

Good practice: report

New directions

Volume 1: supporting street homeless service users with complex needs



Shelter

Foreword

Eddie MacDonald



Shelter believes everyone should have a decent and affordable home. Our main focus is the hundreds of thousands of households who live in overcrowded, poor and insecure conditions. However, we also acknowledge that street homelessness remains a serious problem.

Shelter would like to commend the Government and its partners for the tremendous progress that has been made in reducing the levels of visible rough sleeping, but the job is far from finished.

People who have been street homeless for any length of time usually have multiple and complex needs. If sustained reductions are to be achieved in street homelessness, more must be done to take account of these needs. The projects featured in this report seek to understand and meet these needs in diverse ways.

Shelter has been supporting work with street homeless people for many years and some of the featured projects have received grants from our Innovation and Good Practice Fund. The projects provide some – though not all – of the answers, and through the fund, we will go on searching for new and different ways to meet the complex needs of street homeless people.

Financial resources are of course vital for tackling this issue, but they are not the only answer. To find a lasting solution, provision of diverse services capable of meeting complex needs is essential.



Adam Sampson
Chief Executive, Shelter

Good practice: report New directions

Supporting street homeless service
users with complex needs

Grant Everitt and Steve McKeown
October 2006

ISBN 978 1 903595 67 1

Acknowledgements

Street Homeless Project would like to thank all of the agencies mentioned in this document for the information they have provided. Particular thanks are owed to the following people:

Barry Etheridge at Street People's Action and Awareness Group in Bournemouth

Eddie Mulligan at Leeds Irish Health and Homes

Jeanette Toy at Cornwall Housing Aid Centre

Jim Overbury at Coastal Homeless Action Group in Suffolk

Karl Haslam at ECHG

Kate Cocker and Jill Childs at the Elmore Team in Oxford

Sharon van Antwerpen at Worcester Rough Sleepers Project

Contents

Foreword	3
Summary	6
Assessing need – projects in the UK and the USA	7
Making the machine work – Multi Agency Assessment Panels	10
User-led agencies – Street People’s Awareness and Action Group	13
Catching people who fall through the net – the Elmore Team	15
The benefits of counselling – Worcester Rough Sleepers Project	18
Cold Weather Provision – an alternative model of winter shelter	20
The role of culturally specific organisations – Leeds Irish Health and Homes	22
Using the private rented sector – Coastal Homeless Action Group	24

Summary

No matter how you measure it, street homelessness remains a serious problem and one that will not be solved easily. As the projects in this report testify, many people who have been sleeping rough for a long time have complex needs that go far beyond the practical problems of not having a home. This means that a one-size-fits-all approach to service provision will not work; a more diverse range of solutions is needed.

This report describes the work of agencies that are seeking to provide this. These agencies have different approaches but they are all motivated by common principles. Shelter considers that work to tackle street homelessness must be informed by the beliefs listed below, if it is to succeed.

- Street homelessness will only be solved if its extent and nature is properly understood.
- Most street homeless people have complex, multiple needs, therefore effective joint working between agencies is essential.
- There needs to be a transfer of the balance of power from agencies to the street homeless people they serve.
- Street homelessness will only be resolved if solutions are provided that people are willing to accept. This starts with initial engagement, and moves through to long-term housing.

Each chapter at a glance...

This report's first chapter focuses on the first of these principles. It examines the ways of assessing need that are used in the UK and the USA to complement headcounts of visible rough sleepers. The second chapter looks at the work of Multi-Agency Assessment Panels, which are a means of ensuring effective joint working actually happens.

Transferring power to service users through increased user involvement is on every agency's agenda. Chapter three explores the possibility of taking this idea a stage further through the development of user-led projects – ie, projects set up and run by

street homeless people themselves. Such initiatives can help to overcome the alienation that many street homeless people feel from 'the system'.

The rest of the report focuses on diversifying the range of services in order to meet the range of needs of street homeless people. This begins with outreach work, so Chapter four features a project that is effective in meeting the needs of people who have fallen through the net of other services.

Chapter five explores the provision of counselling and how – if it can be made accessible – it can contribute to improving the situation of some street homeless people. In some instances this can extend to actually solving their homelessness.

Chapters six, seven and eight examine supported accommodation. Chapter six focuses on Manchester's dispersed model of winter provision. This model not only creates an effective form of temporary accommodation, which gets people away from the worst of the weather, but also enables street homeless people to access longer-term housing.

Diversity is the main theme of Chapter seven, which examines the work of Leeds Irish Health and Homes. By taking account of cultural needs, this project has successfully housed Irish street homeless people, some of whom have lived homeless and unsettled lives for many years.

Finally, Chapter eight discusses the possibility of housing people with multiple and complex needs in the private rented sector. Private renting isn't a panacea, but Coastal Homeless Action Group's scheme in Suffolk shows that, in the right circumstances, it can make an important contribution.

Assessing need – projects in the UK and the USA

Since the early 1990s rough sleeper headcounts have been the main method used to assess the extent of street homelessness in England. They are generally considered to be accurate and enable consistent comparisons between areas.

However, they have limitations: they only cover a particular night, and bad weather on the night can create an untrue picture. Counts can miss people by not including the right areas, particularly if intelligence is insufficient or if certain types of location (eg, derelict buildings) are overlooked. They also provide little information about causes, trends and additional needs.

Getting accurate information about the kind of street homeless problem that exists in an area, and the needs of rough sleepers (eg, what proportion have drug and/or alcohol problems), is crucial for formulating an adequate response. This chapter examines a number of methods of assessing street homelessness. Some are variations on how counts are conducted; others involve surveys and monitoring. These methods should be complementary to counts; not alternatives. Counts are a snapshot. The following projects are ways of taking the picture from a different angle.

Involving rough sleepers in counting – The Simon Community

The Simon Community in London conducts counts once every six months. It employs the same methods recommended in the Office of the Deputy Prime Minister's (ODPM) count guidance.¹ It divides the area to be counted into segments and starts after 1am. It also does a concurrent survey of available bed spaces. Yet the numbers the organisation reports tend to be higher than those in official counts. So why is this?

What distinguishes the Simon Community's count, is a high degree of involvement of current and ex-rough sleepers. Former rough sleepers coordinate the count, and both former and current rough sleepers are involved in conducting the count. This means that the count has good intelligence and the counters are able to look in the right locations.

The Simon Community has a long history of working alongside current and former rough sleepers but most agencies will not consider it practical to implement this method to the same extent. Even so, the principle of involving rough sleepers directly can improve the quality of a count and should be considered.

Street counts in the USA – Seattle/Philadelphia

There is a huge problem of street homelessness in the USA and since the 1980s counts have been conducted to enumerate the issue. These counts have some key differences from English ones, which are worth considering.

Much is made of the fact that counts in England need to cover the same area each year if a comparable year-on-year figure is to be given. The fundamental problem with this is that rough sleeper locations change. In Seattle this problem has been overcome.² As in England, the area to be counted is divided into segments. The same areas are covered each year to allow comparable analysis. But when intelligence is received that there are street homeless people in new areas, further segments are added. This accounts for changes, but still enables comparable analysis.

