

St Mungo's

Response to the CLG discussion
paper:
Rough Sleeping 10 Years On

May 2008

About St Mungo's

St Mungo's is London's leading charity for homeless people. We services run day and night, every day of the year to help homeless people change their lives for good.

We run **emergency services** – including street outreach teams, emergency shelters for rough sleepers and hostels.

We support homeless people in their **recovery** – opening the door to safe housing, drug and alcohol support and physical and mental health care. We provide more help for homeless people in gaining life skills than any other charity – from job training to independent living skills in our 'semi independent' houses.

Preventing homelessness is very important to us. Our complex needs housing provides safe and supportive homes for nearly 400 vulnerable people. Our community support teams work with 1000s of people at risk – including former rough sleepers.

By opening our doors, and by opening the doors to services within St Mungo's and in the broader community, we are able to help 1000s of homeless people change their lives for good every year.

Key Points of response:

We call on the CLG:

To introduce a Right to Shelter and a Right to Recovery

To eliminate rough sleeping among people with a mental illness by 2010

To develop new medium and high support move-on options

Thank you for the opportunity to comment on your discussion document "Rough Sleeping 10 Years On: from the streets to independent living and opportunity"

We welcome the re-statement of the Government's commitment to reducing rough sleeping as close to zero as possible, and the new commitment to improve opportunities and outcomes for former rough sleepers.

In response to the four questions on which you are seeking feedback:

1. Have we identified the right issues, and which are the most important?

We welcome the broad themes in the proposed strategy, although we would suggest that "Better information" is a key sub-section of (improving) "Delivery" rather than a stand alone theme.

The strategy would benefit from an explicit recognition from the outset of fundamental rights - the **right to shelter** and the **right to recovery**.

The concept of "intentionality" as a test of eligibility for permanent housing serves to reinforce exclusion for the most vulnerable. There is already recognition across most of Europe of a right to shelter, and there is a real opportunity here to make a bold and positive statement which would encapsulate and inspire the move to eliminate rough sleeping.

Entitlements to support, care and treatment remain elusive for those who lack local connections and/or have complex needs. Without a concrete statement of entitlement, we will not dispel the negative attitudes from commissioners and gatekeepers, and indeed from homeless people themselves, which prevent progress towards recovery and independence.

2. What new actions would have the biggest impact?

Looking at the four proposed themes in turn:

1.1 Further reducing numbers on the streets

A new drive targeting the most entrenched rough sleepers and older drinkers is welcome. We are happy to pilot new accommodation models, such as the Lodging House scheme, with your support. We would recommend rolling out our **Assertive Case Management** outreach approach, which has been so successful in North Westminster at bringing in well known long-termers.

We also ask that the strategy specifically commits to eliminating rough sleeping by people with severe and enduring **mental illness** by 2010. This would require a new initiative of specialist outreach and ringfenced accommodation similar to the HMII programme of the 1990's.

We would agree that the key to working with migrants is prevention. This involves effective signposting away from the "homelessness sector" at points of arrival, and using community networks to educate potential migrants on the risks of arriving without accommodation arrangements.

We would reiterate that prevention work needs to be primarily targeted at **trigger points** for homelessness, including departure points from institutions (care homes, prison, armed forces, hospital), tenancy rescue, and assertive outreach to people engaged in street activity.

Move on from London's hostels has always been problematic, reflecting the broader shortage of affordable accommodation in the capital. The private sector, with appropriate floating support, is a pragmatic option for those with lower support needs, but will require commissioning in a creative and coordinated way if it is to make an impact. Too many private landlords in London will still turn down clients on welfare benefits or with histories of offending.

The 2007 CLG commissioned research report from Geoffrey Randall found that over half of current hostel residents have medium/high support needs. As we usefully discussed when we met recently, we need the forward strategy to ensure that more **medium/high support accommodation** options are developed over the coming years.

The welcome modernisation of hostels through the Places of Change programme has had a downside of reducing the number of hostel beds for rough sleepers in the capital. Effective move-on is vital if we are to avoid a real shortage of emergency accommodation. We would ask that in the short term at least, and until we are confident that move on volumes are sufficient, the number of **emergency shelter beds** is increased, particularly in winter months. Furthermore, faced with the prospects of an economic downturn, we would strongly encourage additional joint work between the CLG and St. Mungo's on London-wide **contingency planning**.

