a period of time in order to be eligible for help. If people are unable to prove a local connection, despite having lived in the locality, it can leave them without support and nowhere else to turn.

Local authorities are also prone to gaming the system in seeking to deny having to provide support to those seeking assistance, something that professionals from other services (such as the NHS) find themselves expending time and effort in having to challenge. Conversely, insistence on a local connection can also lead to people having to stay in a certain locality in order to access services, which risks leaving them stuck in damaging social networks when it would be more appropriate to move them away from that area to rebuild their lives.

Tensions exist between what London boroughs should ideally be doing and what they realistically can do in terms of rough sleeper provision. Politically, providing excellent services for rough sleepers is not an obvious vote-winner, and with local authorities facing funding pressures such services might be more likely to be cut than other more voter-friendly services. Because of the fear of functioning like a magnet and providing services that attract more rough sleepers into the borough, local authorities are not minded to provide an excellent standard of universal service, as understandably rough sleepers will often cross borough boundaries in search of a better deal. Indeed, as cited in the CLG Review of Hostels, some agencies had suggested that people may have been advised to appear as rough sleepers at central London hotspots in order to try and access hostel accommodation and ultimately social housing.

## 4.8 London's landscape of rough sleeper service provision

Across London, local authorities spend a varying proportion of their Homeless Grant on rough sleeping, which needs to be balanced with other homelessness provision, such as work around homeless prevention. The removal of ringfencing for Supporting People funding has led to a perception that the quality and volume of homelessness services in some London boroughs has declined, although the three year, £20million Homeless Transition Fund administered by Homeless Link should help maintain some services, including around access into accommodation and suitable employment, and

support the voluntary sector in an expansion of No Second Night Out. Of more concern to many working in the sector is the 12 per cent reduction in Supporting People funding over four years as a result of the 2010 Comprehensive Spending Review.

In London, a patchwork of legacy arrangements has been rationalised by CLG with £8.5million devolved to the GLA in April 2011 for ring fenced rough sleeping services. Core services include London Street Rescue, the Reconnections Team, CHAIN database, the Clearing House portfolio of properties and rolling shelters. Currently these are out for retendering, to commence April 2012. It is envisaged that the SIB would sit alongside these interventions, complimenting the work of the London boroughs and the service delivery organisations that are commissioned by them.

## 5. Sector overview

The London Housing Foundation's *Atlas of Services for Homeless People in London* details 177 service providers in the 2011 edition. This is reduction in the number following a recent wave of mergers and consolidations. Of these providers, the Atlas details 631 distinct services, which it categorises as: outreach; day centres; direct access accommodation; second stage accommodation; floating support; advice; employment, training and education; offender services; and drugs and alcohol. Services are listed in one category only, so there will undoubtedly be additional services provided by an organization that are not picked up in another category (e.g. day centres offering advice). This data gives an indication of the range of services available in each of the LDB boroughs.

### 5.1 Overview of provision across the LDB boroughs

	Brent	Camden	City of London	Ealing	Hammersmith & Fulham	Kensington & Chelsea	Lambeth	Southwark	Tower Hamlets	Westminster	London
<b>Outreach services</b>	3	2	1	1	1	1	1	1	1	5	
<b>Day Centres</b>	2	5	1	2	4	4	4	3	5	9	
<b>Direct Access Beds Percentage Split</b>	180 7%	488 18%	0 0%	24 1%	166 6%	56 2%	189 7%	248 9%	289 11%	413 16%	2843
<b>2<sup>nd</sup> Stage Beds Percentage Split</b>	341 3%	651 6%	20 0%	454 4%	401 4%	470 4%	676 6%	548 5%	827 8%	699 7%	10755
<b>Floating Support Capacity Percentage Split</b>	675 6%	935 8%	0 0%	30 0%	118 1%	170 1%	1142 10%	858 7%	769 6%	175 1%	11844
<b>Advice Services</b>	1	1	1	1	1	1	1	3	3	1	
<b>ETE Services</b>	3	5		1	2	1	4	2	4	7	
<b>Offender Services</b>		4					1	2	1	2	
<b>Drug/Alcohol Services</b>	2	1	1		1	2	4	3	1	3	

Source: *Atlas of Services for Homeless People in London 2011*, LHF

Data from the Atlas builds on the work and can be read alongside the LHF's 2008 *State of the Sector Survey*, which provides more detail on the providers, the range and scale of their operation, and the diversity of provision within the boroughs. It values the overall total spend of the voluntary sector on single homelessness services at about £240 million a year, and estimates that the sector employs about 4,500 staff (Full Time Equivalent). Of the organisations that responded, 75% of reported the use of volunteers working directly with clients – with an estimated total of 16,863

volunteers (although this figure is skewed by a large percentage of the total coming from three organisations reporting totals of 8,000, 6,000 and 1000 volunteers). The Survey estimated that there are around 1,600 services for homeless people in London, split between:

- Residential services, such as hostels and supported housing; the majority of which is provided by ten major voluntary organisations. Results from the survey indicated that there were 10,716 bed spaces in residential accommodation (on a 98 per cent response rate), whilst data from Supporting People indicated total funded capacity of 14,386 homeless households (mainly single people) in supported accommodation in London.
- Floating support, such as Tenancy Sustainment Teams, which visit people in their homes. Whilst response rates of generic floating support organisations was lower, those that did response covered every London borough represented a total capacity of 7,158 clients at any one time.
- Non-residential services, such as day centres, outreach services, advice projects, health services and training and employment schemes. Data on total number of users of such services is patchy, with the Survey finding that the number of people using non-residential services per day totaled 7,058 (on a response rate of 86 per cent). The UK Day Centres Directory for 2006 estimated that average daily user numbers in London being 3,330.

The sector itself comprises of a small number of large providers and a larger number of small providers, with many only operating on one borough. Income comes from a number of sources, with 46% of total sector income coming from Supporting People, and a further 15% from central and local government grants and contracts, with total income from statutory sources representing 61% of the total income, with rental and service charge income accounting for 31% and only 8% coming from donations, gifts and legacies. This reliance on public funds means that both individual organisations and the sector as a whole, are particularly vulnerable to cuts in state funding.

## 5.2 Number of providers banded by turnover

Providers banded by spending (£)	Number	Percentage
<b>1 – 250,000</b>	26	30%
<b>250,001 – 1,000,000</b>	30	35%
<b>1,000,001 – 5,000,000</b>	19	22%
<b>5,000,001 – 10,000,000</b>	7	8%
<b>10,000,001 plus</b>	4	5%

Source: *State of the Sector Survey 2008*, LHF

Organisations often provided multiple services and multiple types of services. The capacity of the sector and the number of clients accessing the services they provide is difficult to assess, owing to the lack of a formal method of identifying clients and

tracking their usage. The survey results indicate that those organisations responding could provide services to a total of around 25,000 clients on any one day, although the total number of homeless people in actual receipt of these services would be less than this, due to multiple use by clients of different categories of services.

It is worth noting that the ten largest organisations account for 59 per cent of total spending in the sector, 47 per cent of the sector's total capacity, providing around the same proportion of residential accommodation and over 70 per cent of floating support. It is fair to say that on one level these organisations are competing against each other for clients, contracts and funding, which will obviously have implications on the nature of the service on offer and how they relate to each other and the needs of the client.

### 5.3 Breakdown of service provision type by LDB borough

Borough	Residential	Floating Support	Non-residential	Total
<b>Brent</b>	13	9	8	20
<b>Camden</b>	18	4	9	25
<b>City of London</b>	4	1	4	8
<b>Ealing</b>	9	3	7	16
<b>Hammersmith &amp; Fulham</b>	20	8	9	29
<b>Kensington &amp; Chelsea</b>	9	6	8	17
<b>Lambeth</b>	14	5	11	21
<b>Southwark</b>	14	5	12	23
<b>Tower Hamlets</b>	10	7	9	20
<b>Westminster</b>	19	3	14	26

Source: *Atlas of Services for Homeless People in London 2011*, LHF (Note that as providers may operate more than one type of service in an individual borough, the borough totals are not a simple sum of the service type totals.)

### 5.4 Broad brush services

Services for the homeless have evolved over time according to philanthropic fashions, charitable concerns, and state welfarism. Some services are targeted specifically at single homeless people, whilst others would not regard themselves as traditionally being part of the homeless sector and cater for clients with alcohol, drug or mental health problems. When referred to services here is no holistic focus on meeting the specific, often multiple needs of each client: from failing to talk to them and asking what they want, to instructing them to follow orders that they will invariably be resistant to or incapable of following. It can be argued that services are constructed into which rough sleepers are supposed to fit, which inevitably leaves a lot of people outside of the 'system'.

A further failing of some services is that they may be working more to meet their own organisational objectives and aspirations than to the best needs of their clients. For example, a key objective for any organisation is to sustain its own existence, and this can translate into activity that is at odds with their clients need - funding pressures, budgetary needs and resource allocation may not always be in alignment with client needs. This can be manifest in a number of ways, for example the interface between day centres and hostels in providing an integrated service, or not, as the case may be.

It is also evident in the number of smaller services (that are not included in the Atlas) whose activity can actually serve to sustain a life on the streets. Many charities and some faith-based organisations provide services that whilst catering for immediate survival needs such as food, clothing and emergency shelter, inadvertently help to maintain a street lifestyle without any focus on moving the person on off the streets or working to reintegrate them back into society. An example of this is the soup run or soup kitchen, which whilst ostensibly providing a charitable service can be a dangerous presence by making it easier to survive as a rough sleeper.

Recent moves on behalf of local authorities has seen a 'personalisation' of their homelessness services. However the extent as to how much of this is a genuine attempt to build holistic services around the needs of individual clients, or a rebadging exercise with very little new service offer is a moot point. Some emerging examples of a personalised service involve the use of personalised budgets, such as the award-winning pilot by Broadway and the City of London Corporation (winner of the 2011 Andy Ludlow Awards run by London Councils.)

## 5.5 Personal budgets

Piloted by the City of London and managed by Broadway, the use of personal budgets has been recognised by many of our interviewees as being a powerful tool and way of engaging with long term rough sleeping clients. The rationale of the scheme is that it is important to find out what a client wants in order for them to take up a hostel offer, and to give them some choice and control instead of repeating previous offers that had no impact. Up to £3,000 was available for each client, all of whom had been on the streets between four and 45 years, and resistant to offers of accommodation or detox programmes. Clients were asked to choose a broker to help them write an action plan for their budget, and all chose the project co-ordinator, a distinct and separate role from that of the outreach workers, who were disliked by some clients as distant figures of authority.

Of the 21 clients, 16 are now in accommodation and three are waiting for an offer of a place. Clients spent far less than the £3,000 budget that had been allocated to them (although they did not know what the full amount was), and the average spend was £794. Budgets were used for different reasons at different points in the pilot, initially to help engage with and build trust with the co-ordinator, and later to buy items such as furniture to help facilitate a move into accommodation and courses to help sustain the move. Unlike personalised budgets in social care there was no formal assessment of client's needs, although all expenditure was signed off by City of London officers.

As well as the use of personalised budgets and action plans, key to the success of the pilot was the role of the co-ordinator. They spent far longer working with clients than the typical outreach worker, mostly on a one-to-one basis, with conversation guided by the client and their needs. Broadway has now integrated the use of personalised budgets into its mainstream, and clients and practitioners believe the model could be successfully used for other rough sleepers.



## 5.6 Client monitoring

The recording and monitoring of clients is key to knowing how well clients are responding to treatment, how they are coping on their journey off the streets and what additional help and support they might need or benefit from. According to the 2008 Survey, around 90 per cent of services providers monitor and can identify their clients, with 69 per cent able to produce reports, using a range of in house manual or IT systems, or the use of commercial databases. However, client monitoring in order to record and track progress across organisations and services is an area that needs improving, as whilst 80 per cent of respondents record client names, only 59 per cent record dates of birth and 42 per cent National Insurance numbers. The recording of information around other subjects varies, with support needs (76 per cent), outcomes (74 per cent), housing situation (65 per cent) and reasons why homeless (63 per cent), with less organisations recording information on what work has been undertaken with their clients (59 per cent) and duration of homelessness (53 per cent).

As clients interact with different organisations, agencies and services throughout the homelessness sector there is a systemic failure to track and monitor their progress. If clients falter or fail at a particular stage in their journey, such as being evicted from a hostel, abandoning a tenancy or neglecting to take up a particular offer of treatment then they may simply drop out of the system and return to the streets. As there is no one 'in charge' of their case, familiar with their needs and where they are on the journey, and able to advocate on their behalf with service providers they are in effect back to square one, and are able to disappear off the grid – because beyond their appearance on the CHAIN database there is no grid: no shared understanding of their situation or history, and no one person or organisation able to act as a grip and help them to get a handle on their life.