1 *Evaluating the Extent of Rough Sleeping*, Department of Communities and Local Government, 2006, www.communities.gov.uk/index.asp?id=1150129

2 Aron Y L, Burt R B, Hedderson J, Johnson M S, Ortiz J M, Zweig M J: *Strategies for Reducing Chronic Street Homelessness*, US Department of Housing and Urban Development, 2004, www.urban.org/publications/1000775.html

Many counts conducted in the USA use a methodology developed by Martha Burt.³ A count is conducted on a particular date, but people found are also surveyed so that comprehensive information about their characteristics can be gathered. This type of count also surveys people living in emergency shelters, so that a full picture of street homelessness can be gathered. In order to generate as much community awareness as possible, the counts are widely publicised. Homeless people are also notified so that, if they want to be included in the survey, they know where the counters will be, and at what time.

This contrasts with English counts, which are not publicised in case it influences numbers. The worry is that some homeless people might not wish to be counted and hide; others might try to be counted more than once in the hope of making the numbers look as high as possible.

To explore how USA-style counts would work in England, Shelter provided funding to Teesside Homeless Action Group to conduct counts using the methods of both countries. Interestingly, the English count found only one person, but the count that followed the approach of the USA made contact with six people.⁴

Survey – Broxtowe District Council

It is to be welcomed that all English local authorities are required to make an annual assessment of rough sleeping.⁵ If this initial assessment points to a significant problem (currently deemed five or more rough sleepers), the authorities are required to do a count. But these assessments are often not as informative about the real levels of homelessness as they could be.

Broxtowe District Council is a good example of a council that conducts a more probing initial assessment, enabling it to take the most appropriate action thereafter. Broxtowe is a mixed urban and rural district without a main centre, so conducting a count would be problematic. The Council therefore included voluntary agencies, the police, the local clergy and street cleaners. This enabled it to conclude that, although there was some intermittent rough sleeping, there was no long-term problem, so a count was not needed. Valuable information was gained without the work and expense of a count. This approach could be particularly useful for rural areas where counts can be difficult to conduct successfully.

Surveying through outreach services – The Simon Community

The Simon Community in Leeds conducts outreach work, including a soup run, with street homeless people. Shelter funded a project by the Simon Community to assess whether it was practical to survey people through these services. The results reveal that it is possible to gather information about street homelessness in this way (Table 1). A survey of 76 people carried out in March and April of 2006 found that 43 of the respondents had slept rough in that period. Information was also gained about the kinds of places they were sleeping. Significantly, some of these locations (eg, tents, garages and sheds) wouldn't be included in a count.

More than one-quarter of respondents who had slept rough during March–April 2006 said they never slept in the city centre. More than one-half said they only slept in the city centre sometimes and only one-tenth said they always did. More than one-half had been moved on as a result of rough sleeping, and more than one-third reported that they had been arrested for it.

Table 1 Rough sleeper locations in Leeds

Location service users said they had slept in	Number of service users who had slept here*
Doorway	28
Stairwell	24
Bin/bin yard	17
Communal area in multi-storey block	16
Tunnel/storm drain	15
Graveyard	11
Tent	8
Derelict building	26
Tree/bush	21
Shed	16
Garage	16
Bench	12
Empty shop	10

*On average, each participant listed 5.5 different locations
Source: The Simon Community, Leeds

3 Burt, M R: *Practical Methods for Counting the Homeless: A Manual for States and Local Jurisdictions* (2nd Edition), 1996, www.urban.org/url.cfm?ID=406637

4 *Middlesbrough Street Count of Homeless People* can be obtained from Teesside Homeless Action Group; see Further information and resources in Chapter four.

5 Required as part of Best Value Performance Indicator 202.

Common monitoring

Shelter has long been an advocate of common or multi-agency monitoring (MAM). As long as monitoring is not used to provide a headline figure for the number of rough sleepers, it can provide valuable information about street homelessness. Monitoring can be ongoing – as happens in Merseyside, Cheshire and Cumbria – or it can be conducted on a ‘snapshot’ or time-limited basis.

Two examples of this latter method are Mini-MAM in Coventry and Homeless Watch in Nottinghamshire. Mini-MAM uses snapshot monitoring across agencies involved with homelessness for one week every six months, to record statements made by street homeless people about rough sleeping. This information gives an indication of causes, trends and a profile of the individuals; it also shows which agencies are engaging with them. In Nottinghamshire a similar exercise called Homeless Watch is conducted for two weeks each autumn across the whole county. The findings for 2005 revealed an increase in the number of people stating they were rough sleeping, which led to increased winter provision in towns in the north of the county.

Contacts and further information

Broxtowe District Council (on its Rough Sleeper Survey): Gary Smithurst, Principal Officer, Gary.Smithurst@Broxtowe.gov.uk

Common monitoring: a good practice guide: available from www.shelter.org.uk/publications, or call 0844 515 2036, or send a cheque payable to Shelter to Sales and Marketing, Shelter, 88 Old Street, London, EC1V 9HU

Homeless Watch: Nottinghamshire Hostels Liaison Group, resource@hlg.org.uk; www.hlg.org.uk/homelesswatch.htm

Mini-MAM: Sharon Wheeler, Homelessness Strategy Implementation Officer, Coventry City Council, sharon.wheeler2@coventry.gov.uk

Shelter (on common monitoring packages): Street Homeless Project, streethp@shelter.org.uk

The Simon Community, Leeds (on surveying at outreach): Leedssimon@btconnect.com

The Simon Community, London, (on involving rough sleepers): info@simoncommunity.org.uk

Teesside Homeless Action Group: info@thag.org.uk

The US Department of Housing and Urban Development produces the most comprehensive discussion on surveying street homeless people in the USA, *A Guide to Counting Unsheltered Homeless People*, October 2004, www.hud.gov/offices/cpd/homeless/library/countinghomeless/countingguide.pdf

Making the machine work – Multi-Agency Assessment Panels

People with complex and multiple needs normally require a multi-agency approach if their homelessness is to be resolved. The reason for this is clear: input is required from a number of agencies to deal with each of the needs. But unless the input is co-ordinated, it won't be as effective as it could be.

When the working is disjointed, it's like a machine in which the various components do not fit together properly. Where this is the case, the machine won't perform to anything like its maximum capacity. The result is not only wasted resources – for people with complex, multiple needs, it is an increased possibility of a return to homelessness.

Although the concept of joint working is widely valued, successful joint working in practice is rather less widespread. Multi-Agency Assessment Panels (MAAPs) can counter this and make the machine work properly.

What is a MAAP?

Joint working to serve individual clients can happen through joint meetings and case conferences. However, too often the practice is hampered because diaries cannot be co-ordinated or a key agency may not be able to attend. The worse case scenario is that the joint effort just doesn't end up happening at all. MAAPs ensure joint working takes place, that it is fully effective and the action agreed goes ahead. This does require extra effort and resources but is well worth it because of the improved outcomes and the opportunity to achieve maximum value for money.

A MAAP brings together a number of agencies involved in housing and homelessness; drugs and alcohol; offending; health (particularly mental health); and tenancy support. Key to success is the identification of a co-ordinator to bring cases to the panel, and then, implement and review solutions devised by the panel.

