



A response to “The Homelessness Journeys of Homeless People with Complex Needs in Stoke-on-Trent,” by Sheffield Hallam University Centre for Regional Economic and Social Research, CRESR, 2010

Introduction

This two year study of homeless people with complex needs in Stoke on Trent has made a number of recommendations. The study was commissioned following a fire in a derelict factory in July 2007 in which two people died. The report specifically investigated the needs of;

- Homeless drug and alcohol users
- Homeless women involved in street sex work.
- Homeless people with a history of violence or offending behaviour.

The engagement, housing and support of these people is a strategic target for the City and is defined by PSAs 16 and 18. Brighter Futures welcomes the study by CRESR and the expertise that their team has already injected into support for vulnerable people in the city. We have worked closely with the research team and have changed many of our procedures during the course of their work. In this paper Brighter Futures and its customers respond to the report’s recommendations.

Brighter Futures response

The report contained 9 general recommendations, each is shown in **bold**. Below we consider each of these recommendations and highlight where we have already made some changes to existing schemes and further changes that we feel may be beneficial. In the financial year April 2009 – March 2010 we housed;

- 89 rough sleepers, 11 of whom were street sex workers
- 3 street sex workers who were homeless but had not slept rough

Our Smart Moves floating support supported a further

- 16 rough sleepers 6 of whom were sex workers
- 5 street sex workers who had been homeless but had not slept rough

1. Develop models of service delivery capable of providing clear pathways through services to independent living and tracking individuals at risk.

Community Housing

We changed the referral criteria to offer community-based fully-furnished housing to those moving on from hostels. We closed down shared housing and replaced it with self-contained accommodation, (see report at Appendix 2) and improved outcomes for all customers.

Hopwood House

This alcohol-recovery scheme has focussed more on taking referrals from hostels.

90 Hope St

In order to ensure those with complex needs could get access to and benefit from support at 90 Hope St we have.

- Reviewed referrals to prioritise street sex workers and rough sleepers
- Reviewed rules and procedures around drugs use on the premises.
- Increased the percentage of residents with drug and alcohol needs engaging with treatment from 41% to 96%
- Increased the percentage of people moving from the hostel into the community from 31.7% to 61.8%. This means fewer people returning to rough sleeping.

We focus on helping people get their substance misuse under control where it can be managed in the community in a tenancy. But the tenancy has to be well planned with a clear pathway, agreed support levels and contingency plans for crisis support. We are moving record numbers of people from the hostel to more independent accommodation but are experiencing delays caused by a lack of suitable accommodation.

2. Develop flexible supported housing provision, offering a range of accommodation and levels of support within a service.

Community Housing

We currently provide 36 units of accommodation in Stoke. Given the reduction in throughput in recent months and the difficulty the hostels have in accessing move on accommodation we believe that there is a need for an additional 75 units over the next 5 years. With this level of provision we could then vary the levels of support within the housing and make better use of alternative social housing and the private sector.

The CRESR report notes that moving between schemes and providers was high risk for people with complex needs. We have identified issues with the way general needs providers offer housing. Prospective tenants are given less than a week's notice of the move.

- Most homeless people do not have furniture or white goods. Most general needs housing is offered unfurnished. People are expected to move with no furniture. Thus people end up "rough sleeping" in a tenancy. Unable to cook and without any furniture people are unlikely to be motivated to maintain the tenancy and at risk of lapsing into old habits. Seeking to return to safety and stability of hostel placements or if that fails, to relapse back to the streets.
- Furniture Mine is able to offer a useful but necessarily very limited range of second-hand furnishings, but will now only do so to supported housing customers where it is specifically funded to do so.
- From the date a tenancy starts rent falls due. Although technically possible housing benefit will not pay two rents. Therefore the tenant inevitably starts a new tenancy with rent arrears from the period between allocation and move.

- People need time to adjust to change. Sudden moves are unsettling and stressful particularly to people with complex needs who may be highly ambivalent to change.

None of these are satisfactory outcomes for people with complex needs. The private sector can offer furnished accommodation. The net result of this is that people with the most complex needs are concentrated geographically being placed in the most insecure and poorest quality accommodation in the City.

With an expansion of community based supported housing we could properly manage the transitions and pathways. This would then free up much needed hostel bed spaces. This would provide ordinary community based housing with support, which is in the long term a more desirable and cost effective alternative to hostel accommodation.

3. Provide direct and fast access to housing, support and advice services

Chepstow House opened in February 2010. It supports women offenders, to reduce their offending and the need for custodial sentences, by responding to needs and the causes and contributory factors to their offending.

This could well be the model to develop other interventions with homeless people with complex needs using the probation pathways approach to design systems. This combines with the homelessness star, our support planning model, to address and resolve complex needs. Day opportunities and programmes of activities would promote engagement amongst those who have become socially isolated and uncertain of engaging with services.

Service provision has to be part of a pathway and designed and delivered as appropriate to the needs of the individual. Simply extending a general invite to an existing service is inappropriate. The environment in which the service is offered should be good quality and welcoming. People generally judge a service on first impressions. A dirty, neglected environment does not engender trust or encourage engagement.

The City Council and partners should discontinue use of The Crown in Longton for emergency placements of single homeless people in priority need. Whilst placements continue a full risk assessment should be carried out on property, with individual risk assessments for individuals before placement. This should include considering the needs of vulnerable adults and the safeguarding of children and young people.

Service providers need to work closely with housing and support providers to ensure the service they offer is accessible and appropriate. Staff should be trained in listening and responded positively to service users and be aware of strategies that encourage and support behavioural change.