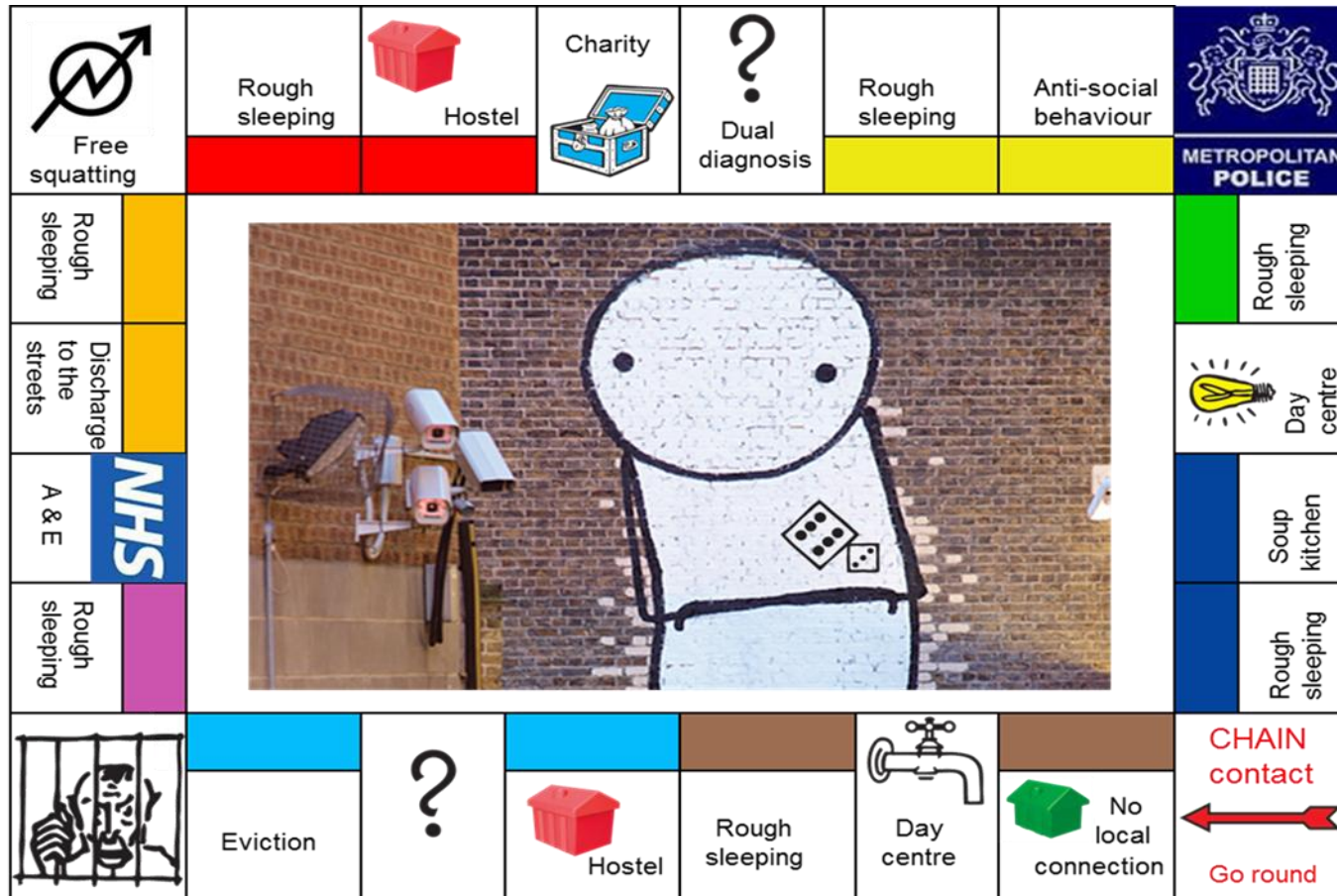


## 6. The rough sleepers' journey

### 6.1 A shared understanding of the nature of the problem

The Monopoly image used below illustrates the roundabout nature of the rough sleeping cycle, and the narrow range of options facing members of the cohort who are unable or unwilling to take advantage of any offer made to them should not be viewed as a light hearted take on a serious problem. It captures precisely the predicament that many members of the cohort will find themselves in: at the mercy of chance and the vagaries of non-statutory provision, whilst also shut out from any systematic attempt by the state to work with them and try to meet their needs on a long-term, holistic basis. For the many members of the cohort who have been out on the streets for longer than two years, each throw of the dice has failed to bring them the support they need, and puts them at risk of deeper entrenchment in the street lifestyle and accompanying dangers it presents.

## No monopoly on the provision of support for members of the cohort



## 6.2 Outreach Teams: the gateway to services

Outreach teams working in the London boroughs are at the frontline of local engagement with rough sleepers. Across London there are 13 different organisations providing 21 official outreach services. All inner London boroughs have an Outreach Team, whilst the GLA commissions London Street Rescue to provide outreach services in the Outer London boroughs. How each team conducts its outreach work, however, varies from borough to borough, down to the start and finish time of shifts worked. The Shelter survey found that only 30 per cent of interviewees who habitually slept rough in outer London had been in touch with an outreach service in the previous year, compared to 70 per cent of interviewees in inner London.

Local outreach needs are specified by the boroughs, who commission outreach services to be delivered by voluntary sector providers. St Mungos, Thames Reach, CRI, and Broadway are the biggest providers of Outreach work, with contracts to provide services in various London boroughs. In Westminster the situation is very different, with the borough using an approach that is focused around day centres, known as Building Based Services, which rough sleepers attend, either through their own volition, police enforcement or unofficial street work by day centre workers. The centres are unlike other day centre provision to be found in London, in that they have strict access criteria, as opposed to open access.

## Outreach services across the LDB boroughs

		Brent	Camden	City of London	Ealing	Hammersmith & Fulham	Kensington & Chelsea	Lambeth	Southwark	Tower Hamlets	Westminster
<b>Outreach services</b>											
<b>Broadway Outreach Service</b>				X			X				
<b>CHC Brent Outreach Street Services</b>		X									
<b>Connection at St Martins (BBS) Outreach Team</b>											X
<b>CRI</b>	Street Services Team Camden		X								
	Street Services Team Brent	X									
<b>New Horizon Outreach Team</b>			X								
<b>Passage Street Link Team</b>											X
<b>Safe Start Foundation</b>		X									X
<b>St Mungo's</b>	Rough Sleepers' Assessment Centre										X
	Street Population and Criminal Justice Outreach Team										X
	Street Population and Outreach Team				X				X		
	Westminster Central and Eastern European Outreach Team										X
<b>Thames Reach</b>	H & F SORT					X					
	Lambeth SORT							X			
	Tower Hamlets SORT									X	

Source: *Atlas of Services for Homeless People in London 2011*, LHF

### 6.3 How Outreach work works

Best practice is for Outreach Teams where possible to go out twice a day, once early in the morning and once at night, surveying all current hotspots and building links with street cleaners, police and other nighttime and early morning workers. Local intelligence through contacts with businesses, the voluntary sector, faith groups and other local authority services is essential in building a picture of local hotspots and rough sleeping.

Outreach Teams employ a non-confrontational 'softly-softly' approach when engaging with suspected rough sleepers and in order to discover their needs or vulnerability. If new to the streets, they will refer the rough sleeper to NSNO. If not new, they will find out if they are re-appeared but known, or if they are long-term rough sleepers: those who remain stuck on the streets with little engagement. For these clients, any offer that the Outreach worker can make may have little attraction. It can take a long time to build trust over a series of conversations (eg meeting every week over a five or six month period), even if the Outreach worker has a good offer to make. Sometimes during this time a considerable amount of work is needed before clients feel that they are ready to move off the streets, such as access to

basic healthcare, sessions in a day centre. This has led to some criticisms that Outreach workers can also inadvertently help sustain life on the streets, although it is more often the case that for some rough sleepers the offer is not sufficiently appealing to bring them in. Conversely, some service user participants in Young Foundation workshops felt that Outreach workers often did not have enough 'one-to-one' time to spend with each individual client, as they were often busy doing other tasks, and that more focused, one-to-one work was needed.

The Offer can be a place in a hostel, with best practice linking in to a hostel keyworker, and through them an Action Planning process designed to help move them into mainstream society. An Outreach worker will have a good knowledge of hostel provision within the locality, and can also hold clients in one of the two GLA-commissioned rolling shelters, free at the point of entry, with minimum bureaucratic procedures. These shelters provide short stays of between three to four weeks and which are used by all outreach teams, whilst trying to secure a place in a London borough-commissioned hostel.

## 6.4 Hostels

There are numerous hostel options for rough sleepers, catering to need, local eligibility criteria, or with a first come, first-served open door policy. London Boroughs commission most hostel provision, generally through Supporting People funding, from voluntary organisation providers, with access based on referral through Outreach workers. According to the CLG review of hostels, in recent years local authorities have developed more detailed models of the local need for hostel provision, such as the number of beds needed for different client groups. An example given for this is the Camden Pathways model which estimated that 30 per cent of beds would need to provide specialist supported accommodation, including mental health, drugs and alcohol support needs.

Although unequivocally a vital resource for rough sleepers and vulnerable homeless people, hostels can provoke a mixed reaction among rough sleepers, and indeed among homeless workers and agencies. Whilst in the main they offer high quality, clean accommodation, the mythology associated with them can negatively influence attitudes towards. Some rough sleepers have such a bad experience of time spent in hostels that they will refuse to go back in one, whilst for others a stay in hostel accommodation has been a life-saving and changing experience. One service user at a Young Foundation workshop said that they "would rather spend time on the street than a hostel".

Between 2005 and 2008 the Homes and Communities Agency's Hostels Capital Improvement Programme (HCIP) has seen £90 million spent on achieving a qualitative improvement in the physical stock of hostels and day centres. Under this programme some older hostels closed, and although there has been some re-provisioning and a qualitative improvement in the services provided by new hostels, there will still have been a small net loss of beds (544 overall by 2008) according to the 2007 CLG review of hostel provision<sup>10</sup> in London. Whilst it found that levels of provision was sufficient, it said it could foresee a future growth in demand, whilst the Shelter survey found that due to a lack of supply of move-on accommodation further down the line, whilst 73 per cent of interviewees had stayed or were staying in

<sup>10</sup> CLG (2007) *Review of Hostels for Rough Sleepers in London*

hostel accommodation, 70 per cent of these had at some point tried and find to find a suitable bed space.

Demand for hostel beds in London indeed remains high. The *London Hostels Directory 2011-2012* lists over 14,000 bed spaces in 232 services for single homeless people. Data on the number of bed spaces and details of providers is increasingly accurate. However, in order to get a true picture of the figures of availability for rough sleepers it is necessary to divide hostel provision into direct access and long stay. An additional category of hostel is supported housing, involving self-contained flats where people may stay upwards of two years, and which is often specialist provision for specific subgroups of homeless people, such as the young, women, people from minority ethnic backgrounds, and rough sleepers with high support needs.

- direct access hostels, a small and tightly controlled sub-set of provision which do not have a waiting list and which provide quick access and emergency escape from the streets, but for limited periods of time
- long-stay hostels provide second stage beds, and usually have a waiting list. These hostels often offer higher levels of support and more detailed key working and move-on action planning, and have maximum lengths of stay, typically for two years.

The Atlas of Services identifies 23 providers of direct access accommodation, with 2658 bed spaces. However, the sector ranges from the a few small, specialist units (eg of three beds) to large, general hostels (of 120 beds), and is dominated by three providers who account for over 50% of beds. Second stage supported housing provision is more diverse, with 87 organisations running 255 accommodation projects comprising 10,755 bed spaces, ranging from hostels with single digit bed spaces to those with 500 beds. The sector is also less concentrated, with 15 per cent of providers (the top 13) accounting for 50 per cent of all bed spaces.

Hostels should not be places where people either languish, nor a roundabout service which users repeatedly enter and exit. Success rates for people decline the longer they remain in hostel accommodation (According to Broadway's CHAIN longitudinal study, people become less likely to move to long-term accommodation after two to two and a half years in one hostel). However, the length of time spent in hostels is increasing – the 2007 CLG review found that turnover and vacancies had reduced in recent years, with the average length of time spent in the 19 inner London key hostels for which CHAIN data was available increased by nine per cent from 87 days in 2002-03 to 95 days in 2005-06. This was accompanied by a 14 per cent reduction in the number of rough sleepers arriving in hostels over the same period.

Once in a hostel, a keyworker assigned to the client will help them to access relevant services and benefits, such as Housing Benefit which is used as rent, and contributions to a service charge may also be extracted from unemployment benefit. Although every borough is different, a variant on a staircase or pathway model is deployed to help clients move to a position where they are deemed capable of assuming an independent tenancy.

Performance in terms of the quality of management and support provided in hostels is acknowledged to be varied, and measured in terms of securing a positive move away from the hostel, defined as a planned move (or taken into hospital or custody), ranged from 36 per cent to 75 per cent of leavers in hostels which had at least 50



leavers in 2005-06. Hostels with lower levels of positive moves also had higher accompanying levels of abandonment and eviction.

For members of the cohort eligible for hostel accommodation the current model of existing accommodation provision and support pathways is not working in terms of achieving move-on success. Indeed their situation seems to suggest that for them hostels have become a roundabout service which as users they may repeatedly enter and exit. Abandonment, eviction and return to the streets after a period of being housed is a particular problem area, which can be triggered by a number of factors. For some, the pull of the streets is too much, and trumps any new offer that is made to them. Some members of this particular cohort will undoubtedly fall into this category.

However, new innovative hostel-type accommodation is emerging that may prove more attractive to members of the cohort. The HCA's Places of Change programme, running from 2008-2011 was designed to find new ways of working with homeless people, and has funded some of the most successful and talked about interventions of recent years, such as The Lodge, in conjunction with St Mungo's and the Corporation of London.

## The Lodge

Funded from a £838,000 HCA Places of Change grant, and operated by St Mungo's and the Corporation of London in partnership with the boroughs of Camden and Westminster, the Lodge at St Ursula's is a new type of accommodation for long-term entrenched rough sleepers with low support needs. Staffed by a team of six it operates along the lines of a B&B or boutique hotel, providing 40 beds in aesthetically pleasing settings that are less institutional than traditional hostels.

Residents have their own key and own room, and there is no curfew, which has proved popular. Rather than issuing warnings or orders, staff try to be more accessible and open to residents, and willing to discuss issues with them. There is no formal engagement process with clients, which has led to some clients reacting positively in terms of making a choice in seeking support. This is provided by staff as well as external agencies and Outreach Teams who visit to discuss accommodation and appropriate move-on options when clients are ready.

St Mungo's believes that a key to its success has been the staff employed there, who have helped create an atmosphere that is significantly different from other accommodation in the sector. In its first year, the Lodge housed 60 residents: ten residents abandoned the accommodation, although three subsequently returned and settled, and there has only been one eviction, due to extreme personal circumstances.