Benefits of MAAPs

Without a MAAP the network of services is often fragmented, and individual agencies shy away from taking on the more complex cases. Where a MAAP is employed, the focus is on providing solutions to people with the most complex needs; many of whom have experienced years of homelessness. This brings an increased prospect of an end to homelessness, tenancy sustainment and even a reduction in addiction and criminal behaviour.

By building relationships between agencies; increasing their understanding of each other's roles; developing joint protocols (eg, in confidentiality policies, referral routes and procedures), MAAPs help each participating agency become more efficient. The approach also helps to identify gaps in services and can be used to influence local strategies.

The following are anonymous examples of the types of people who have had their housing and support needs met by panels:

- 22-year-old street homeless woman using drugs, on probation, with benefits problems and a chaotic lifestyle
- a 63-year-old man with a 20-year history of sleeping rough, a history of police involvement, self-harming and alcohol problems
- a 19-year-old man facing eviction from private rented accommodation, who was a care leaver and alcohol dependent.

Cornwall and Worcester MAAPs

Low rough sleeper count figures do scant justice to the sizeable and complex problem of homelessness that exists in Cornwall. A MAAP was established in the county in 2000 in response to the fact that a significant proportion of its homeless people have multiple and complex needs. During the year ending March 2006, the Cornwall MAAP received 118 referrals of homeless or potentially homeless people. All had multiple and complex needs, with the average number of needs per person being three (Table 2).

Improved joint working resulting from the panel process meant that about half of the cases referred were resolved without the need for a full panel meeting. The remaining 57 cases were brought to the panel. Of these, 21 gained accommodation and support directly as a result of the panel. A further 21 were considered ongoing (ie, linked to support but requiring further work facilitated through the panel before accommodation could be obtained). Fourteen retained accommodation because support was provided.

These are exceptionally good outcomes for people with multiple and complex needs. They would be difficult to achieve without the panel process. The work of the Cornwall panel has been recognised and now receives funding from a range of agencies, including local authorities, social service and criminal justice.

Table 2 Presenting problems of people referred to Cornwall MAAP April 2005–March 2006

Types of needs identified	Number of service users with that need
Physical health	12
Mental health	71
Alcohol	46
Drugs	57
Homelessness	46
Housing	26
Offending	52
Tenancy support	93
Total problems	357
Total number of people referred	118

Cornwall MAAP is able to handle a relatively large number of referrals because the decision was taken to employ a paid co-ordinator. A successful panel has also been established in Worcester co-ordinated by Worcester Rough Sleepers Project. Unlike Cornwall, this panel does not have a paid co-ordinator. Consequently, it handles far fewer cases – about two or three a month. Nevertheless, the Worcester panel still makes a significant contribution to enabling accommodation and support to be provided to people with complex and multiple needs who would otherwise be homeless.

Establishing a MAAP

The basic process for setting up a MAAP is now outlined. (Further information can be found in Shelter's Multi-Agency Assessment Panel Toolkit, see Contacts and further information.)

- **Set up a Strategy Group** This should be at management level, to drive the project forward, oversee the panel and address strategic issues. Once up and running, the Group will only need to meet quarterly. It will need to be able to identify and bring in the resources needed to run the panel process. In Cornwall, the Strategy Group consists of nine statutory and voluntary sector representatives.
- **Appoint a Panel Co-ordinator** This person has three roles:
 - client/panel liaison – accepting referrals, conducting needs assessments, and co-ordinating care plans;
 - policy and development work – developing policies and procedures, liaising with agencies and promoting the panel;
 - management and administration – organising and preparing for panel meetings, running meetings, distributing material, note-taking and record-keeping.
- **Set up the panel** It will need to have an ability to make service delivery decisions about individuals and must include agencies from the housing, support, substance misuse, criminal justice and health sectors. Some panels meet at a regular time each month to consider new clients, as well as existing cases. In Cornwall, however, meetings are organised around the needs of individual service users, as and when they are needed.

6 *Estimate of the Number Sleeping Rough in England*, Department for Communities and Local Government, June 2005, www.communities.gov.uk/index.asp?id=1150131; Shelter's Cornwall Housing Aid Centre found 132 people were sleeping rough during 2005, and 24 of them said they had been street homeless for six months.

- **Agree referral and assessment procedures,** terms of reference and confidentiality, and information-sharing protocols. Shelter has model documents for all of these policies on its website (see Contacts and further information at the end of this chapter). These can be adopted as they are, or adapted to local needs.
- **Make sure you consider empowerment**
The service user can be involved in the process through the needs assessment process and possible attendance at the meeting itself. Service users don't always attend though: in Cornwall attendance by service users normally occurs; in Worcester it is less common.
- **Promote and publicise the panel** The new Worcester panel received local press coverage, with a photo of participating members appearing in papers.
- **Start operations!** Don't shy away from bringing cases to the panel that might otherwise be difficult to solve. Improved communications between agencies will bring benefits to all homeless people, but the panel is designed for people with the most complex needs.

Contacts and further information

Cornwall Multi-Agency Assessment Panel:
Jeanette Toy, Panel Co-ordinator, Cornwall
Housing Aid Centre, jeanette-toy@shelter.org.uk,
tel: 0844 515 2301

Malvern Hills has panels for young homeless
people and people fleeing domestic violence:
contact Chris McKelvie,
cmckelvie@festivalhousing.org

Multi-Agency Assessment Panel Forms including,
Initial Assessment, Terms of Reference,
Confidentiality and Client Consent, can be
downloaded from [http://england.shelter.org.uk/
policy/policy-1570.cfm](http://england.shelter.org.uk/policy/policy-1570.cfm)

The Multi-Agency Assessment Panel Toolkit:
available from www.shelter.org.uk/publications,
or call 0844 515 2036, or send a cheque payable
to Shelter to Sales and Marketing, Shelter, 88 Old
Street, London, EC1V 9HU

Worcester Multi-Agency Assessment Panel:
Sharon van Antwerpen, Worcester Rough Sleepers
Project, wrsp@btconnect.com

User-led agencies – Street People’s Awareness and Action Group

User consultation and involvement is widely regarded as a key component of any credible agency’s work to solve street homelessness. A handful of initiatives have taken the approach a stage further: these are ‘user-led’ street homeless organisations.

User-led projects are established by current and former street homeless people. They are motivated by personal experience and perhaps even frustration at mainstream agencies’ inability to find a solution to their homelessness.

Benefits of user-led activity

User-led activity boosts the skills and confidence of homeless people by transferring power from service provider to them. User-led groups give homeless people a voice and enable them to gain new skills. This approach can also have the benefit of providing a bridge between mainstream agencies and street homeless people who may have become ‘service resistant’.⁷ When service users encounter difficulties accessing a service, or are excluded from a service, they can become alienated. The additional needs of many street homeless people, such as mental health issues or substance abuse, may compound this problem. Some of them may decide there is no alternative but to remain on the street, or feel it is just easier to do so, even if other options may be available.

So far the mainstream response to this problem has been to seek to make service users’ rejection of services more difficult through measures to discourage a ‘street lifestyle’. But user-led activity may be one of the alternatives that could provide a more lasting way to deal with this issue. User-led agencies can relate to street homeless people on their own terms and in a non-judgemental way that is sometimes difficult for mainstream agencies.