1.2 A better future for rough sleepers

We are pleased to see recognition of the need for measures to provide better opportunities for education, training and employment. This needs to be extended to recognise the often critical first steps of engagement through activities and **meaningful occupation**. A crucial part of bringing those with low or no skills towards the labour market is the provision of **Basic Skills** training, which includes numeracy and literacy to basic social functioning levels ie NVQ level 3 in numeracy and full level 1 in literacy. Also **Key Skills** training, which includes training in effective social interaction and problem solving.

Measures to address mental health and substance use needs will be welcome, but it is disappointing that the proposals overlook **physical health** needs. In our hostels 43% of residents have a physical illness, and in our shelters 51%. Our clients continue to tell us of the difficulty accessing mainstream GP services. We want all hostel residents to have access to good standards of basic health care on site, including a comprehensive health check within 14 days of arrival. We want to see current best practice replicated across London, addressing not just illness, but also the promotion of wellbeing.

We have had too many cases of chaotic and vulnerable homeless people who have been discharged from hospital into either no care or inadequate care, and are aware too of the potential of homeless people to "bed block". We believe alternative **hospital discharge** models need to be worked up, and we are actively seeking possible solutions, including a "step-down" facility.

We have just developed a detailed three year **Health Strategy for Homeless People**, which integrates our vision of service delivery in hostels across physical health, mental health, drugs and alcohol, and wellbeing. It makes a number of specific recommendations for change, and proposals for new recovery oriented models, which we are willing to elaborate in future discussions with the CLG.

1.3 Delivery

Service delivery which reflects best practice is key to achieving the reduction in numbers and improved opportunities the strategy seeks to deliver. Partnerships will continue to be important. We need real on the ground commitment from regional and local government agencies to prioritise rough sleepers, under direct instruction from central government where needed, backed by the threat of **budget top-slicing**. London has particular boundary challenges that merit special attention, and so a new regional delivery partnership which will champion joined up working is welcome. It is crucial that there is read across into the new LSP structures, and that, if local authorities continue to be given a lead commissioning role, that **multi-area agreements** are promoted.

We welcome the commitment to develop and strengthen staff skills, which could build on and learn lessons from our own progress towards a fully qualified workforce. We are exploring too joint training programmes with statutory service providers (eg health professionals), and suggest further development of opportunities for placements within homelessness agencies for medical students and social work trainees.

A major handicap for service delivery is **poor commissioning**. There is little effective needs analysis, and in spite of the Compact, funding for key services remains short term, and accompanied too often by heavily bureaucratic tendering and contracting. Too many funders, including often the CLG, value the new over the tried and tested, and have insufficient knowledge of what services exist and what they are achieving. Too many funding streams are geared towards volume, rather than impact. The problems are not confined to homelessness services, but given the complexity and urgency of the needs we are trying to meet, the need for joined up and efficient commissioning are all the more important in this sector.

1.4 Better Information

The proposal to look beyond headline count figures towards outcomes is welcome, as are the proposals to identify what interventions make a difference. We are carrying out our own client led research into "**what works**", and can call on the Outcomes Star to measure client progress. We would be happy to share the lessons learned and hope they will feed into future commissioning.

3. As well as action by government, what can other partners in the statutory voluntary and private sectors contribute to the updated strategy?

We are pleased that the CLG has taken time to speak directly to St. Mungo's **clients** as part of the consultation process. Our client representative group, Outside In, has excellent insight into what works, and should continue to be encouraged to contribute to the rollout of the forward strategy. We have helped clients develop skills in peer research, and peer facilitation, and many will be happy to share their expertise and experience.

Although we are pleased to see the recognition of the importance of health and work in tackling homelessness, we have however all known about this for the past 10 years. What we need to see this time is a formal pledge from the **DH, DIUS and DWP** to tackle homelessness and to follow that through with effective planning and directives. This should include recognition of rough sleepers as a priority group within strategies and commissioning and the creation of specific health-related and work-related "supporting people" funding streams.