The average stay is around nine months, with some staying a lot longer. The operation tries to break even on its running costs through the use of Housing Benefit. Through a combination of The Lodge, personalisation services and assertive police enforcement, the City of London has reduced its rough sleeping numbers from 69 to 20.

## Pros and cons of hostel accommodation

Pros	Cons
<b>Basic needs of shelter, warmth, food, safety and hygiene can be met</b>	Can be seen as disempowering, removing individual responsibility and control
<b>Mostly offer high quality, clean accommodation that is a vital safety net against rough sleeping</b>	Clients can see them as dirty, intimidating places full of people with drug and alcohol problems and not catering to their needs
<b>Communal spaces can be beneficial in terms of social interaction and address feelings of isolation</b>	Shared environment for some clients can be intolerable and damaging
<b>Some specialist hostels with trained staff and low staff turnover provide successful support and consistency of care for residents with high support needs or specific groups</b>	Gaps in specialist provision in hostels for people with high support needs and multiple problems, including dual diagnosis, personality disorders, high risk behaviour (arsonists, sex offenders) and particular groups (eg older drinkers).
<b>Some hostels specifically designed with self-contained rooms and no communal areas, with self-catering reducing cost of service charge</b>	High staff turnover can mean inconsistent care
<b>Increased detailed knowledge of local needs through local authority Pathway models, from assessment through to moves into settled housing and identification of longer term support needs.</b>	Shortage of accommodation for couples, people with dogs
<b>Some hostels adopt a self-help ethos, helping people to help themselves</b>	Mixed performance in terms of planned moves and levels of abandonment
<b>Longer-term support to help residents access benefits, employment, and leave behind the street lifestyle</b>	Perception that hostel life is stigmatising and stalls a return to mainstream social and economic life
<b>Structured environment to provide a foundation for reintegration into society</b>	High rates of warehousing and inability to access move-on accommodation

## 6.5 Linear progression on the staircase model or Housing First?

The traditional model of provision is predicated on access to a hostel, where a client is assigned a key worker to help address their needs and issues and support them in a staircased move back to mainstream society. This philosophy of service is based on a linear progression, pathway or staircase, and under what is essentially a 'treatment first' approach, clients with significant mental health or substance abuse problems will first be accommodated in supported housing and enrolled on treatment programmes, before being referred to a Move On team when deemed 'housing ready', i.e. for a permanent housing, often in the private rented sector. Following the move, they will then be provided with floating support (such as through Tenancy



Sustainment Teams) to help ensure they are able to maintain their tenancy after they have made the transition.

However, an alternative model of provision - Housing First - based on enabling a client to access independent accommodation before addressing presenting problems - is gaining currency amongst providers and practitioners, and this is an option that could be explored for members of the cohort. Originating in North America and being implemented in many European countries, the focus of the approach is on ending homelessness rather than seeking to manage. Arising partly out of concern for the escalating financial costs of not seeking a more immediate solution to those deemed chronically homeless, the Housing First model places single homeless people with severe mental health, substance abuse into permanent housing with only limited requirement to accept a minimum level of support. In New York, the Housing First Pathways programme had a tenancy sustainment rate of 80 per cent for chronically homeless clients over two years.<sup>11</sup> The new model for provision is being explored in London, with a capacity of around 40 flats that outreach teams could recommend clients to, together with the formulation of bespoke, supported needs-management.

## 6.6 Floating support and Tenancy Sustainment Teams

Floating support, commissioned by the local authority is low-intensity work around housing management, and should be differentiated from social care provision (e.g. help with washing and dressing, etc.). The Atlas documents 39 agencies delivering 117 floating support schemes, with an estimated capacity to support 11,844 people. Tenancy support can be essential for helping more vulnerable and chaotic clients adapt in moving from the streets to settled accommodation, and preventing later eviction or abandonment and a return to the streets. A lack of support is one of the key reasons for tenancy breakdown, as once 'settled' some rough sleepers fail to manage living on their own, resulting in them abandoning their tenancies and returning to the familiarity of the streets. This means that the provision of accommodation should not be seen as a success in its own right, and that the underlying problems faced by an individual must still be addressed with on going support.

Trends in the commissioning of services has seen floating support services commissioned as larger contracts that cover a range of vulnerable client groups, which could result in less direct contact time between a former rough sleeping client and their tenancy support team. Young Foundation workshops with users felt that Tenancy Sustainment Teams could do more to ensure a smoother transition to adequately supported living, and that such support should be given for a minimum of 18 months to two years, particularly when beginning a tenancy. Formal tenancy support and informal social support through community networks and initiatives such as St Mungo's 'buddying' system to prevent isolation can be vital in helping prevent tenancy abandonment. Some rough sleepers are able to access Clearing House stock, a portfolio of around 2000 RSL flats with Tenancy Support Teams, comprised of around 70 staff, that provides tenancies of 2 years with possible extensions for enduring needs.

<sup>11</sup> Staircases, Elevators and Cycles of Change, Crisis, 2010

## 6.7 Lack of move-on accommodation

The 2007 Shelter report argued that a fundamental problem facing rough sleepers is a lack of move-on accommodation. CLG's 2007 review found that "the most important challenge facing hostels for rough sleepers is access to suitable move-on accommodation and support". This has led to hostels 'silting-up' or 'warehousing' homeless people, which impacts on the availability of bed spaces for those seeking to access accommodation and also has knock-on effects for those residing for long periods in hostels, such as a limiting of the opportunities for residents to re-enter mainstream social and economic life, with the Crisis review mentioning the possible reluctance of employers to interview someone whose address is known to be a hostel.

An increasingly popular solution to the lack of move-on accommodation is the use of the private rented sector (PRS) units by boroughs, using landlords that are willing to accept Local Housing Allowance. This may not be in the borough to which the client is associated, particularly in inner London boroughs who may seek cheaper accommodation in outer London. Whilst the use of the PRS is seen by many organisations as a useful solution, and some boroughs have found private sector leasing has worked well, managing units on a landlord's behalf for three to five years, and trialing the use of 'taster flats', any reliance on the PRS may present its own problems, as by its nature it is more expensive than social housing and subject to market fluctuation, and many rough sleepers will be reliant on benefits or in low-wage employment. Accommodation in outer London may also lead to a sense of isolation.

## 6.8 Squats

Squatting can form part of the journey for many rough sleepers, and is an alternative to sleeping rough on the street. Although there is an intelligence gap in relation to squats, the MPS identified 224 squats across London, with the actual number estimated to be significantly higher, with many used by CEEs. There is also believed to be an overlap with rough sleeping hotspots, particularly in East London. Squatting should not be seen as part of any solution to rough sleeping, as it does not represent a first step to sustainable accommodation and can be viewed as helping maintain a street lifestyle.

## 6.9 Day Centres

Day centres provide a range of service for rough sleepers, such as advice, food and washing facilities as well as access to meaningful activities and triage, assessing need and signposting clients to further support. They often cater to the most excluded and those ineligible for public funds, although some have been criticised for poor services and helping maintain a street lifestyle, and for a lack of integration with hostel provision. Attempts to address issues around quality of provision have only been partially successful, such as through the LHF's work in setting quality standards.

## Day Centre facilities across the LDB boroughs

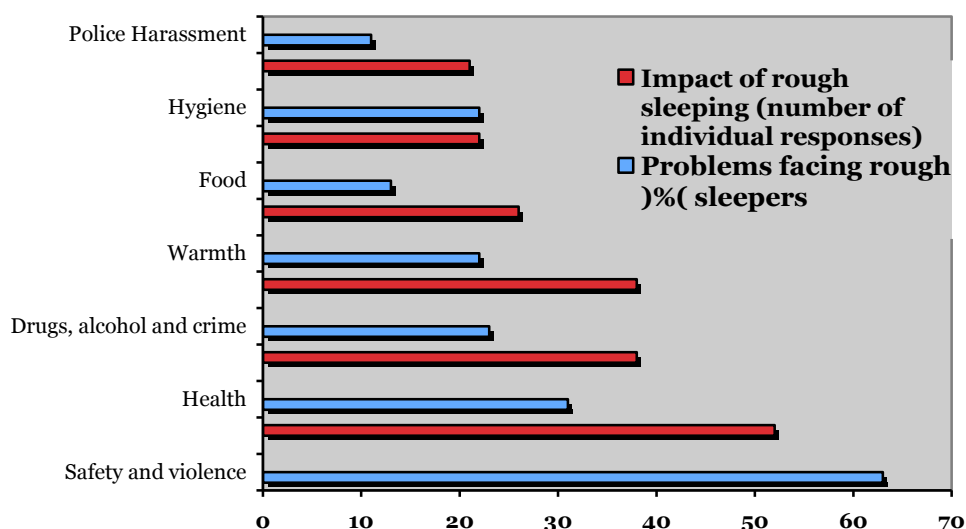
	PAN-LONDON COVERAG	Brent	Camden	City of London	Ealing	Hammersmi th & Fulham	Kensington & Chelsea	Lambeth	Southwar k	Tower Hamlets	Westminste r
<b>Day centres by borough</b>											
240 Project						X	X				X
Ace of Clubs								X	X		
Acton Homeless Concern					X						
Barons Court Project						X					
Broadway Centre						X					
The Gateway	X										X
Community Resource Centre		X									
Chelsea Methodist Drop-In Centre							X				
Church Army											
Church Army The Women's Day Centre	X										X
Connection at St Martin's (Adults Services)	X										X
Crisis Skylight – London	X									X	
Earl's Court Community Project							X				
Equinox Spectrum Centre			X								
Holy Cross Centre			X								
London Irish Centre Community Services Department	X		X								
London Jesus Centre											X
Manna Centre								X	X		
New Horizon Youth Centre	X		X								
The Passage Day Centre											X
Providence Row Charity Dellow Centre	X			X						X	
Safe Start Foundation Day Centres		X									
Salvation Army Regent Hall Homelessness Services	X										X
Simon Community Active Simon			X								
The Spires Centre								X			
Spitalfields Crypt Trust Shoreditch Community Project										X	
St Cuthbert's Drop-In Centre							X				
Thames Reach Greenhouse Walk-In										X	
Upper Room						X					
Veterans' Aid											X
Webber Street								X	X		
West London Mission Day Centre	X										X
Whitechapel Mission Maples Place										X	

Source: *Atlas of Services for Homeless People in London 2011*, LHF

## 7. Impact of rough sleeping, costs and response

The 2007 Shelter survey asked about the impacts of rough sleeping on people, and the problems facing them. It is clear that some of these problems are the same as the contributing factors towards becoming rough sleepers in the first place, illustrating the linkages between cause and effect, and the reinforcing effect upon entering a downwards spiral. Rough sleeping also impacts upon the local community, manifesting itself in community safety issues for local residents and businesses and complaints to local authorities about anti-social behaviour, as well as imposing considerable costs on public services and wider society in general.

### 7.1 Impact of rough sleeping and problems facing rough sleepers



Source: Reaching out, Shelter, 2007

Documented cases of the costs of rough sleeping to public services – or more accurately, the cost of the failure of services to get to grips with individual rough sleepers and tackle their problems in a holistic way – are illustrated by the case of Frank's story, in Crisis's 2003 report *How many, How much?*. It also echoes the monopoly board situation facing many members of the cohort.

#### Frank's story

Frank suffered a bereavement, which led to increased levels of heavy drinking. After being made redundant and suffering from depression, he had trouble meeting his mortgage repayments and subsequently left his flat. After time was spent between the streets, day centres and night shelters, he contracted TB and following contact with a case worker was admitted to hospital. Discharged to a hostel with poor support systems in place, Frank's drinking and depression got worse. He was

advised he did not qualify for social housing as he was 'intentionally homeless', but the hostel managed to help him get a flat in shared house.

However, low levels of support, poor living skills and lack of treatment for his drinking (although he was referred to an alcohol misuse team he failed to attend) led him to abandon his tenancy after three months, and he subsequently returned to the streets. Altogether it is estimated that the costs of his homelessness for one year was £24,500. An even more extreme case is that of New York City's 'Million Dollar Murray', a chronically homeless single man with a history of unmet mental health needs and alcohol problems whose cost to the taxpayer as a result of society's failure to address his needs is clear from his moniker.

## 7.2 Health

Rough sleepers experience high levels of health problems that are not met by the current service delivery methods. *A Review of Single Homelessness in the UK 2000-2010* by Crisis documents a range of research which shows that homelessness has a detrimental effect on both physical and mental health, and suggests that there is evidence that the life expectancy of single homeless people may be considerably lower than for those who have never experienced it. Indeed oft-misquoted research from several sources shows that the average age at death for rough sleepers is 40 – 44 years<sup>12</sup> (not the average life expectancy).

The Department of Health (DoH) 2010 paper *Healthcare for Single Homeless People* highlights many of the key issues surrounding access to healthcare for homeless people. The client group included those sleeping rough, in hostels or other temporary and insecure accommodation. Those who have slept rough for a significant period will not only be more likely to have existing conditions, but are less adept at accessing the care that they need. This results in a deterioration of their conditions and increased levels of complexity of their health needs. Many demonstrate a tri-morbidity of physical illness, mental health and substance abuse, with ill-health both a cause and consequence of homelessness. Documented unmet needs of homeless people include mental health, substance abuse, TB and other infections, cardiovascular and respiratory disease, oral health, foot health and epilepsy and neurological problems.

### Primary Care

The Review and the DoH report highlighted some of the barriers faced by homeless people accessing mainstream NHS care, including disincentives for PCTs to provide good services for homeless people, for fear of attracting other service users to the locality. There is an on going debate among healthcare and homelessness practitioners and commissioners as to whether specialist healthcare was more suitable for those with the highest support than general provision. This is reflected in the different arrangements for providing healthcare for this client group, with a third of PCTs not providing any specialist homelessness service at all.