There are barriers to overcome before user-led services can become a much greater force in homeless provision. One is providing a means of funding. Another is ensuring user-led groups remain representative and are not absorbed by the mainstream. Nevertheless, there are a handful of groups around the country that have made a start.

SPAAG activity

One group, which is making an impact in Bournemouth, is Street People’s Action and Awareness Group (SPAAG). Street homeless people who had become disillusioned with the current ‘system’ established the group in 2004. SPAAG has developed a number of initiatives to improve the situation of its members.

- In 2005 it organised a conference that brought street homeless people face-to-face with service providers. The conference not only provided a means by which street homeless people could contribute directly to Bournemouth’s homeless strategy, but also gave the two groups an opportunity to get to know one another better.
- SPAAG has developed a Homeless Charter, which sets out how the system should engage with homeless people. ‘Partner agencies’ sign up to the Charter; they promise that people will be given all the information they require and, above all else, be treated with respect. The Charter is not just words. SPAAG has permission to ‘mystery shop’ agencies, and SPAAG and the partner agencies review how well the Charter is working every

⁷ Turnham J, Wilson E, Burt M: *A Guide to Counting Unsheltered Homeless People*, US Department of Housing and Urban Development, Washington DC, 2004, www.hud.gov/offices/cpd/homeless/library/countinghomeless/countingguide.pdf

six months. Some of the pledges in the Charter may seem obvious. But it can be important for street homeless people who have lost faith in mainstream agencies to be reminded of what they ought to be able to expect.

Extract from the SPAAG Homeless Charter...

- All the information you require will be given to you in an easy-to-understand, user-friendly manner.
- We will give you a clear explanation of all the options open to you and what we are doing for you.
- You will be allowed to take a friend, relative or advocate with you to all appointments.
- We will operate a clear referral system with other agencies to ensure you don't have wasted journeys.
- SPAAG has developed accessible information for street homeless people. It gives advice about getting warm and dry; getting a meal and getting a bed. Also provided is advice about more long-term help, how the police can be a source of help and basic medical advice.
- SPAAG has developed a blogging site for street homeless people where stories can be told and grievances aired. It has negotiated with local libraries, so that street homeless people may not only use computers for free but are welcomed and given help by library staff.

User-led groups don't always agree with mainstream agencies. In Bournemouth for instance, local connection is a major source of contention between SPAAG and the local authority. But the fact that dialogue is maintained between the two sides on the subject at least improves understanding.

Funding

SPAAG does not seek statutory funding because the Group feels that to accept this kind of income could compromise its ability to truly represent street homeless people. Most of its activity is carried out on a volunteer basis. This is an understandable position, but does it raise questions about how user-led activity can expand without statutory support?

Other user-led groups

Brent Homeless User Group

A very well established user-led homeless group is Brent Homeless User Group. It was established in 2002 and has developed a range of initiatives, including:

- Brent Homelessness Charter
- an empty homes campaign
- speakouts and consultation events to give homeless people a voice and an opportunity to input into homeless strategies
- Community Insight – a project that helps Support Professionals gain insight into street homelessness from people who have actually experienced it
- A Chance 2 Work – an outreach pre-employment programme
- Interpreting Communities – a training and voluntary work placement scheme for homeless people with language skills who wish to become Community Interpreters.

Teesside Homeless Action Group

Developed with support from Groundswell UK (see Contacts and further information at the end of this chapter), Teesside Homeless Action Group has developed a range of projects in Teesside, both to fill a service gap, and to give homeless people a voice. The Group's activity includes a rent deposit scheme, outreach and advice services, and a number of community projects to provide homeless people with a chance to work.

Contacts and further information

Brent Homeless User Group:
www.brenthomeless.com

Groundswell UK is a national project that promotes and develops self-help initiatives with people who are homeless, excluded or living in poverty. It can provide practical help and support to anyone looking to establish a user-led homeless group:
www.groundswell.org.uk

Street People's Awareness and Action Group,
Barry Etheridge: spaagman@yahoo.co.uk

Teesside Homeless Action Group, Francis Owens:
thag@talk21.com

Catching people who fall through the net – the Elmore Team

The Elmore Team, Oxford, works with very vulnerable people who live on the margins of society. Its service users have multiple needs and often demonstrate challenging behaviour which can prove too great for mainstream agencies, such as those funded by Supporting People or conventional health services, and the relationship breaks down completely.

An increasing number of these rough sleepers receive Anti-social Behaviour Orders (ASBOs), which they have little prospect of complying with. The former welfare response to their needs is now being replaced with a criminal justice approach. Mental health services categorise many of the service users as having an 'untreatable personality disorder' and withdraw support.

Elmore successfully engages with this group of people by adopting an unassertive approach to outreach work – services are provided on a flexible, unconditional basis. But the methods Elmore uses are not currently in favour. Mainstream providers believe they don't do enough to encourage rough sleepers to leave the streets. Elmore also goes against the grain by supporting an individual no matter what their location. Mainstream services provide help that is often tied to a narrow remit; Elmore continues to support its clients no matter how their circumstances change. Sadly, Elmore's unconventional approach is putting its future funding in jeopardy.

Whereas most agencies work with service users on the basis that they have just one principal need, Elmore's service users have on average just less than five separate needs – in some cases it can be as many as six or seven as Table 3 (on page 16) illustrates. Unlike mainstream practitioners, Elmore supports its users for all of their needs.

There are, however, further considerations taken into account before a person becomes an Elmore client. These include one or more of the following:

- being very chaotic to the extent that conventional services cannot cope
- not fitting the referral criteria of other services or being barred from them
- having a distrust of statutory services/refusal to engage with them.

The Team has a very good track record. Shelter provided an Innovation and Good Practice Fund grant to Elmore for the purpose of tracking the progress of a cross-section of service users over a one-year period, commencing October 2004. A total of 17 service users were tracked in this way.⁹ Table 4 (on page 17) shows the outcomes Elmore achieved for these service users. It should be said that, given the service user group Elmore works with, success isn't always straightforward and in some cases harm minimisation is the aim. Even so, the table shows the significant progress made by the Team, with an average of almost four positive outcomes per service user.

The secret to success

There are two key elements to the Elmore model of working that enable successful working.

8 Dewhurst L and Bevan P: *Inhabiting the margins*, London, National Homeless Alliance, 2001.

9 Elmore Team and Everitt: *Beyond the Margins*, 2006, www.elmoreteam.org.uk

Table 3 Needs of Elmore service users

Need (as assessed by Elmore)	Number of Elmore service users assessed as having this need	Percentage of users assessed as having this need
Mental health	135	84
Vulnerable*	113	70
Accommodation	113	70
Alcohol	85	53
Offending	74	46
Financial difficulty	68	42
Self harm	64	40
Physical health	61	38
Drugs	60	37
Learning difficulty	27	17

*Refers to people who suffer severe neglect or abuse from themselves or other people
 Total for year 2004/2005
 Source: Elmore Team Annual Report

Unassertive outreach

The Elmore approach to outreach work is not a particularly new one. Some might say it mirrors an 'old-style' social work approach of emphasising the worker-client relationship and a client-led/person-centred approach. The client's wishes are respected and if accommodation is not possible or practical, then harm minimisation measures are taken. These include continual monitoring of physical and mental wellbeing; advice on safer drug using; networking with GPs who specialise in homeless people; attention to practical details (ie, food, clothing, condoms, clean needles); and importantly, minimising the effects of anti-social behaviour.