Practical measures to engage the **private sector** should include tax credits for employing rough sleepers, and for donations (financial or in-kind). Private sector leasing schemes targeting people leaving prison should be facilitated by joint working between homelessness agencies, the CLG and the **Probation Service**.

Housing Associations should be expected to fund prevention work within their own stock, including debt advice and tenancy rescue. They should be encouraged to transfer hostel and housing freeholds to "managing but not owning" RSLs. They should each be required to develop a hostel move-on strategy.

The **GLA** has recently gained new powers over the Affordable Housing Development programme. Ken Livingstone's manifesto included a commitment to set aside a part of the capital programme for specialist housing associations working with rough sleepers and we would like to see every effort made to encourage the new administration to ensure at least 5% of future spending is directed towards high support move-on.

The move of the Homelessness, Overcrowding and Worklessness team at the CLG to the new **Homes and Communities Agency** is a concern, as it takes the strategic lead for tackling rough sleeping a step away from central government. The Housing Corporation has traditionally been interested in volume mainstream housing delivery, and there is a real risk of homelessness being marginalised as an issue in the new agency. The HCA needs to be persuaded to take concrete steps to reverse the mainstreaming actions (rent restructuring for hostels, reduced capital grant funding) that typified the one size fits all approach of its predecessor.

Local Authorities need to move towards partnering, or at least half decent commissioning, as a step on the road towards the Compact expectations. Some central local authorities are to

be congratulated on the energy and focus they have put in to tackling rough sleeping. Those which have rarely or never contributed to London's work on rough sleeping need to be brought into line. Those local authorities which are ring-fencing provision for rough sleepers with local connections need to be required to recognise their broader responsibilities. Government Office for London needs to drive hard for stretch LAA targets on tackling worklessness and preventing homelessness. Multi Area Agreements should be promoted as a tool for joined up planning and targets on tackling rough sleeping.

The **ALG** has failed to show effective leadership on joined up working, has withdrawn financial support from daycentres and hostels, and needs to be encouraged in future to direct its own commissioning more explicitly towards central London services addressing rough sleeping.

4. Do you have any sources of evidence or examples of good practice that it would be helpful for us to draw on?

St. Mungo's continues to develop new ways of working which we believe will reduce numbers on the streets and provide improved opportunities for rough sleepers. Examples of recent good practice include **assertive case management** with entrenched rough sleepers (Westminster); **safer neighbourhoods intervention** work (Islington), a **tenancy support helpline**, and employing a **psychotherapist** to work with dual diagnosis clients. None have been formally evaluated but we would be happy to share methods and outcomes.

The investment in hostels through Places of Change is providing an exciting platform for new service models and we are backing our ideas with fundraised income. We believe our **recovery** approach, which emphasises optimism, and which assists clients to both recognise and utilise the skills they already have provides a strong underpinning theory for effective working with rough sleepers. Our new **Pathways to Employment** programme, which is being piloted in five hostels, aims to increase the proportion of hostel residents finding work from 4% to 20%, and will again we believe provide a model for effective and integrated interventions. We are finalising too a service model of **healthcare for rough sleepers**, which will provide a realistic and effective pathway, working with health providers, to tackle substance use, physical and mental illness, and promote wellbeing among hostel residents. We are planning to formally evaluate each approach and will be happy to share our models and learning with other providers.

Research into our practice that has been completed and which highlights effective interventions includes:

- **On site prescribing and needle exchange** at Endell St (2005)
- What really helps homeless people – results from the **Outcomes Star** (2007)
- **Cromwell Road** – the first year (2008)
- **Relationships and parenting skills** project (2008)
- **Alcohol Reduction Unit** – ISB project (2008)

Outside In emphasises the importance of the “welcome” phase for new hostel residents, and the value of peer mentoring systems. This has led to a number of changes in our own hostel management practice, as exemplified by our Cromwell Road project, which has recently received straight As in its Supporting People QAF review. We are happy to share good hostel practice, and our Performance Support Unit, and Outside In itself, is able to offer consultancy and advice to other providers.