The remaining two thirds provide care that can be classified into one of four models:

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<sup>12</sup> Sources include the Dawn Centre, Leicester and the Cambridge Access Surgery, quoted in the 2010 DoH paper *Healthcare for Single Homeless People*

- Mainstream GPs provide services for the homeless, through drop-in centres or in own surgery. May not register patients and no 24/7 provision.
- Outreach team of specialist homelessness nurses, providing advocacy, support, treatment, and referrals. Unlikely to register patients and no 24/7 provision.
- Full primary care specialist homelessness team, providing suite of dedicated services, co-located with a hospital or drop-in centre. Usually register patients and provide 24/7 cover.
- Fully co-ordinated primary and secondary care, providing integrated and specialist services.

Evidence exists that the client group faces numerous barriers to registering with GPs, with one study<sup>13</sup> estimating that homeless people are 40 times more likely not to be registered with a GP than the general population. Barriers include:

- GPs requiring proof of address
- Poor engagement skills and chaotic lifestyles make it more difficult to book and keep appointments
- Health needs surpassed by more pressing needs, so assistance not sought until health becomes a critical issue

## Acute care

Rough sleepers have high medical costs, particularly from unplanned hospital admissions, ambulance use and frequent use of A&E, such as the homeless man mentioned in the interview conducted with UCLH who had 12 different names on the records system and went round to different hospitals to be treated. When in hospital, some rough sleepers can prove difficult to house on conventional wards, as they can behave anti-socially and often self-discharge, as well as putting at risk the success of their inpatient treatment when they are discharged straight back onto the streets.

Using Hospital Admission Statistics and other data the DoH report found that:

- The clients use around four times more acute hospital services than the general population, costing at least £84 million per year, as they tend to use A&E as their main provider of health care, rising to eight times more than the population for inpatient costs, with admissions for toxicity, alcohol, drugs and mental health problems.
- The client group's length of stay is almost three times the average length of the general population (aged between 16-64), due to the severity of their condition.

## The UCLH Pathway

Hospitals can have problems when it comes to discharging homeless patients, as they need somewhere to send people to. According to UCLH Pathway, 4,000 homeless patients are admitted with an acute episode every year in London. The Pathway project originated at UCLH following the case of a homeless man who was found dead on the steps of the hospital after being treated there 15 times over the past year, as an alcoholic with a complex personality disorder. This tragic outcome

<sup>13</sup> Crisis (2002) *Critical Condition*, London: Crisis

was not the result of intentional bad treatment but rather illustrated the challenge of providing holistic care for a difficult patient.

In response to this, and as a professional challenge to clinicians working to delivery a 'world class service' to all its patients, UCLH developed a new model for compassionate, patient-centred care for homeless patients centred around the position of a Homeless Care Navigator. This is a named, dedicated homeless care teams with nursing professionals present all the time who would not only see that homeless patients received appropriate medical care and ensured that consultants were addressing their clinical needs (such as by trying to get psychiatric liaison for a patient who is in hospital with a liver condition and assigned to a liver specialist), but also sought to use the time they stayed in hospital to try and tackle some of the issues facing them. The Care Team know and have good relationships with all the key homelessness service providers, and have links with Outreach teams in Camden and neighbouring boroughs, and if relevant, will invite in specific workers from the service providers who were working with the homeless person.

With a second Care Navigator the Pathway aims to focus more post-discharge work, helping clients one to three weeks after they have left hospital, including basic hand-holding work, such as making sure they keep future appointments and meeting with new a client's new keyworkers to make sure that their needs are being addressed. The Pathway found that in the hospital some of the nurses were spending up to 20 per cent of their time doing keyworker and advocacy roles, spending 'unproductive time' trying to prove a local connection with boroughs who were forced by the current arrangements to defend access to their resources. To date, the Pathway has had success in reducing the number of bed days related to homelessness admission, which whilst not seen as a cashable saving, helps contribute towards the efficiency of the hospital operation.

The Pathway Business Plan aims to have a similar team established in 20 inner London hospitals within three to five years, with the Pathways charity that owns the model working with hospitals to help introduce it, raising funds to run it for the first year and the hospital contracting to put the service in for a five year period. Central to the model is the desire for the NHS to provide a better service, the Pathway pointing also to the benefits of efficiency savings (such as reductions in readmissions within 30 days, which through the financing system brings in no additional revenue).

Future development also includes work looking at a model for a Pathway Sanctuary, a medical unit offering intermediate care, which was neither an acute facility nor a hostel. Based on the US system of respite care for homeless people, data from which shows a reduction of admissions by 50 per cent, a Pathways Sanctuary would be a new model for convalescent care for periods of six to 12 weeks and focus on detox, psychological treatment and building the client's physical health. Demand would be high, with an estimation that a 250-300 bed facility would be immediately full.

## 7.3 Mental Health

Mental Health needs among rough sleepers are well documented. These range from low level personality disorders to more serious conditions such as schizophrenia. St



Mungo's 2009 *Happiness Matters*<sup>14</sup> research found that 85 per cent of respondents had either a diagnosed mental health problem or expressed concerns about their mental health, against 17 per cent of the general population. In terms of the most severe mental health needs, people who have slept rough are over 15 times more likely to have a diagnosis for schizophrenia (St Mungo's calculates that 16 per cent of its clients who have slept rough have a diagnosis for this, compared to a rate of 1 per cent for the general population).

Only those rough sleepers with more severe mental health issues tend to be supported by the NHS, and many have conditions which aren't judged serious enough to obtain treatment. According to the 2011 St Mungo's report, some outreach workers are concerned that cuts to mental health services will mean that "the thresholds to accessing inpatient mental health beds and statutory services have been raised to exclude rough sleepers and those with dual diagnosis". Rough sleepers with dual diagnosis – mental health problems and drug or alcohol addiction – are particularly prone to being denied appropriate treatment, as some statutory mental health services will not engage with users of drugs and alcohol, leaving people with dual diagnosis in catch-22 situation, as they may be unable to tackle their substance abuse without receiving prior help for their mental health problems. Practitioners found that some of the original RS205 cohort had such major mental health problems that they no longer know what they want, and it can take a considerable amount of work to get through to them.

Mental Health problems can lead to rough sleepers damaging their position in rehabilitation by getting evicted from services due to inappropriate behaviour. This is something that staff need to be able to deal with, and a hazard of the job can be coping with verbalised abuse, although this is not recognised by all those working in the field. Clients themselves often have problems benefiting from the services they are referred to: for example, they may be unable to cope with more than one person to go to for help, and appointment-based provision does not always work for clients with personality disorders who fail to keep their weekly one-hour appointment. Identified gaps include:

- The need for psychiatric work out on the streets, as well as provision under the Street Doctor scheme
- Dual diagnosis should be recognised as a multiple need that can be treated, addressing needs simultaneously. 'Dual diagnosis' workers funded by London borough's Drug Action Teams and NHS Mental Health Trusts have had some success in identifying needs.
- No real treatment protocols for dealing with crack cocaine addiction.
- Reductions in numbers of psychiatric beds and decreasing levels of community support could lead to more rough sleepers

## 7.4 Alcohol and drug dependency

Drug and alcohol abuse is often linked in with other instances of problem behaviour, such as offending. The key to success in dealing with this is where the intervention is made and whether the client is willing and/or able to take advantage of an appropriate and high quality personalised service. There is no one way regarding

<sup>14</sup> [http://www.mungos.org/happiness\\_matters](http://www.mungos.org/happiness_matters)



treatment, and a variety of strategies are needed. Drug Action Teams may sometimes be faced with high demand for their services, and can often advise potential clients that they need to move to another borough before they are able to secure treatment.

## Harm reduction

Damage limitation and reducing harm is often seen as a more realistic outcome in treating rough sleepers for substance abuse and addiction than an insistence on a 'cure'. Whilst there are certainly examples of curing various substance addictions, a focus of much work in this area is on minimising harm by putting a strategy in practice and having outcomes that are appropriate and achievable.

- For alcohol, a first step in treating clients might be simply to getting them to lower the content of the alcoholic drink they consume, eating breakfast before drinking, or taking vitamin B supplements.
- For drugs, this might be in supplying clean needles to prevent infections.

## Rehabilitation

Attachment to a drugs programme can be seen as maintenance, rather than an attempt at rehabilitation, and although this is tempered by the recognition that it can be near impossible for everyone to get clean, there is also concern about the lack of significant numbers of clients that come through treatment.

- Intensive treatment such as the One Day at a Time quasi-residential drug and alcohol recovery programme run by Hope Worldwide provides six months of structured rehabilitation for addicts with low mental health needs, with priority for LB Lambeth residents.

## Changes to health service commissioning

With the separation of commissioning from the provision of health care, PCTs have divested themselves of their community health services roles, which in London have transferred to a number of mental health and acute trusts. Commissioning has been organised on a 'cluster' basis, with each cluster comprised of a number of local authorities, and from March 2013 when PCTs are abolished commissioning will pass to the NHS Commissioning Board (commissioning GPs, dentists, some population public health services such as screening and some specialist health services), local authorities (commissioning public health services, including alcohol and drug misuse services) and Clinical Commissioning Groups (commissioning the majority of community, mental health and acute health services).

This division will possibly exacerbate the issues already identified of a lack of commissioners' knowledge and capacity around homeless health trends and needs, and pose a risk that the importance of homelessness is diluted as an issue within the Clusters. Cracks emerging in the new commissioning landscape include a perceived difficulty in commissioning services such as the case-finding and treatment TB van service.

## 7.5 Building social capital and membership of positive social networks

Activity aimed at helping rough sleepers develop personal skills, build social capital and participate in positive social networks has increased in prominence in recent years, and achieved greater recognition as a means of helping exit the streets. Rough sleepers are commonly thought to have a range of personal problems that negatively impact on their ability to function effectively in mainstream social and economic life, particularly in relation to employability and independent living and sustainable maintenance of a tenancy. Collectively known as 'soft skills', these can include low levels of confidence and self-esteem; poor communication, literacy and numeracy skills; a lack of life skills needed for independent living, such as around budgeting and time-keeping; and low levels of membership of positive social networks.

Key to building these changes is to effect a behavioural change in the rough sleeper's attitude and outlook. Research by the ESRC<sup>15</sup> found that three factors are key to changing people's behaviour, and that they can have important beneficial effects, with changes producing a noticeable difference in someone's intentions and behaviour around 60 per cent of the time. These factors are:

- Attitudes: a belief in what will happen if they act in a certain way.
- Social norms: what they think other people do or what they think they should be doing.
- Self-efficacy: how confidence they are in doing something and how much they believe in themselves.

Activities that try to change these factors can be invaluable in helping rough sleepers to move away from negative social relationships that may be rooted in a street lifestyle and towards membership of more positive, self-reinforcing networks. Organisations working with rough sleepers all agree that positive relationships with others are important in moving and sustaining a move away from homelessness. Research by CLG into Homelessness and Friendship<sup>16</sup> found that homeless people tend to have some friendships, often with people they have met through their homelessness journey, and maintained some family contacts, although the frequency and depth of contact varied widely. Rebuilding old friendships and making new relationships was overwhelmingly popular, although concerns existed on various levels, and feelings were more mixed about rebuilding relationships with family members. However doing new things and activities was seen in a positive light, with the main motivating factors being to meet new people, increase knowledge, skills and confidence, pass the time and alleviate stress

Findings from the research, from both service users and support workers suggested that supporting clients in building new friendships and re-building old relationships was not a core activity provided by housing support services. This could be because:

- The roles of workers may be too restricted, focussed more on practical matters than on the emotional needs of clients, and supporting people in

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<sup>15</sup> Sheeran, P (2005) *Does Changing Attitudes, Norms or self-efficacy Change Intentions and Behaviour*, ESRC

<sup>16</sup> <http://www.communities.gov.uk/documents/housing/pdf/490303.pdf>

building social networks is not often a feature on support plans or the duties of key workers. Work done in this area is likely to be unstructured and unrecorded.

- Support workers may not have the counselling and relevant interpersonal skills required to explore some of the underlying behavioural and attitudinal issues facing clients, and they will require referral to another agency or service.
- The provision of individual, person-centred services offering emotional support in building social networks is mixed and uneven, and whether a service user is offered intense support can often be down to chance and referrals based on factors such as good staff awareness of the need for such support and the availability of services.

Services themselves need to help support clients in building new relationships, which can be a daunting prospect for those used to isolation or the friendship circles of the street. This can involve:

- Befriending services to help clients identify appropriate new activities and groups that they could join and get involved with, with companionship provided by volunteers or former service users
- Mentoring help for those who feel that aspects of their current behaviour is a barrier to making new friends and getting involved in groups
- Counselling services, and Cognitive Behavioural Therapy can help clients cope better with past events and traumas, helping resolve inappropriate or anti-social behaviour and enable people to have an insight into why they behave in the way that they do, as well as helping provide an insight into how their behaviour can impact upon others.

Social and cultural activities can be useful in engaging people who may be cautious about becoming members of new groups. Many organisations exist that seek to provide opportunities to be involved in sporting, artistic and cultural pursuits. Streetwise Opera runs weekly singing workshops in Day Centres across the country, giving clients the opportunity to engage in an enjoyable, collaborative group activity through singing together, as well as staging professional productions involving homeless people. Over 300 people take part in its activities each year, which can help build confidence and self-esteem, and change behaviours. For example, as a result of being involved in a Streetwise Opera production, 40 per cent of homeless singers said that they got back in touch with old family and friends.

## 7.6 Employment

Employment is a key means to a sustainable move out of rough sleeping and the street lifestyle, and into mainstream society. Over three quarters of homeless people say they want to start a job straight away, rising to almost 100 per cent who want to have paid work eventually.<sup>17</sup> However, many of the more entrenched rough sleepers and those experiencing multiple dimensions of exclusion are unemployed, and pose considerable challenges to the statutory arrangements designed to help them into

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<sup>17</sup> A Review of Single Homelessness in the UK 2000-2010, Crisis, 2010

the labour market, as evidenced by less than 5 per cent of people living in hostels are in paid employment.<sup>18</sup>

Literacy and basic skills are important but do not preclude gaining employment, nor are qualifications, as around 5.2 million people (16 per cent) of adults in England are 'functionally illiterate'<sup>19</sup> and one in seven of UK working age adults has no qualifications<sup>20</sup>. Some providers have argued that many rough sleepers have the same literacy and numeracy skills as the general adult population. Of more relevance to employability might be the need to find out if the client has ever worked, and if they come from families who have an employment history. Many rough sleepers are capable of work, but may find themselves stuck in volunteering situations.