The general rough sleeper policy prefers the assertive or persistent approach adopted by Street Outreach Teams, which seek to move rough sleepers quickly from the street.¹⁰

This assertive approach works for some rough sleepers, and levels of rough sleeping have been reduced in some areas. But there is a danger that it will simply displace others. Indeed, research conducted for the ODPM itself warns of the danger of this happening.¹¹ In Oxford an examination of the Elmore Team's service users leads to the conclusion that such displacement has occurred. This highlights the need for the continued existence of the Team and its less assertive method of operation.

A flexible and holistic approach

The second key distinctive element of Elmore's working model is the way it is able to work with a person in different locations: different kinds of housing; sleeping out; in prison; or in hospital. Conventional support services tend to be attached to a particular location: prison-based services; street outreach for rough sleepers; and support attached to various specific accommodation projects. This means an individual is given fragmented treatment because they are required to engage with different services. At best, support changes when a person's location changes. At worst, support is lost altogether.

Additionally, much conventional support is dependent on the individual progressing: from chaotic and homeless, to unchaotic and settled. Support may be withdrawn if insufficient progress is made. The consequence of not progressing for the client is that they can become excluded, unsupported and return to homelessness. Elmore accepts that in some cases it is almost inevitable that service users will have lapses; that they may regress, as well as progress. But Elmore sticks with them, to minimise the damage of a lapse, and to be ready when the individual is ready to take steps towards progress again.

¹⁰ Randall G and Brown S: *Helping rough sleepers off the streets*, ODPM, London, 2002.

¹¹ *Ibid*, page 19.

Table 4 Outcomes achieved with Elmore service users

Outcome	Number of service users
Found accommodation	8
Improved accommodation prospects	7
Improved physical and mental wellbeing	6
Accessed GP	3
Other health improvement	4
Tenancy sustainment	3
Facilitated multi-agency response	4
Drug/alcohol harm minimisation/reduction	3
Reduced domestic violence	1
Improved money management	1
Increased income	2
Helped with gambling addiction	1
Reduced criminality/antisocial behaviour	5
Meaningful occupation	1
Helped access work/education	2
Food/essentials/provision	2
Built relationship/emotional support	8
Total outcomes	61
Total service users	17

Personality disorder and ASBOs

Much of Elmore’s work is with people who have a ‘personality disorder’, which is considered untreatable and so falls outside the scope of mental health provision. Often such people become homeless, ill or break the law. It has to be questioned whether current social policy – one of criminalising rather than using welfare – is working well for people with personality disorders. A key issue relating to this is that some of Elmore’s clients clearly do not understand the implications of the ASBOs they receive and an increasing number are being criminalised. Some have little prospect of making sufficient change to their behaviour even though Elmore does help achieve modifications in several instances.

Mixed funding: the key to success

Having a balanced mixture of funding sources helps Elmore achieve its successful flexible working model. Losing a major source of funding could threaten Elmore’s existence.

Contacts and further information

Elmore Team: www.elmoreteam.org.uk
tel: 01865 246039

A copy of the full findings of the Shelter study can also be obtained from Elmore, or from Shelter’s Street Homeless Project: streethp@shelter.org.uk

The benefits of counselling – Worcester Rough Sleepers Project

The social and economic causes of homelessness must never be understated, but homelessness is also often linked to issues such as leaving the family home; relationship breakdown; eviction; bereavement; a sudden deterioration in mental health; problematic drug and alcohol use; leaving care; abuse; release from care; or discharge from the armed forces.

This is particularly the case for street homeless people and many have been affected by a number of these issues in combination.

It is now recognised that counselling and psychotherapy can play a beneficial role in dealing with all of these issues. They can help minimise the risks associated with homelessness, by enabling homeless people to successfully resettle. Given these benefits it is surprising that such services – if available at all – tend to be seen as an ‘add-on’. Unlike tenancy sustainment or ‘meaningful activity’, they are not seen as part of mainstream provision. To be effective for people who are sleeping rough however, counselling needs to be accessible on a drop-in basis, versatile in its approach, and not penalise non-attendance.

Access to counselling

It would be wrong to say that therapeutic support isn’t available at all to street homeless people. It is possible to be referred via a GP within the NHS. In practice though, long waiting lists, the rarity of specialist therapists and, in particular, the chaotic lifestyle of the service user concerned, make access extremely difficult for street homeless people. In most cases, their chaotic lifestyle can cause street homeless people to be excluded from all formal services.

This was certainly the case in Worcester, where the Rough Sleeper Project was set up with the aim of making a qualified psychotherapist directly available to service users, as far as possible, on demand. Funding for this service was provided by Shelter for the first year, which was long enough to enable its impact to be assessed.

How the Worcester service works

Worcester Rough Sleepers Project workers are able to refer their service users directly to a psychotherapist who works as part of their team. The project is a small-scale, voluntary-sector project without any hint of institutionalism, and clear working guidelines were established at the outset to protect all those involved.

Service users generally present with a complex range of issues and needs. This makes it particularly important to provide a specialist therapist trained in a range of user needs, such as working with abuse, addictions and mental health issues. The approach to therapy follows the requirements of the British Association for Counselling and Psychotherapy (BACP). The therapist is a member of the BACP and works at all times within the Ethical Framework for Good Practice in Counselling and Psychotherapy.

Crucial to the Project’s success is the immediacy of the service, which is of huge benefit to users. As previously discussed, street homeless people can become ‘service resistant’ after a negative experience with agencies. This fact, alongside the service users’ chaotic behaviour and transitory lifestyles, as well as their complex and multiple needs, often means that going on a waiting list is simply not an option. Through the Project, treatment is made immediately available when a user experiences a severe traumatic episode.

Unlike with some other agencies, non-attendance does not automatically disqualify the service user from future sessions. They are encouraged to attend regularly, and in a satisfactory physical state. But if they are unable to, the response is sensitive and flexible in the hope of encouraging, not discouraging,

them from using the service. Attendance helps users to contain problems and begin to form functional, supportive and helpful relationships – and the aim of the Project is not necessarily to reach beyond these modest, but important, goals.

Post-session support

Another key feature of the Project is post-session support. An intense emotional response to therapy is not at all uncommon and in normal circumstances patients return to a safe home environment, perhaps with family support available. Street homeless people generally do not have this luxury, and often return to an isolated existence. Project Workers therefore spend some time with the user after a session to ensure they have a chance to settle down before leaving. In one case mental health services helped to provide rooms so that post-session support could take place in a calm, safe environment.

Therapy is also made available on a drop-in basis so that people who don't need or want a regular course can access support. These sessions are worked around existing scheduling – ie, using missed appointment slots or time left over when bookings take up less time than expected. By providing both regular sessions and a drop-in service, the Project is able to minimise exclusion.

All sessions are free at all times. Other agencies are increasingly making referrals to the service, so in future funding may be sought from these agencies to ensure the work can continue. Short-term funding has been secured but if the service is to expand, this will become necessary.