4. Develop specialist housing services which are explicitly targeted at, and understand the needs of drug and alcohol users.

90 Hope St

In the last 18 months we have, changed our policy and practices concerning drugs use in the hostel. This has been done by providing training for staff and looking at risks differently. We have also increased the number of drug users in treatment.

We will now review our view of alcohol use in the hostel and look at the possibility of allowing the consumption of alcohol in controlled ways. At the same time we need alcohol advice and support services to respond to our customers. This would include assessing people's community care needs and providing care, home support and health services within the hostel. We are looking to encouraging staff to develop certain levels of "expertise" but within a generic team.

Hopwood House

Hopwood House is a residential alcohol recovery scheme. The building was last refurbished in the mid 70's, is outdated and no longer fit for purpose. There are plans to redevelop the scheme which would be supported by renew who wish to acquire the site. The LSP and the Council should support the plans for the redevelopment of Hopwood House, moving away from shared provision to self contained units with a work and activity focus. This would give far greater flexibility of service. This would require a £2m investment to re-provide and add an additional 4 units of accommodation bringing the total number of places to 16.

Community Housing

An expansion of units could also enable us to develop a lower support safety net for those with particularly complex needs.

5. Develop outreach and in-reach services in recognition that homeless drug or alcohol users will not always make independent efforts to seek help, or know how to go about doing so.

People with complex needs do not readily approach services for help. Specialist referral routes are needed. Currently we have outreach teams that do outreach with sex workers, rough sleepers and young people at risk of sexual exploitation. There is a need to develop a street services team that focuses on addressing all aspects of street culture including street drinking, begging and drug taking. The rough sleepers free phone number has been significant in helping rough sleepers maintain links with services.

This is an area where the research should be used to inform the work of the LSP and LAA particularly around alcohol and community safety.

Counselling and talking therapies were shown¹ to be particularly effective in helping people with complex needs. These could be provided by health through the Healthy Minds network or funding of counselling sessions for hostel residents. A fast track into drug treatment project for street sex workers was also demonstrated to have very successful outcomes.

6. Twin the development of specialist services with improved access to mainstream housing.

Social housing providers need to examine the offer to people with support needs and be more flexible to meet the needs of people with complex needs. The new housing strategy needs to cover access to existing housing as well as access to new housing for people with complex needs.

¹ "Outcomes from a counselling pilot, for rough sleepers at 90 Hope St". Report by Jill Rawstrom, Rough Sleepers CPN, 2008.

The City has successfully used section 106 in partnership to ensure those with support needs are able to benefit from new developments in Sadlers Park and Lock 38. However developments in other parts of City Waterside, have covenants in leases that prevent sub letting. This not only restricts access through potential private sector letting but prevents any social letting.

We suggest all new housing developments which are subsidised from public funds have a requirement to provide 8% of housing for people with support needs and through the acquisition of properties or smart moves and resettlement contracts we can commit to provide that support. Smart moves in expanding support to people in private tenancies has worked with many people with histories of street sex work and rough sleeping. Although nominally a "low support" scheme smart moves has been effective in supporting people who have managed to secure private sector housing.

7. Acknowledge that homelessness and related issues such as substance misuse and criminal activity are faced before people reach adulthood and that services must adapt to address this fact.

It is an unfortunate fact of life that there is a correlation between poverty, deprivation, periods in local authority care, homelessness, crime, drugs and sex work. The Marmot report on health inequalities openly acknowledges the relationship between poverty, ill health and deprivation. We think this should be openly debated and discussed and a real partnership approach adopted.. There is an unwillingness to accept that people develop complex needs as a result of experiences in life and earlier unmet needs. People given the right environment, opportunities and circumstances; can achieve significant changes in their lives, so past behaviour need not always be the best predictor of current or future behaviour.

8. Develop a programme of preventative initiatives, including building organisational capacity to respond rapidly to emerging indicators of risk.

Whilst good risk assessment is important, we should not become hamstrung by over complex risk assessment methods and paper based responses. The skills of staff, confidence and competent work methods and attitudes are key to managing difficult and distressed people.

We adopt best practice, train our staff carefully and monitor closely for effective outcomes. We are highly respected nationally for our work with people with complex needs. This is also recognised by the Communities and Local Government Dept along with our ability to work in and support effective partnerships.

9. Acknowledge that meeting the welfare and support needs of people with complex needs is as important as meeting housing need.

It is clear that health, social care, mental health services, drug, alcohol, offender management and community safety all have a role to play in providing support and services for people with complex needs.

We currently house people with complex needs and will continue to develop services. As part of this process we will identify potential partners and seek to engage them in the joint provision of services.

The real place to take this forward is the LSP. The barrier is that not one public body represented in the LSPs chairs group has specific responsibility for delivering services to this group. Some people within this group may be covered by FACS, or have health needs. Others, offenders may fail to benefit as they do tend not to commit targeted crimes though their offending is often prolific and persistent.

Our view of the situation is that Housing currently takes the lead on complex needs, with Supporting People strategically placed to commission support services for socially excluded groups. Housing, as a department is not as actively involved with the LSP as it might be. This is we think in part due to the Department's current focus on neighbourhood based services. This focus tends to exclude those who are homeless and not permanently resident within a neighbourhood. The core strategy groups that Supporting People has established have not engaged other service commissioners. Supporting People should move away from its own structures to becoming more integrated into the LSP. NI 141 currently sits within the Health and Well-Being partnership, Supporting People should be actively involved with the Safer, Stronger Communities, Children and Young People, Economic Development and Enterprise blocks.