However, evidence suggests it is also one of the most time-intensive areas in which to achieve good success rates. Crisis believe that:

- An average rough sleeper will require a minimum of 18 months of intensive support to achieve sustainable employment. Many of the proposed cohort will have higher and more intensive support needs, and a further distance to travel before they can become job ready, or even what the Crisis Review quotes as 'Jobcentre Plus ready'.
- The cost of employment support and job outcome ratio can be high: Crisis and OSW suggest a job outcome achievement rate of 15%.

Some homeless people suffer from a range of barriers to employment, many of which interact with other, which New Philanthropy Capital categorises as:

Personal barriers, such as:

- poor personal or 'soft' skills, low self-esteem and lack of motivation – which can be compounded by a lack of support and encouragement
- limited employment history
- health and substance abuse problems (where clients have more debilitating and immediate problems and needs than seeking employment)
- practical problems caused by a living in poverty, such as lack of appropriate work clothes, limited IT skills and access or lack of bank account.

Structural barriers, such as:

- fundamental problems posed by the benefits regime (eg the 16 hours per week rule), as it is not designed to support people who might be in and out of employment on a regular basis, let alone those in and out of accommodation; and reductions in Housing Benefit when becoming employed, which can lead to increased service charges for hostel residents;
- a labour market that might be prejudiced against rough sleepers, as well as a lack of support during employment to help sustain the client in their job

Service barriers:

- there is little specific help and support targeting rough sleepers into employment, and the DWP's Work Programme may not take into account the unique needs and problems faced by rough sleepers. After a period, the Work Programme will require mandatory participation for the SIB cohort, and the SIB will have to ensure Work Programme requirements and Prime

<sup>18</sup> <http://www.philanthropycapital.org/publications/community/homelessness.aspx>

<sup>19</sup> <http://www.literacytrust.org.uk/about/faqs#q284>

<sup>20</sup> <http://www.education.gov.uk/rsgateway/DB/SFR/s000562/SFR06-2005v2.pdf>

Contractors do not jeopardise employment and training opportunities negotiated under the SIB.

## Employment opportunities

Many homelessness organisations seek to correct a perceived disconnect between policy makers and service users by employing ex-service users through a social enterprise approach. Significant benefits in terms of creating holistic virtuous circles in working to tackle homelessness can also be achieved through training and employing former rough sleepers in homelessness organisations, such as the leader roles in Barka UK, and organisations such as Thames Reach and Groundswell. Volunteering is another area where charities and homelessness organisations can help rough sleepers develop skills and increase their employability, as well as the provision of 'meaningful activity', which can be beneficial in building soft skills.

## 7.7 Offending and Enforcement

### Offending

With 28 per cent of the cohort having served time in prison, offending behaviour is a key concern. To get an indication of the sort of offending behaviour and history exhibited by the cohort, the London Probation Trusts randomly sampled 330 of the rough sleeper's from the CHAIN data supplied by Broadway and compared that to information on the LPT's own database, Delius. It found that of this sample, 142 (43 per cent) had been in contact with the LPT, generating separate pieces of work for the LPT as a result of offences or breaches.

12 main types of contact events recorded in Delius			
<b>Community order</b> <b>109</b>	Adjourned for court report 48	Fine 30	Imprisonment long term over 12 months 37
<b>Community Rehabilitation order</b> <b>43</b>	Suspended Sentence Order 53	Conditional Discharge 23	Imprisonment Short Term under 12 months 167
<b>Community Punishment Order</b> <b>12</b>	Breach of Suspended Order 7	Breach of Community Order 8	DTTO 5
<b>Source: London Probation Trust</b>			

In total, 63 rough sleepers received 109 Community orders, and the highest number of community orders received by one offender was five. Of the 330, 80 rough sleepers served 167 short term prison sentences.

Main types of offence			
<b>Breach of Suspended Sentence Order</b>	Stealing from shops and stalls – shoplifting	Resist or obstruct a constable	Breach of community order
<b>Breach of ASBO and interim ASBO</b>	Assault on police officer	Threatening behaviour	Criminal damage

<b>Causing affray</b>	Assault occasioning actual bodily harm	Class A possession	Other class B having possession with intent to supply
<b>Other theft</b>	Burglary	Common assault	Disorderly behaviour
<b>Threatening behaviour</b>	Racially aggravated harassment		
<b>Source: London Probation Trust</b>			

Only those who received prison sentences of 12 months or longer are monitored by the LPT after leaving prison. As most sentences are short term, upon discharge they are more likely to slip through the net and end up back on the streets, as there is no one to work with them after they are released.

## Enforcement

The Metropolitan Police Service defines 'rough sleeping' in community safety terms, and current police strategy is to help tackle the problems of vulnerable homeless people by working closely with voluntary organisations and other partners. However, there is no duty on officers to refer rough sleepers to a hostel or any other services providing care or treatment, although officers will refer rough sleepers to agencies for help.

Enforcement activity is defined as policing and partnership working focused on criminality and anti-social behaviour associated with the street population. The MPS's Territorial Policing has a range of tactical options available to address rough sleeping, and flexibility exists to enable Borough Commands to develop their own strategies. This means that the local focus of enforcement is often down to a borough Inspector or Sergeant in command of a Safer Neighbourhood Team, and this can vary from area to area with some paying more attention to work in this areas than others.

Officers have potential use of Sections 3 and 4 of the Vagrancy Act 1824 to call on, although legal counsel and the courts advise against its use, but which enables someone who is rough sleeping to be arrested if:

- there is a shelter nearby which the rough sleeper is aware of,
- the rough sleepers makes a habit of sleeping on the street despite having been offered a place at a shelter
- the rough sleeper has caused damage or looks like they are about to commit a crime

Police tactics include:

- targeting rough sleepers known to be committing crime
- working to reducing anti-social behaviour through high visibility patrols of rough sleeping hotspots
- Partnership working with local authorities and voluntary organisations, including joint patrols with mental health outreach teams
- Reconnections, hostel referral and joint-working with UKBA in targeting non-UK rough sleepers eligible for removal
- Action against begging. Rough sleepers can earn significant earnings from begging, which together with drug and alcohol abuse can be an incentive to stay on the streets and maintain a street lifestyle



In some localities enforcement activity is recognised as having been particularly effective, such as in Camden or in the City, where Operation Poncho focussed robust intervention at the most entrenched rough sleepers but which attracted negative media coverage. Other boroughs actively use Anti-Social Behaviour Contracts or Agreements or Orders, which it is felt can be effective for some rough sleepers, although securing an ASBO was seen as a time-intensive and bureaucratic process that can result primarily in displacement.

Among those interviewed there was often a perceived lack of co-ordinated enforcement mechanisms and disruption activity on the ground, and whilst there was evidence of good partnership working between boroughs and the individual Safer Neighbourhood Teams, it was felt that there was a lack of a consistent approach across London. Enforcement activity is an example of how sustained, effective action in one local area can produce positive results in that locality but which also serves to displace it to a neighbouring borough.

## 7.8 Non-UK nationals reconnection and removal

With non-UK nationals comprising around half the cohort, and a quarter from A10 nations, it is clear that a significant focus of the SIB will be on work to reconnect them with their home nations. Where it is safe and legal to do so, reconnection in a planned fashion to an area or country that the rough sleeper has a connection to or originates from can be the best option, the only legal offer and the most effective way of enabling vulnerable rough sleepers to leave the streets.

Many of those who moved to London to seek employment failed to find work, whilst others have failed to remain in employment, and a significant number are unable to work due to poor health, substance abuse or mental health issues. Other members of the cohort may be illegal immigrants, who have overstayed on visas or are failed asylum seekers, and others will have been given leave to remain in the UK but become destitute as they have no rights to employment or access to public funds, and all will have difficulty establishing a local connection.

For EU nationals who are homeless, the UKBA can 'administratively remove' those who have stayed over 90 days but less than five years who are not exercising their Treaty obligations (being self-sufficient, working, self-employed or a student) if it is seen as not being an excessive action. The issue is complicated by the Habitual Residence Test, meaning that all European Economic Area nationals (including the A8) can access some welfare benefits if they can prove they are resident and seeking employment. Furthermore, after five years living in the UK (or only two years if they are unable to work) EU citizens can gain permanent residence, and those nationals who have been defined as 'stateless' and have no route to return can apply for a right to reside in the UK and access public services.

The primary or default service offer has focused on voluntary repatriation, or reconnection to their country of origin. With Westminster the central location of choice for non-UK rough sleepers, the council in conjunction with CLG and working with the MPS and UKBA established a pilot project to primarily focus reconnection



efforts on CEE rough sleepers and other non-UK nationals liable to deportation. Operation Ark commenced in April 2010, and by mid-June 2010 UKBA had served 116 individuals with 'minded to remove' letters and 40 immigration decision notices under the pilot scheme, and had removed only 13 individuals. Whilst funding ended for the pilot in May 2011, with a limited extension to June 2011.

## UKBA

In the public spotlight as the agency responsible for securing entry and exit into the UK, the Border Agency's performance in efficient removal and deportation of those ineligible to stay in the UK but who are reduced to living destitute on London's streets has been criticised as poor by many participants in the Young Foundation's research. Every local authority has a UKBA co-ordinator and two Local Immigration Team officers but capacity on the ground to effect removals and reconnections appears limited. Whilst No Second Night Out, the Thames Reach Reconnection Service and the Barka agency have had considerable success dealing with non-UK flow, a reboot or an extension of Operation Ark, with a renewed, co-ordinated focus on non-UK rough sleepers by the UKBA, MPS, local authority partners and outreach workers is essential if the state is to get a grip on non-UK rough sleepers who are currently at risk of becoming further entrenched on the streets.

## London Reconnections Service

Working across London, the Reconnections service run by Thames Reach currently works only with A10 nationals, but from April 2012 the service will be extended to all EU citizens. Aiming to reconnect around 60 clients per quarter, in the first year of operation 400 were reconnected. The service is open access and available to all who wish to reconnect, not just those who are free from substance abuse, and referrals are possible online. With the team comprised of only ten workers, speaking a variety of languages, the greatest challenge facing the service is over-capacity – or under-funding.

London Reconnections works closely with partners such as NSNO and Barka, and also has a strong relationship and an agreed protocol of practice with UKBA, who help with cases of administrative removal. When UKBA remove a foreign national they are only given a travel ticket and no further support, but the Reconnection Service works with contact with family, friends or support services in the client's homeland in order to prevent reconnecting them in a state of destitution. A worker from Thames Reach accompanies them on the journey and travels with them to their accommodation, following up contact a week later with a phone call and then usually maintaining contact for a further three months.

The average cost of reconnection is £300-£400 per individual, although if detox costs are included (seven day UK detox prior to reconnection then seven day rehabilitation in the country of origin) the cost rises to £1,800, although in the last quarter this way only 3.5 per cent of the client cohort.

Thames Reach also run a 'work first' employment programme for CEEs who fit certain eligibility criteria: such as willing to work, eligible to stay, no substance abuse problems and able to speak English. The programme provides support into employment, and a loan to cover one month's accommodation. Since August 2010, 60 clients have entered employment, not all of it in London. However, it only works

with a relatively small cohort, those rough sleepers who have been out on the street for three to six months.

## Barka UK

Barka is a voluntary group, established in the UK since 2007, but working in Poland for the last 20 years, where there are over 70 Barka linked organisations.

Since 2007 Barka has reconnected 1,600 individuals, working across the boroughs of Hammersmith and Fulham, Tower Hamlets, Lambeth, Southwark and The City of London, who help fund them. Barka clients are referred onto their programmes by day centres, Outreach teams and other homeless agencies, who Barka work in partnership with.

The organisation currently has 20 staff, ten of whom are 'leaders' who are ex-service users. The success of the programme is attributed to these leaders, who have a good understanding of the journey of the client and life on the streets, and through talking to them about their past can build up a trusting relationship. Any reconnection must be voluntary, as Barka do not use UKBA or police enforcement, and Barka can offer to help reconnect them, either to their home town or to Barka Community projects in their homeland.

If a client opts for reconnection, they can be put in accommodation three days prior to the move. With good links to the CEE consulates, if a client does not have the correct documentation then an emergency passport can be issued Barka then purchase them the airfare and money for transport from the airport if the Barka community or family are not meeting them. (If they choose to stay in Barka community, they are given a room in a house and the option to be involved in the community work or in a social enterprise, and can stay as long as they like with no pressure to move on).

On average it takes two weeks to one month to reconnect a willing client, although it can take up to a year, and the longer they have been on the street, the longer it takes for them to accept a reconnection. On average, 80% of clients when first met do not want to reconnect.

In a six month pilot in Hammersmith and Fulham, Barka worked with 98 individuals with funding of £20,000, averaging about £200 per client. In the joint pilot in Tower Hamlets and the City of London the services cost £70,000 and 101 clients were reconnected, with an average cost of £700 per individual reconnected. The success rates are high: of the 1,600 reconnected, only 2% have returned to their past homelessness lifestyle in London, which usually happens within a couple of months of the initial reconnection, and is when the individual has been returned to their family home, not the Barka community. One gap in the service is that Barka do not work with clients who have alcohol problems, which excludes a significant number of CEE rough sleepers.

For those CEE clients who are eligible to remain in the UK and exercise their Treaty obligations, Barka's Social Economy Centre in Tower Hamlets is currently working with ten A8 Nationals (seven Polish, two Lithuanians and one Latvian) in order to get them employment ready. This involved ongoing work with a therapist, psychologist, job advisor, and enterprise development worker. The centre also offers assistance accessing social housing.