Effectiveness of the Project

From October 2004, for the Project's first 12 months, 24 people were referred to it. Of them, 18 (75 per cent) were male and six (25 per cent) female. Almost half the service users – 11 of them or 45 per cent – were sleeping rough; eight of them (33 per cent) were in temporary housing, and five (22 per cent) were vulnerably housed and at risk of losing their tenancies/homes. Of the 24 referrals made, 10 (42 per cent) were under the age of 25.

Of the 11 that were sleeping rough, seven are maintaining tenancies; three are in temporary accommodation; and one lost the temporary accommodation but is now fully engaged with the Community Mental Health Team. A total of 163 appointments were booked during the 12 months, of which 70 per cent were attended. Other benefits observed included the stabilisation of behaviour and improved relations with others, not only in the service user's family or social circle, but also when

accessing other agencies. The clients began to make more positive life choices – not only maintaining and securing tenancies, but also accessing drug rehabilitation services and resolving severe relationship difficulties.

Significant progress was also made in terms of treating mental health issues. More than half of the Worcester Project's service users stated that they had mental health issues. As discussed in Chapter four, many street homeless people are diagnosed as having an 'untreatable personality disorder' and are excluded from clinical mental health services. The counselling service was particularly beneficial for people in this category.

The need for expanded provision

In 2005, BACP formally recognised the benefits of giving rough sleepers direct access to counselling. Its BACP Counselling and Psychotherapy Award 2005 was presented to Diane Goodkind, Lead Therapist for Westminster NHS Homeless Personal Medical Services. Like the Worcester project, this NHS service lets homeless people receive counselling as and when they need it and without delay. It is similarly versatile and, when audited, provided strong evidence that the service has used innovation to create positive change in a number of lives.

Westminster has the highest recorded rough sleeper population in the UK, so perhaps it is not surprising that the achievements of the NHS service should receive positive attention. In other areas, street homelessness is less conspicuous but as the Worcester service shows, a similar approach can be just as effective. If a significant and sustained reduction of street homelessness is to be achieved, wider adoption is imperative.

Contacts and further information

Westminster PCT's Homeless Health Team
(a Homeless Personal Medical Service),
Diane Goodkind: diane.goodkind@nhs.net;
tel: 07780 582357

Worcester Rough Sleepers Project, Sharon van Antwerpen: wrsp@btconnect.com

Cold Weather Provision – an alternative model of winter shelter

Cold Weather Provision gives rough sleepers an opportunity to come in from the street during the colder winter months. It has been part of the Government's strategy for a number of years, with guidance currently issued to authorities to make services available in the event of severe cold weather. In some localities provision is made as a matter of course, usually through night shelters.

These shelters provide easy-access, basic accommodation for people who would otherwise be sleeping rough. They usually have restricted opening hours and allow a stay of a limited number of nights. Some are available all year round, others open only during the colder winter months.

The Government's Rough Sleepers Initiative (1990–1999) recognised the use of shelters for rough sleepers and provided funding for a Winter Shelter Programme. Following the establishment of the Rough Sleepers Unit in 1999, the Rolling Shelter Programme in London replaced this. This involved shelters opening in different buildings for a limited time and aimed to move people quickly into longer-term accommodation and resettlement. Some faith-based organisations provide their own shelters, often using offices, schools and church halls. Sometimes night centres are established, involving day centres that open overnight but may not provide facilities for sleeping.

Manchester's Cold Weather Provision (CWP) offers a different method of providing Shelter to homeless people. Quick access housing and support is not provided at a single location, but dispersed across the city, and provision is linked to move-on accommodation and resettlement support. Effective joint working with a range of housing and support providers is a crucial part of this model.

The CWP project is a multi-agency partnership approach co-ordinated by registered social landlord (RSL) ECHG, with a strong emphasis on longer-term resettlement support. Funding is gained from a Department of Communities and Local Government Homelessness Grant (via Manchester City Council) and Manchester Supporting People.

The service operates between mid-November and the end of March. The core hours are 9am–5pm, which were found to enable the most effective use of joint-working resources. This can be modified if experience shows it to be necessary. Six full-time Project Workers and a Project Manager staff the service, which operates from a house provided by the Salvation Army.

The primary focus of the service is to:

- provide a rapid response to rough sleepers in Manchester through accessing of emergency short-term accommodation
- target those most hard to reach and/or who are deemed to be most at risk in the winter
- prevent clients new to the streets from becoming entrenched in the lifestyle
- focus on resettlement and ongoing support, by re-securing or securing longer-term accommodation.

Housing is not provided on-site but via a minimum of 13 ring-fenced emergency bed-spaces, located within eight local authority and RSL supported accommodation projects across the city. The variety in these projects means single homeless men and women, and childless couples, can all be accommodated. Joint protocol arrangements exist with each housing provider.

A small group of primary referral agencies – four outreach services working with rough sleepers; drug users; people engaged in begging; and street-based sex workers – works with the project. This ensures a focus on the most vulnerable clients, known to be sleeping rough.

Clients attend the project's office to complete a brief assessment form. Project Workers will then allocate an emergency bed-space depending on availability and the person's support needs. The bed-space is allocated for an initial short period, to give time for fuller housing and support assessments to take place. The timescale needs to be flexible to allow for this, but the intention is to keep it to a minimum to avoid 'blocking up' bed spaces. The process requires extensive joint working between Project Workers, outreach services, staff at the emergency bed provider and a variety of support services. Longer-term accommodation and support can be accessed through the emergency bed provider, or other accommodation-givers across the city. Project Workers may keep involved throughout this process and even provide support during the move-on process.

What are the benefits of the service?

Evaluation of the service for the past two years indicates several benefits to this approach.

- The large number of clients accessing the service and moving on to more settled accommodation indicates that street homeless people are willing to use the service. Available evidence indicates that such provision is successful in contacting hard-to-reach clients and also those with lower support needs; and both longer-term rough sleepers and those who are new to the streets. In 2005-06 the CWP accommodated 103 clients. In the previous year, 75 per cent of clients accommodated had maintained their housing three months after the CWP had closed. Clients accessing the service also represent a broad age range (16–56 with a majority of clients in the 22–45 range).
- Some people access the scheme just for emergency or respite accommodation, in some instances on more than one occasion. However, the scheme does have very good success rates in linking single people and childless couples into ongoing resettlement. These are people who perhaps would not have accessed resettlement services through other means.
- Clients often have other support needs in addition to their homelessness. Joint working between specialist support services means that more vulnerable clients are able to access the CWP and move on from it.
- The variety of projects providing emergency bed-spaces helps to meet clients' individual needs and avoid a one-size-fits-all approach. One site for all clients may not be appropriate – for instance, older, vulnerable rough sleepers could find it hard to be housed in the same place as younger ones,

who might play loud music etc. Conflicts also can arise between clients with different support needs (eg, alcohol users and drug users). The variety of client profiles achieved by Manchester's CWP indicates some success in overcoming these issues.

- The scheme requires a multi-agency approach, which results in agencies sharing the load rather than placing too much weight onto one agency.
- The joint working can improve relations between agencies even beyond the scope of the CWP project. Agencies get to know the issues different services face in providing housing support to such a vulnerable group. They may also agree to provide emergency bed spaces that would not normally be accessible to clients with multiple and complex needs. Input from other agencies gives them the confidence to make these bed-spaces available.