## 8. Identifying long term goals and outcomes

The overall goal of the intervention is to move members of the cohort off the streets and move them on towards sustainable, independent living. This involves meeting a number of key outcomes, which sit beneath the overall long-term goal, and which taken together collectively help to meet it.

### 8.1 Achieving Outcomes

#### 1) Improved outcomes in the reduction in rough sleeping

This is the primary outcome indicator for the cohort. It is inextricably interlinked with other outcomes, and is fundamental to the SIB meeting the needs of the client

#### 2) Improved outcomes for moving into settled accommodation in and out of London

Action under the SIB must incentivise a genuine move out of the homeless category and into a sustainable form of tenancy or alternative accommodation - not becoming 'hidden homeless'. This could be through making use of Clearing House accommodation, the PRS sector, participation of trials of the Housing First pilot, as well as reconnection to areas outside of London, and the UK.

#### 3) Improved outcomes through better and less chaotic access to healthcare

Underlying physical, mental and psychological health problems, as well as substance abuse and addiction are key underlying cause of rough sleeping which can be compounded during time on the street. Primary care and providers of drug and alcohol treatment will have a crucial role to play in meeting the immediate health needs of those brought in and during the length of the SIB intervention. The key to this will be to make sure that clients are getting the appropriate care and treatment to which they are entitled, when they need it.

#### 4) Improved outcomes for reduced offending

Robust enforcement will be an integral part of the approach to tackle the more entrenched members of the cohort, co-ordinated alongside assertive outreach work that will reinforce the new offer and make clear that remaining on the streets is no longer an option. Such action will also impact upon on any criminal activity and anti-social behaviour that members of the cohort could be responsible for. By getting a grip on the needs of the client, and aiming to break the cycle of rough sleeping and offending that some of the cohort are at risk of, offending behaviour for the sake of survival should be reduced.

## 5) Improved outcomes for membership of positive social networks

Developing a non-harmful social life, often through membership of social networks away from the street, and providing informal and referrals to specialised support can help build levels of resilience, tackle isolation and enable clients to cope with events in their lives that do not result in abandoned accommodation and a return to the streets.

## 6) Improved outcomes by increased employment

The individual impact must primarily be about helping the client access and continue to benefit from appropriate training and learning opportunities and job programmes, and supporting the client when they are able to enter the job market and during early stages of their employment.

## 6) Improved rates of reconnection, administrative removal and deportation

Although not specified as project outcome, of critical importance for the SIB to be successful is the qualitative and quantitative improvements in reconnection and removal work of illegal immigrants, those members of the cohort who are here illegally, have no right to remain in the UK and those CEE with less than 5 years residency who are failing to exercise their Treaty obligations.

# 8.2 Clarity over assumptions and delivery principles behind the goals

## Assumptions

A number of assumptions need to be made and factored into the design and operation of the SIB for it to have a chance of success.

- The GLA's strategic citywide lead through the RS205 and NSNO initiative has recognised the need for pan-London interventions, multi-agency collaboration and suspension of some local regulations.
- Some of the cohort members may not establish contact with the programme throughout its duration, and some may disappear only to reappear later or not at all.
- Some will not wish to engage with the programme, and sustained effective enforcement activity will be needed to reinforce the notion that staying out on the streets is unacceptable.
- For those clients with non-recourse to public funds, non-UK nationals who are here illegally, and EEA citizens who are not exercising their Treaty obligations the focus of the intervention will have to be reconnection, administrative removal or deportation.

- Success is dependent not only on the capability and performance of the client-facing staff employed by the programme, but is also co-dependent on the co-operation, support and goodwill of local authorities, agencies and service providers, as the project aims to influence how these actors respond to meet the needs of the client.

## Delivery principles

- 1) A small team manages the SIB programme, and oversight is provided by a Board with sufficient authority to make things happen.
- 2) Proactive outreach work by outreach workers and use of NSNO-style “place of safety and assessment” to which clients are escorted and assessed.
- 3) A clear offer is made to each member of the cohort, dependent upon the status and needs of the client:
  - On going and sustained help, support, advocacy and brokerage to access appropriate accommodation, treatment, behavioural change services, employment and reconnection for UK nationals.
  - Help with immigration issues, reconnection or administrative removal for those ineligible for recourse to public funds or without leave to remain, or those eligible CEE clients who refuse to exercise their Treaty obligations.
  - Help with treatment, behavioural change and access to employment for CEE clients who decide to exercise their Treaty obligations.
- 4) In tandem with the offer, sustained and targeted enforcement against those who choose not to engage.
- 5) A Navigator is assigned to each client, who is responsible for formulating a care package for the client, negotiating access to services, and is responsible for acting as a single point of contact on behalf of the client, providing a ‘grip’ and point of support for their journey through the system.
- 6) Processes put the client at the centre: intervention under the SIB is predicated on a proper understanding of the clients’ needs, through a thorough and ongoing needs assessment, and the creation of a comprehensive care package, which uses Action Planning processes. It is not a highly prescriptive, ‘one size fits all’ intervention, but rather a framework for negotiating and providing tailored, personalised solutions.
- 7) Content of service provision is based around asking clients what they want: where they may want to live, whether a personalised budget would be useful as part of a move away from the streets and if requests are appropriate and feasible then working to try to meet them.
- 8) A shared commitment to partnership working to deliver the SIB goals across the homelessness sector, and the subscription to and promotion of the offer.

## 9. Understanding the preconditions to meeting the long term goal and outcomes

In attempting to understand these preconditions it is initially necessary to find out what works in terms of getting rough sleepers off the streets, and helping them move back into mainstream society. Findings from numerous pieces of research suggest that changing personal attitudes and behaviour and securing access to relevant, responsive services are two critical success factors in helping exit the street - which interestingly mirror the individual and structural causes of rough sleeping highlighted above, and which of course are interlinked and mutually reinforcing.

### 9.1 What works: turning points

Amongst professionals and service users there is unsurprisingly no consensus around a single type of intervention that can 'solve' the problem of rough sleeping. Various interventions work well for some individuals but not for others. Conducting a peer research project as part of a study to build the case for the ESRC programme into MEH, the homelessness client involvement organization Groundswell identified one of the gaps in homelessness research as a gap in the 'evaluation of what works'. The picture of what works is opaque at best, with conflicting accounts of the benefits of provision. This section draws heavily on their findings.

As part of its participatory research study of 'escapees' from homelessness and their friends, partners, children and workers<sup>21</sup>, Groundswell discovered that some interventions had the opposite effects on people, giving the example of where gaining access to a hostel after a period on the streets was a positive turning point for some people, but for others signalled falling further along a downward spiral. What is commonly shared among homelessness professionals and service users alike is recognition of the need to adopt a personalised approach for each individual rough sleeper, and that the committed support of a key worker can be crucial. The Groundswell report identified seven key themes that can function as significant turning points and provide support to escape homelessness. These are:

#### 1) Being involved in a group activity.

Training, volunteering and group work gave people additional insight into activities beyond their usual existence, and helped build social capital. Benefits included increasing self-worth and self-confidence, relief of boredom and finding structures, direction, and a sense of belonging and control over their life.

- Group work, such as therapeutic group interventions like Cognitive Behavioural Therapy, was particularly welcomed by ex-homeless clients, and the report highlighted research which found it was useful in supporting personal development, practical skills, and increasing trust between clients and workers.

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<sup>21</sup> Groundswell UK (2010) *The Escape Plan: A Participatory Research Study*, London: Groundswell UK

- Volunteering enabled people to 'give something back', thus enhancing positive feelings of dignity and self-worth, volunteering also served as a route into employment.
- Training involved learning new skills, often via a new, positive learning experience, that included meeting new people and exploring new aspects about themselves and their lives.

## 2) Changing your attitude towards yourself and others.

Overcoming pride in asking for help, trusting people and being honest with themselves and others, particularly service workers, created conditions for fostering hope and helping making positive things happen, which in some cases was manifest through a spiritual awakening and seeking forgiveness.

- Taking responsibility for themselves and realising that they were the key agents for changing their predicament was seen as a significant turning point, which involved making the most out of the support and help on offer, self-motivation and escaping from any sense of dependency.
- Learning to trust others, particularly workers, is an essential component of the journey out of homelessness, and emphasises the importance for service providers of building trust with their clients, as well as recognising that this can be a slow and time-consuming process.

## 3) Hitting rock bottom.

Reaching a place where they could not continue from and a recognition – or epiphany - that things could not continue as they are.

- Unique and different in nature for each participant, and sometimes linked to philosophies in the treatment of substance abuse, a recognition that some people had to hit rock bottom before they could end the downwards spiral and begin changing this lives.

## 4) Workers and services.

A good worker can have a significant impact and make the difference in helping the client exit the street. Characteristics included "one that will go the extra mile, stick with people, utilise their personal experience, challenge, encourage, believe it, value and care".

- Crossing 'professional boundaries', with workers going beyond what was traditionally expected from them as a service providers was seen by some rough sleepers in a study as a measure of how worthwhile they were. Such boundaries reflect the nature of the power relationship between worker and client, and crossing these can signal a shift in this relationship, such as a move to becoming an ex-client, the acknowledgement of which by an agency was considered important to the user.
- Sticking with people, being there at the right time and having someone there to turn on a consistent basis was highly valued, and contrasts with some 'staged' approaches to support, whereby clients received the services of new workers at different parts of their journey.



- Clients becoming workers can enable the service delivery organisation to harness considerable first hand experience, with added benefits of clients respecting and valuing workers who had experience of these issues.
- Encouragement and challenge were seen as two spurs to supporting clients as part of a proactive process undertaken by workers. Some clients felt they needed to be challenged more, through a critical friend approach, at the right time in a particular intervention.
- Genuine care, belief and respect was unsurprisingly valued by clients, with key factors being a pro-active approach from the worker and a demonstration of specific care for the individual.
- Receiving praise when clients had achieved something, and asking for their opinions helped create and sustain positive views about themselves, and was perceived as a sign of regaining dignity.

## 5) Peer perspectives and client involvement.

Benefiting from the perspective of peers, both formally through peer mentoring or informally was seen as important, with client involvement programmes serving as a means of self-development and as a way to give something back.

- Formal involvement of peers can help broaden horizons for people stuck on the streets and offer different perspectives, someone to relate to and serve as a role model, inspiration or a source of challenge, although in the literature this work can be seen as limiting or tokenistic, with the recommendation that it should be considered carefully before formal schemes are established. Informal peer support through networks was perceived by some users positively, and more valuable than official mechanisms, while others, including the supported housing sector, viewed them in a negative light.
- Impact of client involvement on individuals and service users can be wide-ranging, as highlighted in the former ODPM Supporting People guide to involvement<sup>22</sup>, and numerous other reports. Benefits for clients from contributing to collective activity can include personal development on a number of important levels, as well as helping generate resistance to negative peer pressures. For services, the perspectives of users can be invaluable in helping improve services through providing insights into what does and does not work, and as Groundswell found from its previous studies<sup>23</sup> can "help to lessen the 'them and us' attitude that can happen between clients and workers"

## 6) Recognising the importance of social networks, friends and family.

For some, this meant maintaining current networks, whilst for others it was re-establishing old family and friendship relationships and for others the vital difference lay in finding new friends and social groups.

<sup>22</sup> <http://www.housingcare.org/downloads/kbase/2577.pdf>

<sup>23</sup> <http://www.groundswell.org.uk/documents/BeingSupported.pdf>

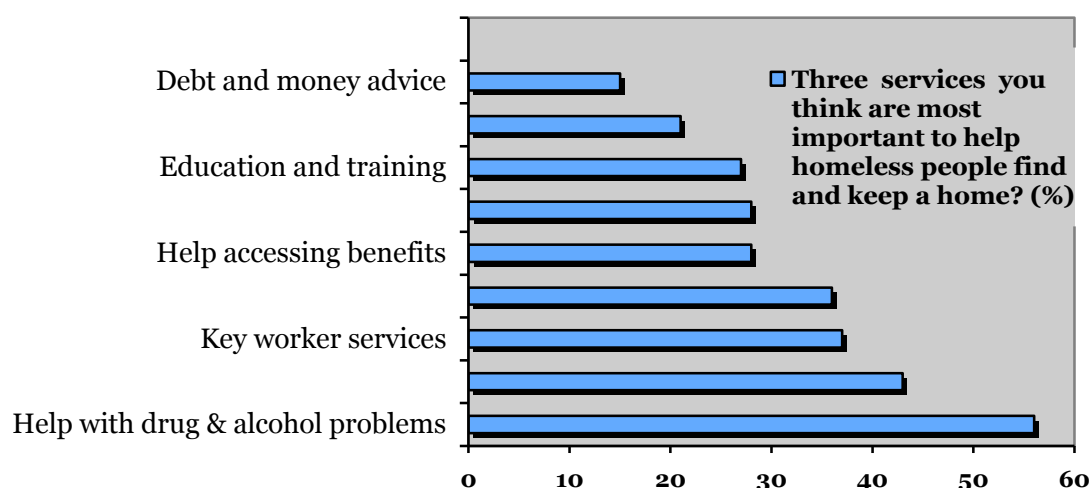
- Healthy relationships with others was seen as fundamental to exiting from and remaining off the street, with the report pointing to loneliness as the most common cause of tenancy breakdown. The importance of developing social networks in order to fulfill emotional needs is highlighted as a support need that has sometimes been overlooked by agencies, and engaging in group activities and volunteering was seen by participants as key to meeting new people away from the street.
- Maintaining links, or mediating and reconnecting with family was felt by many to be important, and could serve as a motivating factor, and it is argued that providing support for clients to be in touch with their family should be a key part of a worker's role.

## 7) Coming to terms with the homeless experience.

Although some viewed the homelessness experience as entirely negative, others saw some positive aspects of life on the streets, such as the camaraderie, and the need to begin by building on some of the skills obtained through homelessness, such as resourcefulness and resilience. This approach is endorsed by some of the charities working in the field, such as SHP, who have a starting point that seeks to build on strengths and skills that people already have.

- Dealing with the 'homeless' identity and the label of a 'homeless person' was a contentious issues, with some finding it hard to move away from, and the distance one needed to move on from the homeless community or whether it was something to embrace.

These results tallied with the responses from Shelter's 2007 survey. In attempting to find out what services homeless people need, Shelter asked 239 of the 257 respondents (93%) to select three out of nine services as being the most important to helping them find and keep a home.



Source: Reaching out, Shelter, 2007

## 10. Backwards mapping of the steps needed to take to achieve success

The *Escape Plan* recommendations from Groundswell are of considerable relevance whilst looking at the steps that are needed to achieve success for an intervention aimed at supporting rough sleepers from exiting the street, and correlate with many of the recommendations that emerged from the Young Foundation interviews and workshops. The recommendations relate to clients, service delivery organisations and to local authorities.

### Clients

- Involvement in group work, regular activities and volunteering

### Workers

- involving peers in supporting clients;
- taking a pro-active approach to involving clients in activities that are open to the general public and not specifically available to the homeless community
- practical encouragement for clients to develop social networks
- Helping support clients come to terms with their homeless experience

### Services

- Removal of artificial boundaries restricting staff from forming positive relationships with clients and enabling them to 'go the extra mile'.
- Retention of staff to ensure building relationships and continuity of work and clients, enabling service users to continue working with staff across teams, organisations and agencies.
- Recruitment of staff should test for core competencies of empathy, good communication, the ability to challenge and believing in people's potential

### Local authorities

- Cross-authority and cross-service working to enable clients to maintain relationships and continue working with staff they trust

### 10.1 Gaps in policy, provision and delivery

Building on the literature reviews and interviews and workshops with practitioners and service users, a number of gaps in policy, service provision and service delivery were identified that served to hinder members of the cohort progress from the streets, or which resulted in sleeping rough and a street lifestyle being more attractive than any alternative offers of accommodation or support.

## Policy gaps

- Removal of Supporting People ring fencing results in a disincentive for local authorities to provide excellent services for rough sleepers: fear of becoming a 'magnet' for those seeking better provision.
- Commissioning of services with an emphasis on a 'local connection' can result in attempts at gaming the system, or outcomes detrimental to rough sleepers
- Competition between providers can foster sense of commercial sensitivity as opposed to co-operation and partnership working

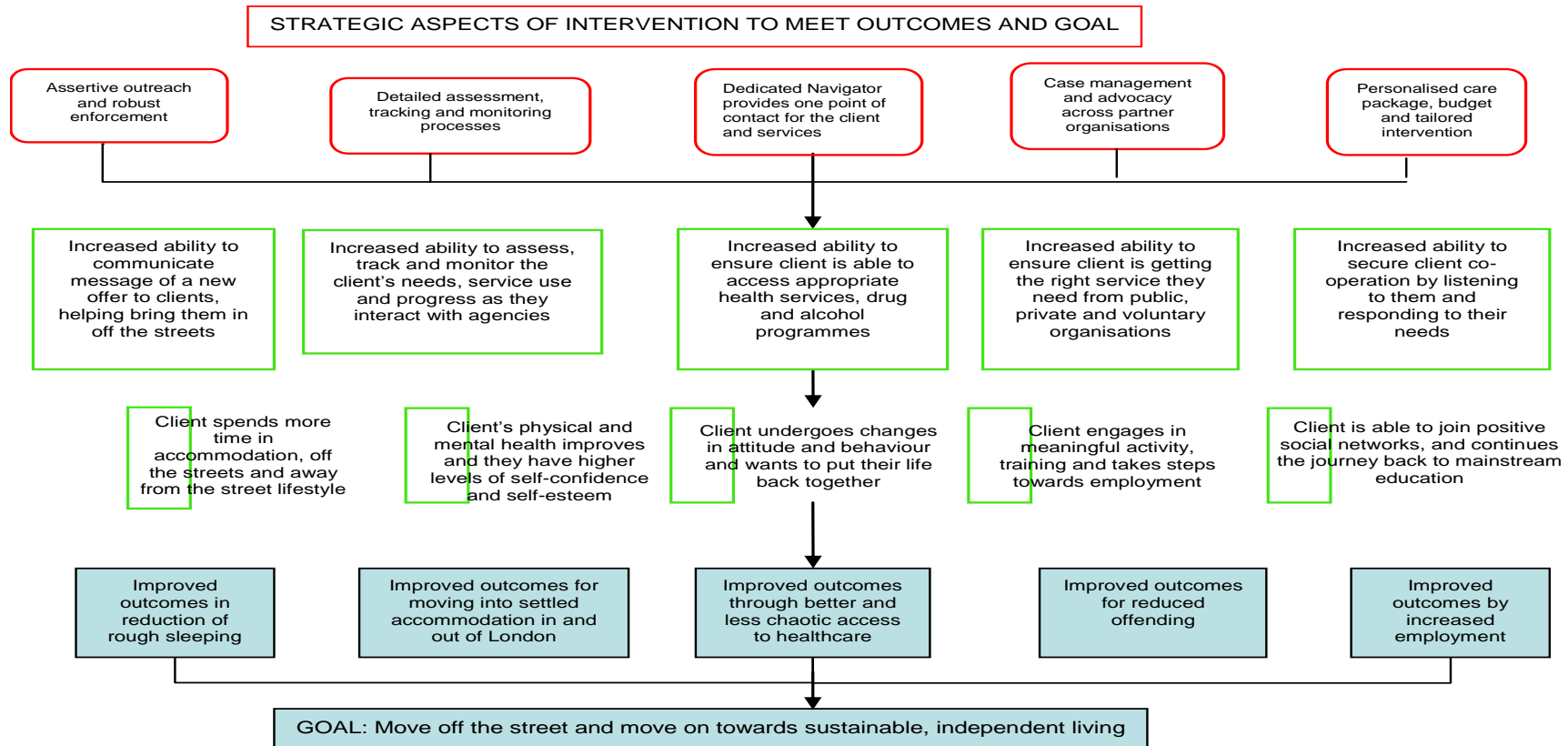
## Services gaps

- Advocacy roles
- Current service is piecemeal, of varying quality and effectiveness
- London Reconnections service is overcapacity
- Lack of drug and alcohol support services, with more outreach work by alcohol and mental health
- Whilst BARCA caters for abstinent foreign nationals, there is a lack of support for CEE alcohol users unwilling/unable to abstain
- Responsive and specialist mental health services: for low level mental health, dual-diagnosis, PTSD
- Psychological interventions not well embedded, particularly around treatment for anger management
- Lack of housing for ex-offenders: for category 1 and for those receiving custodial sentences of less than 12 months
- Specialist advice, advocacy services and ongoing support, eg around housing, welfare, debt, employment, training, accessing PRS accommodation
- Building resilience, soft skills and positive social networks
- Lack of specialist forensic accommodation services for intense and complex support needs

## Delivery gaps

- Lack of a 'grip' on those at risk of entrenchment
- Poor co-ordination, tracking and monitoring of a client's interaction with services and organisations.
- Fragmented response of service delivery and lack of holistic approach to meeting interlinked and multiple needs
- UKBA reconnection, administrative removal and deportation
- Co-ordinated and sustained police enforcement

### Theory of change diagram showing the backwards mapping from goals



## 10.2 Formulating outcome indicators - defining success

Questions exist around the difficulty of defining or answering the core question of what constitutes having 'successfully moved on from homelessness'. Significant challenges exist around the complexity of measuring outputs and outcomes, how to attribute success, and issues regarding the lack of recording and monitoring of client interactions with services. Metrics used by homeless organisations include:

- Positive moves on, aiming to capture the number of planned moves (but which can include anything other than an eviction).
- Numbers of tenancies sustained, which is often used for measuring floating support and is measured on a longitudinal basis.
- Number of people in education, training or employment.
- The Outcomes Star, designed by LHF and St Mungo's, in order to capture 'soft' outcomes.

Like by like comparisons across the sector and between organisations is difficult, however, as there is no common baseline. Participants in the Groundswell research eschewed the definitions used in some of the literature on homelessness, such as 'independent living' or having sustained a tenancy for a certain period of time, and came up with a cautious set of criteria - of which at least four should be met in order to have moved on. These are that people:

- 1) should feel they have control over their personal finances.
- 2) want to be part of a community outside of the homeless community and have taken steps to achieving this.
- 3) feel their accommodation is now their homes and have made some kind of investment in it or purchases for it
- 4) feel some kind of stability in their accommodation, and that is not going to be withdrawn from them
- 5) are able to face their issues, and if they use services they are not just homelessness ones
- 6) feel that they are no longer simply surviving, but are involved in things that go wider than themselves
- 7) no longer see the worst in others nor expect others to see the worst in them.

It is essential to recognise that working with people to help them out of homelessness can be a long, complicated and time-consuming process, and as the Australian 2008 study recommended is something that funding bodies must accept. There are no immediate or short-term solutions, particularly when dealing with people with more complicated needs or those more entrenched in a street lifestyle.

## 11. Identify appropriate and effective interventions that are within the budget of the SIB

Whilst the RS SIB itself will be *sui generis*, interventions conducted under its auspices will not necessarily be unique. Key learning from the RS205 and NSNO initiatives has been instrumental in identifying some of the factors which have proved successful in tackling rough sleeping at both ends of the spectrum. These factors form part of the framework for responding to the multiple and mixed challenges of the proposed SIB cohort:

- relaxation of rules and regulations
- Pan-London approach
- Empowered case workers
- Named cohort
- personalised action plans
- LA monitoring and scrutiny by GLA and peers
- segmentation of population
- Assessment hubs
- Single service offer

As part of the research, practitioners and service users were asked what they thought was needed to deal effectively with this cohort, some of which reflect the key factors underpinning the approach taken under RS205 and NSNO. These are:

- Improved integration between existing services and better delivery to meet needs
- Proactive support for each service user to support and help articulate what they need, and to sign post to services
- A service that takes as its starting point that everyone is different
- That relatively small personal budgets for each person can be effective
- That we need to remove barriers for this group and make sure they can access services on the same basis as the 205 group
- A way of making statutory agencies feel accountable for this group
- That more needs to be done to help to create and maintain positive social networks; that peer support is vital.
- That access to specialist drug, alcohol and mental health services needs to be improved
- That there needs to be effective enforcement from UKBA & police, alongside effective reconnection services and legal advice
- That the new programme needs to work across all boroughs but not be borough based

Interviewees also responded with a wish list of accommodation provision and services that would like to see the SIB pay for, many of which are too costly for the SIB to deliver, but some of which – such as personal budgets – could be achieved.



## 11.1 A Wish list: what we have been told the SIB could pay for

Accommodation types	Services
<b>A Lodge II</b>	Assistive technology
<b>New Assessment hub</b>	Prohibition of soup runs / Licensing of soup runs
<b>Accommodation provision for couples</b>	Work by UKBA
<b>Purchase of time limited 'taster' flats</b>	Overtime payments for enforcement activity by Metropolitan Police Service
<b>Short-life housing for eligible CEEs who refuse reconnections</b>	Specialist advice and assessment activity, eg debt assessment of clients
<b>Pan-London commissioning service for Housing First type self-contained accommodation with intensive wrap around services</b>	Pan-London language and interpreting services
<b>Specialised forensic accommodation units for those with intense and complex support needs</b>	Pay for long trips away to take people 'out of the norm'
<b>Enhanced tenancy sustainment services</b>	Personal budgets
<b>Practice nurse visiting hostels</b>	Specialist refugee and Immigration advice
	Street Doctor service / spot-purchasing of GP to provide temporary GP registration
	Intervention around faith-based day centres to promote sustainable outcomes for clients

As well as what the SIB should do, the research also pointed to things that the SIB should **avoid** doing:

- Do not reinvent outreach work –something different is needed
- Don't let providers work with the 'easiest' clients only
- Avoid provision with arbitrary geographical focus
- Don't allow enforcement agencies or providers to shift problems between boroughs
- Encouraging provision that sustains life on the streets rather than tackles it
- Don't be overly prescriptive about the way the service is delivered
- Assuming that agencies don't have the potential answers just because these people have been in the system for some time.

## 11.2 An intervention that can build on what works and influence what doesn't

The SIB is not intended to promote competition among providers - rather it aims to foster co-operation and innovation through partnership working on a range of initiatives and interventions and sharing of best practice. With limited resources the

SIB cannot be about re-commissioning a set of new services for such a relatively small cohort: instead it will need to be complementary to existing services, aiming to maximise access to them, and working to identify and meet gaps that exist in levels of provision. Some specialist services may be commissioned should the need present, and spot-purchasing of services on a one-off basis may be appropriate, along with the use of personal budgets.

### 11.3 Navigator role acting as a point of contact for the client and services

The Young Foundation's workshops with service users and homelessness professionals highlight the availability of interventions that work to ameliorate the structural factors of rough sleeping, and those targeting the individual factors. However, time and again, the issue facing service users came down to problems accessing services and insufficient levels of personal support work wherever they were on the journey through the homelessness journey - if they had made any progress on their journey at all.

The UCLH Pathway model of a Homelessness Care Navigator demonstrates the effectiveness of having a professional taking responsibility for the client, holding their hand and helping them navigate their way through local bureaucracies and services in order to obtain appropriate support to meet their needs. By helping link the worlds of inpatient acute care with services on the outside, putting the patient at the centre of a holistic approach and working to negotiate with and influence services the model is an embryonic example of how the public sector can get a grip on the multiple and complex problems that so often challenge services, and which can result in client need being unmet. Set to replicated throughout other inner London hospitals, a similar Navigator role could play a crucial role for members of the cohort who have to date been failed by the current arrangements.