Not just a big city model

It is worth adding that there is no reason why this kind of project could not be adapted for areas with a smaller population of street homeless people, using fewer partner agencies. Indeed, by using existing provision, it could be applied in places where a new initiative is not practical or could not be funded in the short term.

The future – should winter provision become year round? The project's success has led to discussion as to whether the provision should expand to an all-year-round service. Why limit the positive outcomes achieved with hard-to-reach clients to certain periods of the year? Continual service would also help overcome recruitment issues and lack of continuity in terms of staff experience, although secondments can help overcome this to some extent.

However, issues of funding and how a constant service would maintain its specific focus will first need to be addressed. Any group of agencies would need to take account of these issues when considering winter provision.

Contacts and further information

For more information on the CWP project, or to obtain a copy of the report on the 2006 service, contact Karl Haslam, Supported Housing Manager, ECHG, tel: 0161 236 3064.

The role of culturally specific organisations – Leeds Irish Health and Homes

About 10 per cent of street homeless people are of Irish origin. In recent years a number of specialist schemes for homeless Irish people have been set up. One such group is Leeds Irish Health and Homes (LIHH), which provides a range of services, including accommodation and support to Irish people in Leeds.

Its work shows that taking account of cultural identity is an important part of showing respect for an individual. In some cases, this kind of approach enables resettlement even after years of living a transitory existence.

To explore this concept further Shelter provided funding to LIHH to evaluate its work. The findings were compiled into a report called *Gan Dídean* (Without a place to stay).¹² What follows is a summary of the main findings.

Street homelessness among Irish people

Homelessness among Irish people can be traced to inequality¹³ and is far from a new phenomenon. Irish people currently make up about one-third of the population of Arlington House in Camden, which used to be Britain's largest hostel.¹⁴ Most of its Irish residents were older and had lived in the house longer than the other residents. In 1999 Shelter found an estimated one in ten street homeless people were Irish. More recent figures suggest not much has changed. Statistics for the period April 2004 – March 2005 collected for CHAIN, a database used in central London for gathering information about the capital's street homeless population, showed that of the almost 3,500 people contacted, nine per cent were Irish.¹⁵

LIHH and its service users

From April 2001 – April 2006, LIHH received 285 referrals to its housing service, including 102 from people with a street homeless background. Additionally, most of those who were not actually street homeless could be described as 'insecurely housed'. In Leeds 51 per cent of the Irish population is now more than 50 years old, and LIHH service user profiles reflect this. The reasons for referral to LIHH were mainly: alcohol (46 per cent), drugs (11 per cent) and mental health issues (27 per cent). A total of 16 per cent had multiple needs. Mental health and alcohol problems were the main reasons for referral among the older service users, with drugs playing a much smaller part. LIHH is, however, experiencing a steady increase of younger homeless service users with drug issues.

LIHH developed a steering group in 1992 to respond to concerns about the disadvantages the Irish community was prone to. The concerns were:

- the high number of single homeless Irish people in Leeds, especially older men
- the over-representation of Irish people in hospital admissions or referrals for assessment under the Mental Health Act (1983)
- the lack of culturally appropriate support.

These concerns were translated into a campaign to reduce inequality among Irish people in Leeds and provide a range of services, including accommodation.

¹² Available from Leeds Irish Health and Homes, see Contacts and further information at the end of Chapter seven.

¹³ *The Health of the Irish in Britain* (1998), Federation of Irish Societies, www.irishsocieties.org/publications.asp

¹⁴ *The Bhoys of the Big House*, www.aisling.org.uk/pages/home.htm

¹⁵ Shelter, *Irish People and Housing*, A factsheet (1999).

Culturally appropriate support in practice

LIHH believed the absence of culturally specific services was a big unmet need in Leeds, so services were created that would be sensitive to cultural requirements. The following are examples of how this was made to work in practice.

The staff

Most staff are Irish, or from an Irish background, although this is not exclusively the case because recruitment is merit-based. Staff who are members of the Irish community pass on the knowledge and experience they have to staff who are not Irish community members. Training is also given to introduce non-Irish staff to the cultural nuances and history of that country.

The service and its culture

LIHH is an Irish organisation in essence, which deals with Irish people who might have problems that prevent them using the mainstream Irish community facilities – eg, local clubs and associations. Many service users have experienced discrimination in one form or another in their dealings with public services. By contrast, clients are always welcome at the LIHH office. The service provided is friendly, personal and unconditional. People who come to LIHH for help recognise immediately that the staff respect them as people and understand their dilemma. The colloquial language that the staff use – even if it is just a chat about Irish football – helps to build an immediate rapport and break down barriers that normally exist between service provider and user. Clients feel more comfortable and understood, so they can discuss problems without requiring them to revisit traumas unnecessarily or any need for interpretation.

Images on the walls of LIHH offices, the background music and the general atmosphere make clients aware of the ‘Irishness’ of the place. LIHH is a non-sectarian organisation. Nor is there any religious connotation attached to the support offered. However, if service users expressed a wish to have their accommodation blessed by a priest, for example, LIHH would arrange this.

Newsletter

LIHH produces a newsletter every quarter, which gives information about the organisation and the local community. It covers issues such as history, poetry and recipes, as well as local events. A total of 4,000 copies are distributed locally, nationally and to people in Ireland, including government ministers, to keep them informed about LIHH’s work.

Specific groups

LIHH runs the following regular groups:

- Over-55’s day club
- Irish women’s group
- Irish carers’ group
- Activities group.

Many of LIHH’s clients have not had positive contact with other people for a long period and are reticent to join groups. To overcome this, the Housing or Outreach Workers accompany service users to events or groups until they find their feet, and begin to enjoy the benefits of these facilities.

No reference is made to someone’s past or present circumstances, and these groups are an excellent way of introducing people with a background of street homelessness to a welcoming and safe environment, where confidence and self-esteem can be raised again.

A link with Ireland

Many service users either have no family or have lost touch with relatives. Where possible, LIHH reunites them with any remaining family members or, in the event of their death, they attempt to inform the family and in some cases raise the money for the funeral. LIHH also takes clients on holiday and to places of interest; it has taken groups back to the area in Ireland where they were born. This is a great comfort to many who have never dared hope to see their homeland again in their lifetime.

Resettlement and wider implications

From a housing perspective, the implications of providing a culturally specific service are clear. The above examples show how LIHH provides a setting in which service users feel ‘at home’. It is unsurprising, then, that they are more likely to remain in their accommodation. Since 2003, 56 per cent of LIHH tenants have held their tenancies for more than two years. Until they found a home through LIHH, a lot of these service users had previously been unsettled for many years. Further evidence of this is presented in *Gan Dídean*, through detailed case histories.

Given this benefit, there is clearly a case from a homeless perspective for an increased role for organisations like LIHH. There is a message here too for mainstream service providers about how they provide services to people who are Irish or indeed from other BME groups.