This Navigator role would also help address the gaps that emerged from the Young Foundation's research of how a client was able to obtain help to access the services that can not only treat their presenting need but also support positive self-development and behavioural change. This is often dependent upon good workers on the ground who knew about and who are able to secure this access, and who have the time to work with clients on a regular basis, listening to them, building trust and working to provide their clients with a genuinely personalised service. In doing so, it builds on the success of the City of London and Broadway's use of personalised budgets, where a co-ordinator served as a broker in developing an Action Plan for the use of the client's budget, spending qualitatively and quantitatively more time with each client than was possible for outreach workers.

A SIB Navigator would therefore be a hybrid type of worker whose role is to ensure members of the cohort are able to access the services that are out there and which should be available to them by designing a framework of intervention for each client that ensures they have the appropriate type of support at the right time for them, and enable them to move from a position of chaos and crisis through rehabilitation to stability and progression into mainstream society.

New Philanthropy Capital's 2008 *Lost Property* report uses a linear pathway or staircase model to map out the type of support needed along the stages in time of a client's journey. This simplified model framework can be seen as a diagrammatic

representation of an Action Plan or care package, which would be owned by both the Navigator and client. Without a Navigator in position, a client may be at risk of stumbling at any of the hurdles they face during their journey, as evidenced by the interviews and literature reviews. However, with a Navigator there to support the client along the way they will have a much greater chance of succeeding – and if they should fail at any point, they will be there to help the client pick themselves up and get them back on track.

## 11.4 Personalised approach to help and support through a Navigator

Each client assigned is assigned a dedicated Navigator together with a small personalised budget. The Navigator would serve as a single point of contact for the client and services. They would:

- advocate and negotiate on behalf of the client to get them the services that they are entitled to and which are appropriate for their needs
- spend time with their client to discover what problems need to be overcome to achieve behavioural change, and work on Action Plan that is adopted by the client
- be able to provide their client with a small personalised budget, to help facilitate a move away from the street

Diagrammatic representation of a client's journey and service provision

	CRISIS	STABILITY	PREPARATION	PROGRESSION
Accommodation	Off the street and into direct access hostel	Long term hostels Rehabilitation/detox	Supported housing	Helping people find independent housing Providing floating support
Health	Harm minimisation and addressing immediate health needs Recognition of substance abuse and mental health needs	Addiction and mental health support	Integration into mainstream health care Encouraging healthy living	
Social skills	Tackling low self-esteem and risky behaviour	Increasing self esteem and self confidence Developing personal and basic skills	Building up social networks	
Employment		Encouraging training and employment opportunities	Work experience and volunteering Vocational training Supported employment	Support in external employment

Source: *Lost Property*, New Philanthropy Capital, 2008

The job remit would be wide-ranging, and could be seen as a professional challenge to workers in the homelessness sector. Our research has indicated that the responsibilities could include:

- Someone to talk to one-to-one (with an average time suggested of at least one hour per week), with forward planning of the next meeting and meeting at a convenient time
- Someone to talk to in an emergency, eg through telephone contact
- Someone to build a trusting, respectful and honest relationship (can take up to six months to build this sort of relationship)
- Subjective, personalised approach to support, dependent on need, such as access to specialist services
- Help to build social networks, and signposting to social organisations, activities and places to make friends
- Follow up support once in accommodation (which can be slowly reduced or phased out over time)
- Help with paper work, such as bills and benefits
- Financial support through a personalised budget
- Taking into account the views of the client, not a repetition of offers which do not fit their needs or circumstances

## Assertive outreach and robust enforcement

Evidence indicates that sustained assertive outreach work combined with robust enforcement is a key factor in reducing rough sleeping by encouraging the take-up of services and accommodation, and is best implemented on a partnership basis between local authorities and voluntary providers

## Detailed assessment, tracking and monitoring processes

Early assessment of domicile status and client needs through a needs assessment and health audit. CHAIN data only gives a basic indication of likely need and their past history, and the intervention would need to begin with a thorough assessment of the client's history, past experience of accommodation and employment, and an examination of what experiences had contributed to or helped trigger their rough sleeping history.

- A multi-agency action plan for each cohort member should be developed, addressing their needs and formulating an appropriate offer designed to bring them in off the streets.
- Information on the cohort group needs to be recorded, developed and shared among partners.

## Oversight by an authority body

- Oversight of progress made against each case needs to be monitored by the SIB, with a regular review of individual client progress. Where cases are proving resistance, the SIB should be able to develop additional tactics to focus on each individual: amending the offer as appropriate, tasking key

partners with specific actions and scrutinising performance to ensure they are carried out.

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- Real partnership working across local authority boundaries and between service providers will be crucial to success of the intervention. The development of joint protocols along the lines of Service Level Agreements (eg in relation to prison or hospital discharge) will help to ensure monitoring and support for cohort members is continuous. Where parties are proving resistant, the oversight body needs to have the necessary clout to 'bang heads together'.

## Reconnection, Removal and Deportation

- Proactive reconnection by charities such as Barka and agencies such as the UKBA are essential to ensuring the intervention is able to meet its goals with the limited resources it has available
- Administrative removal and deportation of those ineligible to remain in the UK is a key feature of the intervention, and an expansion of this area of activity will enable Navigator's to focus more of their time on UK nationals, EEA citizens intent on exercising their Treaty obligations and those with the right to remain

## 12. SWOT analysis

STRENGTHS	WEAKNESSES
<b>Ability to learn lessons from HMP Peterborough SIB</b>	Only the second SIB, and as a new concept may not achieve sufficient buy-in from partners.
<b>Help demonstrate how a SIB can work for a particularly challenging social problem</b>	Concern over making perceived 'profit' from SIB interventions and misunderstanding of SIB concept
<b>Provide evidence to support the development of a wider market in SIBs</b>	Additional notional £5m only works out at £7,645 per individual over 3 years: may only be an additional marginal benefit
<b>General recognition that partnership working is crucial to meeting the needs of this cohort, and a pan-London approach that targets the cohort building on the work of RS205 and NSNO will have some support and goodwill.</b>	Meeting objectives heavily reliant on other partner organisations co-operating, such as UKBA, who are undergoing internal challenges
<b>If everyone is able to deliver the NSNO messages, and can be clear about the offer under the SIB, then the message should be successful in getting through</b>	Current set-up of service provision mitigates against working together, and centralising processes and content delivery through the SIB may not succeed in clarifying who has the power to do what
	Fatigue from LBs involved with RS205 and NSNO might result in hostility to another initiative
	Some organisations may be resistant to new ways of working, and the degree of collaboration needed
	Concern among some providers about sharing of perceived commercial selling points
	Some rough sleepers excluded from the cohort due to not being in London on the streets may be left behind by the SIB
	Inflexibility and lack of joined-up approach across parts of the sector can lead to clients being questioned repeatedly by different agencies but not receiving the treatment they need, an experience that may be inadvertently replicated under the SIB

OPPORTUNITIES	THREATS
<b>The SIB is a unique opportunity to take a strategic, holistic approach to helping rough sleepers move off the streets, and take the time necessary to address a range of root problems</b>	The extension of R205 despite a stated intention not to may create anticipation that the size of the cohort may be widened
<b>Additional investment and resources to help improve outcomes for this client group and influence better service design and delivery</b>	Concentration on this particular group may result in the needs of emerging cohorts of rough sleepers being unmet.
<b>Opportunity to peer-review services, such as outreach work, and share best practice</b>	Danger that the SIB uses investment and fails to meet outcomes
<b>SIB can offer small, independent charities and faith-based organisations the opportunity to do something different to their traditional approach to serving the homeless, and develop an alternative to their current offer (eg soup runs).</b>	Might generate unwelcome competition and rivalry between LBs, providers and agencies
<b>For those with no recourse to public funds, the SIB is an opportunity to explore temporary accommodation solutions, such as working with independent, faith-based hostel providers.</b>	Those with no recourse to public funds present a particular challenge to the SIB
<b>The introduction of the Universal Credit in 2013 may better serve the needs of rough sleepers and support SIB objectives</b>	Success is highly dependent on the involvement of one LB (Westminster), and on SIB activity within that borough
<b>Build on the success of RS205 and NSNO to deliver a new intervention capable of replication to other marginalised and excluded groups</b>	Cherrypicking of clients would be detrimental to the overall performance of the SIB
	Danger that the SIB uses investment and fails to meet outcomes
	those refusing to engage with intervention may prove an intractable problem
	Work Programme Prime Contractors may not understand the skills/ employment readiness status of some clients and mandatory participation in the Work Programme may jeopardise employment outcomes
	Continued provision of free food and other services may mitigate against a move away from street lifestyle



## 12.1 Analysis of Risk

### Inherent in the SIB

- Only the second SIB, and as a new concept may not achieve sufficient buy-in from partners.
- Danger that the SIB uses investment and fails to meet outcomes
- Cherry-picking of clients would be detrimental to the overall performance of the SIB
- Success is highly dependent on the involvement of one borough, and on SIB activity within that borough
- 2012 target: given SIB's proposed introduction in April 2012 it may not have a significant impact on achieving the target.
- Pressure to achieve 2012 target may lead to game playing, rather than holistic approach to addressing an individual's problems
- Potential problems if the business case assessment is seen as unrealistic about impacts and timescale.
- Concern over making perceived 'profit' from SIB interventions and misunderstanding by parties of SIB concept
- Notional SIB funding of £5m only works out at £7,645 per individual over 3 years: may only be an additional marginal benefit
- Fatigue from LBs involved with RS205 and NSNO might result in hostility to another initiative
- Danger that services may be sought on a cost rather than a quality of provision basis
- The structures needed to administer the SIB may prove costly

### Client group

- Those with no recourse to public funds present a particular challenge to the SIB
- Unknown nature of time spent in the UK for CEEs may lead to larger sub-group than expected, and those refusing to engage with interventions may prove an intractable problem, eg: drinking and rough sleeping is better in London than Warsaw, and those who relapse into a street lifestyle (eg during the summer months).
- Improving outcomes in relation to accommodation, healthcare, etc may impose significant upfront costs on services rather than generate substantial savings
- Meeting outcomes may be particularly challenging given the complex nature of problems and high levels of support needed by some of the cohort, particularly in regards to employment
- Some rough sleepers excluded from the cohort due to not being in London on the streets may be left behind by the SIB
- Concentration on this particular group may result in the needs of emerging cohorts of rough sleepers being unmet.
- The extension of RS205 despite a stated intention not to extend it may create anticipation that the size of the cohort may be widened

## Public and voluntary sector agencies

- Agencies may not co-operate, and London Boroughs may not engage, voluntary sector might not deliver
- Might generate unwelcome competition and rivalry between LBs, providers and agencies
- Current set-up of service provision mitigates against working together, and centralising processes and content delivery through the SIB may not succeed in clarifying who has the power to do what
- Relevant skills and appropriate attitudes and behaviour of staff to rough sleepers is important in ensuring cohort members are able to feel they can trust those who are helping them, although this is not always the case
- Quality of rough sleeper provision in a range of areas can vary across LBs, and the SIB will need be vigilant that poor standards in some areas do not have a negative impact upon clients
- Attitude of some individual charitable providers that only seek immediate alleviation of symptoms and do no work to address underlying causes may help to detract from the aims of the SIB.
- Inflexibility and lack of joined-up approach across parts of the sector can lead to clients being questioned repeatedly by different agencies but not receiving the treatment they need, an experience that may be inadvertently replicated under the SIB
- Concern among some providers about sharing of perceived commercial selling points
- UKBA action may not be sufficient to ensure that those ineligible to remain in the UK are reconnected/administratively removed
- State of flux across public services, such as new commissioning arrangements in the NHS may impact negatively on client group

## Events

- Olympic Games mean an influx of visitors, enhanced street activity and opportunities for abandoning accommodation and resuming street lifestyle (eg churches opening up to provide bed spaces)
- Economic situation and the availability of employment opportunities

## 13. References

- Broadway and National Centre for Social Research (2009) *Profiling London's Rough Sleepers – A longitudinal analysis of CHAIN data*, London: Broadway and National Centre for Social Research
- Broadway (2011) *Street to Home Quarterly Report April – June 2011*, London: Broadway
- Currie, D. and Siddorn, G. (2011) *Atlas of Services for Homeless People in London*, London: London Housing Foundation
- Department of Health (2010) *Healthcare for Single Homeless People*, London: DoH
- DCLG (2007) *Review of Hostels for Rough Sleepers in London*, London: DCLG
- DCLG (2011) *Vision to end rough sleeping: No Second Night Out*, London: DCLG
- East London Housing Partnership (2009) *No One Left Out in East London 2009 – 2013 - A rough sleeping strategy for the East London sub-region*, London: ELHP
- GLA (2011) *The Mayor's Rough Sleeping Commissioning Framework 2011-2015 – Draft for Consultation*, London: GLA
- Groundswell (2010) *The Escape Plan – A Participatory Research Study*, London: Groundswell UK
- Homeless Link (2011) *London Hostels Directory 2011-2012*, London: Homelessness Link
- Hough, J. and Rice, B. (2010) *Providing personalised support to rough sleepers*, York: JRF
- Johnson, G. Gronda, H. and Coutts, S. (2008) *On the Outside. Pathways in and out of homelessness*, Melbourne: Australian Scholarly Publishing
- Johnsen, J. and Teixeira, L. (2010) *Staircases, Elevators and Cycles of Change*, York/London: JRF/Crisis
- Jones, A. and Pleace, Nicholas (2010) *A Review of Single Homelessness in the UK 2000-2010*, London: Crisis
- JRF (2011) *Tackling homelessness and exclusion: Understanding complex lives*, York: JRF
- New Philanthropy Capital (2008) *Lost Property – Tackling homelessness in the UK*, London: NPC
- Resource Information Service (2008) *London's Homelessness Sector – Results of the State of the Sector Survey*, London: RSI
- Shelter and Broadway (2007) *Reaching out: A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit*, London: Shelter and Broadway
- St Mungo's (2011) *Battered, broken, bereft – a new rough sleeping report*, London: St Mungo's