Contacts and further information

Gan Dídean is available free from LIHH at: www.lihh.co.uk, or contact Eddie Mulligan: eddie@lihh.org, tel: 0113 262 5614

Using the private rented sector – Coastal Homeless Action Group

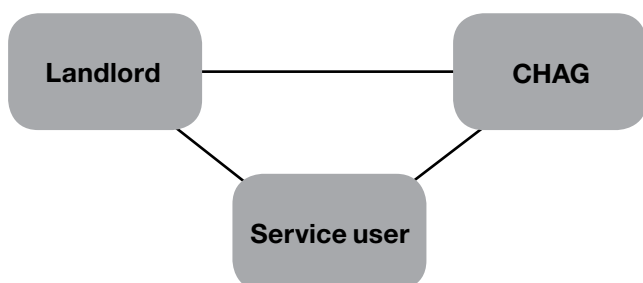
Using the private rented sector as a source of settled housing for homeless households is currently on the Government's homeless policy agenda.¹⁶ The suitability of this sector for housing street homeless people is questionable and often fails. But Coastal Homeless Action Group's (CHAG) Triangle Tenancy Services Scheme is showing that private rents can be a viable alternative to rough sleeping and hostels for vulnerable homeless people, including those with histories of crime and problematic drug use.

CHAG, a charity that operates along the Suffolk coast, recognised that it had no alternative but to try and use this sector, particularly as there is limited alternative accommodation for vulnerable single homeless people in Suffolk. The value of CHAG's scheme is recognised by the Government's Drug Intervention Programme and the Prolific and Priority Offender Scheme. Skilled, experienced staff are key, but CHAG's model of operation provides a blueprint for other would-be providers facing similar housing issues.

Triangle Tenancy Services

CHAG, which has been running since 1991, initially started as a rent deposit scheme. But in recent years, it found that providing deposits wasn't enough to persuade private sector landlords to house homeless households. It therefore developed Triangle Tenancy Services (see figure below).

Triangle Tenancy Service



In recognition of the uneven distribution of power between landlords and tenants in the private rented sector, the triangle is presented upside down. One of CHAG's aims is to 'flatten' the triangle so that the landlord and tenant have more equal relations. To do this CHAG rents properties from private landlords and then, in turn, rents it on to homeless households. In some respects this is similar to a private sector leasing scheme run by some local authorities. There are, however, key differences. First, CHAG does not concentrate the scheme on homeless families who are owed a statutory duty. Secondly, CHAG rents properties on a fluid basis, returning some to landlords and gaining others – the number of units is not rigid; as long as there is money left in the Triangle Tenancy Services pot the charity acquires what it needs. Currently, CHAG has more than 50 properties in many locations, including Ipswich and Felixstowe.

Initially, the Triangle scheme was intended for what might be termed 'general needs homeless households'. But it was extended to also meet the housing needs of vulnerable single people, some with a history of prolific offending, street homelessness and problematic drug use. In short, it includes people who private sector landlords wouldn't normally accept as tenants.

There is a high success rate of 90 per cent with general needs service users. But the success rate for service users with complex needs is still 50 per cent. There have inevitably been failures – places have

¹⁶ *Sustainable Communities: settled homes; changing lives. A Strategy for tackling homelessness*, ODPM, London, 2005, www.communities.gov.uk/pub/784

been 'trashed', the police have become involved and rooms have been abandoned. But CHAG is prepared for this, knows the risks and is open with landlords. A key feature, which helps to sustain tenancies, is that a Supporting People-funded team assists tenants. If someone needs to move, the charity and the person give notice on that property and a new placement is arranged – not necessarily with the same landlord.

Funding

Core funding for the scheme comes from Housing Benefit and discretionary Housing Benefit payment. As a registered charity CHAG is not subject to the Housing Benefit restriction that would be in place for a service user renting directly from a landlord. To fund its housing management, the charity adds 10 per cent to the tenant's rent. But the extra charge is usually shared between the landlord and the tenant.

Additional funding of £2,000 per user is provided by the Drug Intervention Programme and the Prolific and other Priority Offender Scheme. This is given in recognition that CHAG helps prevent repeat homelessness and therefore increased susceptibility to problematic drug use and crime.

The secret to success

CHAG acts as a buffer, taking much of the 'hassle' out of renting from a landlord's point of view. The landlord gets a regular income, advice and help with repairs and doesn't need to deal directly with a tenant. Landlord and tenant law is still closely adhered to. There are, however, occasions when a landlord withdraws from the scheme. This doesn't happen often though, with skilled landlord liaison one factor in helping to prevent it.

There are other important factors required for success.

- **Spreading the risk** CHAG mixes lettings to vulnerable, single homeless people, with those to more general needs clients; and its good track record persuades private landlords to join and stay with the scheme.
- **Avoiding exclusion** Some tenancies will not work out, but tenancy failure does not necessarily bar service users from accessing another tenancy.
- **Being honest with landlords** The worse-case scenario is a damaged property but CHAG has negotiated a special insurance deal for landlords.
- **Support** CHAG ensures that service users have good support, which is key to tenancy

sustainment. To prevent the Support Worker and service user relationship being compromised, this support is kept separate from housing management. If there are rent arrears, for instance, the Support Worker will not attempt to collect this.

In the long-term, CHAG's aim is to 'flatten the triangle' and persuade the landlord to take on the service user as a direct tenant. This has happened in a few cases, but it is more common for the client to save up and move on to another private rent by themselves.

The limitations of this kind of scheme

Particularly where a tenant finds employment and forfeits benefits, rent payments can become hard to avoid. But this is no worse than if the tenant was in a similar situation in supported housing. Nor does the scheme work for everyone; applicants have to be considered 'housing ready' and in drug treatment. Applicants are selected using an accountable process and via joint meetings with CHAG, Youth Justice, the Police and the Probation Service.

CHAG realises the limitations of private renting and part of its operation is to help some service users into social housing as a longer-term option. In CHAG's area the private market does offer sufficient accommodation for its needs. However, that may not be the case in all geographic areas.

Good in some circumstances

Where market conditions are right, CHAG's Triangle scheme is worthy of consideration. It works well along most of the Suffolk coast because (as in most places away from major cities) direct access and move-on accommodation is simply not present. But even where such accommodation is available, CHAG's scheme represents a viable alternative option for some street homeless people. Many of CHAG's clients with complex needs would never stand a chance of renting privately, but this scheme makes it possible for them to compete for rented properties alongside anyone else.

Contacts and further information

CHAG's manager, Jim Overbury, can be contacted at: jim@chag.org.uk or at CHAG, 43 High Street, Saxmundham, IP17 1AJ.

Contact CHAG to buy its blueprint about setting up a Triangle Tenancy Service.

Bad housing wrecks lives

We are the fourth richest country in the world, and yet millions of people in Britain wake up every day in housing that is run-down, overcrowded, or dangerous. Many others have lost their home altogether. Bad housing robs us of security, health, and a fair chance in life.

Shelter believes everyone should have a home.

We help more than 170,000 people a year fight for their rights, get back on their feet, and find and keep a home. We also tackle the root causes of bad housing by campaigning for new laws, policies, and solutions.

Our website gets more than 100,000 visits a month; visit www.shelter.org.uk to join our campaign, find housing advice, or make a donation.

We need your help to continue our work.
Please support us.

ISBN 978 1 903595 67 1
£12.50

Shelter
88 Old Street
London EC1V 9HU

0845 458 4590
www.shelter.org.uk

Registered charity number 263710

Shelter