

Department for Communities and Local Government (DCLG) call for evidence: Addressing complex needs - Improving services for vulnerable homeless people

St Mungo's Broadway submission

May 2015

St Mungo's Broadway provides a bed and support to more than 2,500 people a night who are either homeless or at risk, and works to prevent homelessness, helping about 25,000 people a year.

We believe no one should be homeless and that people can – and do – recover from the issues that create homelessness.

We support men and women through more than 300 projects including emergency, hostel and supportive housing projects, advice services and specialist physical health, mental health, skills and work services.

Formed in April 2014 by the merger of two long established charities, we currently work across London and the south of England but influence and campaign nationally to help people to rebuild their lives. For any queries regarding this submission, please contact daniel.dumoulin@mungosbroadway.org.uk

Introduction

St Mungo's Broadway welcomes the opportunity to submit to this call for evidence. It is too often the case that people with the most complex needs cannot access the support that they require to make a sustainable recovery from homelessness. With homelessness continuing to rise, ensuring that support for vulnerable homeless people is protected should be a priority for the new government.

We were encouraged by the proposals in the previous government's 'Addressing complex needs' paper, and look forward to working with the new Government to take this work forward.

The following response draws on a range of evidence including St Mungo's Broadway management information, a survey of 1,805 of our clients and discussion with clients and with staff throughout the organisation. Most of these clients and staff are based in London, with others at projects in Bristol, Bath, Reading, Oxfordshire, Milton Keynes and Hertfordshire.

Key points

- Analysis of St Mungo's Broadway data suggests that the more needs our clients have, the less likely they are to move from our services into independent accommodation.
- Addressing one support need in isolation from others is unlikely to lead to successful outcomes for people who face complex issues. St Mungo's Broadway adopts a holistic approach to recovery, supporting our clients to address their different needs simultaneously.
- In our experience, most physical and mental health services, criminal justice agencies, substance use services, skills services and employment schemes are designed to address the single type of need which defines them as a service.
- There is a significant group of our clients who require more specialised mental health support than can be provided by a GP, but for whom there are no suitable secondary health services available.
- A 2014 survey of 1,805 St Mungo's Broadway clients found that 20 per cent were ready to move on into independent or supported accommodation but were held back from moving on because accommodation with the right level of support was not available. This suggests a shortage of appropriate accommodation available for our clients to move into.
- The supply of residential services for people who are homeless and have complex needs has not kept pace with demand.
- The increased cost of housing and changes to housing benefit entitlement have made it more difficult for our clients to move out of residential projects and into independent accommodation. This means that people are spending longer in our projects even when they are capable of living independently; in some cases taking up bed spaces that people sleeping rough with more complex needs are waiting for.
- Tenancy sustainment services play an important role in preventing repeat homelessness. Recent research found that *'in many areas, there have been cuts to tenancy support services, and pressures to restrict the length of support provided'*.¹
- We broadly support payment by results (PBR) schemes when they are applied appropriately and designed well. They can usefully focus on achieving sustained

¹ Crane et al., King's College London (2015) Longer-Term Outcomes For Homeless People who are Resettled: Summary of findings and Implications for practice, pre-review version, <http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/reports/crane-et-al-2015-Rebuilding-Lives-summary.pdf>

outcomes for homeless people, and can ensure that people with the highest needs receive targeted support.

- The experience of St Mungo's Broadway in delivering payment by results schemes has demonstrated that monitoring, reporting and verifying outcomes requires a significant amount of staff time. The evaluation of Supporting People PBR pilots reported that this was also a significant issue for organisations that were delivering the pilots.² Any future PBR models must recognise this within their payment structures.
- There is evidence from a wide range of pilots that individuals with complex needs can benefit from support through a 'service navigator' or link worker model to access appropriate services.³
- There is scope for local services to coordinate with each other more effectively to support people who homeless with complex needs. Housing, health, skills and work services can better support each other to achieve results for this group.

Answers to questions

1. Drawing on your experience, are you able to identify a homeless group who are vulnerable and at risk of falling through service gaps?

Yes

If yes please identify the needs of this group by ticking all that apply.

- ✓ *Low mental health issues*
- ✓ *Medium mental health issues*
- ✓ *Severe mental health issues*
- ✓ *Physical health problems*
- ✓ *Offending history*
- ✓ *Drug addiction*
- ✓ *Alcohol addiction*
- ✓ *Unemployment*
- ✓ *Low educational attainment*

² DCLG (2014) Supporting People Payment by Results pilots: Final Evaluation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362270/Supporting_People_-_Payment_by_Results_-_Final_Evaluation.pdf

³ See Revolving Doors (2015) Comprehensive services for complex needs: assessing the evidence for three approaches, Wraparound, Multisystemic Therapy and the link worker model <http://www.revolving-doors.org.uk/documents/comprehensive-services-for-complex-needs/?preview=true>

If you selected multiple answers, please describe how these needs overlap or combine and the impact this has on the clients.

1.1. St Mungo’s Broadway clients

The following data is taken from the St Mungo’s Broadway 2014 client needs survey. The survey, which was completed by staff working directly with each client, contains information on 1,805 people living in St Mungo’s Broadway residential homelessness services in June 2014.

The survey showed that a very high proportion, 91 per cent, are unemployed and 88 per cent have a basic skills (literacy or numeracy support) need. All but seven of our clients have support needs in one or more of the areas outlined in the above tick list.

Table 1

Need area	Number of clients	% of clients (n=1,805)
Mental health issues	922	51%
Physical health problems (serious medical condition)	847	47%
Problematic substance use (drugs and/or alcohol)	943	52%
Unemployment	1650	91%
Low educational attainment (literacy or numeracy support need)	1585	88%
None	7	0%

In the survey, “mental health issues” includes cases where the individual has a formal diagnosis of mental illness or where their key worker has assessed that they have support needs in relation to their poor mental health but may not have a formal diagnosis at that point in time.

1.2. Moving into independent accommodation

The tables below show independent accommodation outcomes, disaggregated by support needs, in the 10 months after the above survey took place,

Clients referred to below as having ‘moved to independent accommodation’ had moved in with friends or family, or into their own private rented, owner occupied, or ‘general needs’ social housing by April 16, 2015. We have included this variable in our analysis as this call for evidence is concerned with ‘group of single homeless people [...] whose complex needs mean

that they struggle to regain their independence'.⁴ We would expect more clients to have moved into independent accommodation over a longer time period.

Our clients with health needs, offending histories and/or substance use issues were less likely than clients who do not have one of these needs to have moved on into independent accommodation.

Table 2

Support Need	Total clients with support need	Clients with need who moved to independent accommodation, June 2014 – April 2015	Percentage of clients with support need who moved to independent accommodation - June 2014 – April 2015
Substance Use	943	143	15%
Physical Health	847	121	14%
Mental Health	922	137	15%
Offending	872	162	19%
None	159	44	28%

Table three shows that **the more needs that a client experiences, the less likely they are to move into independent accommodation within 10 months.**

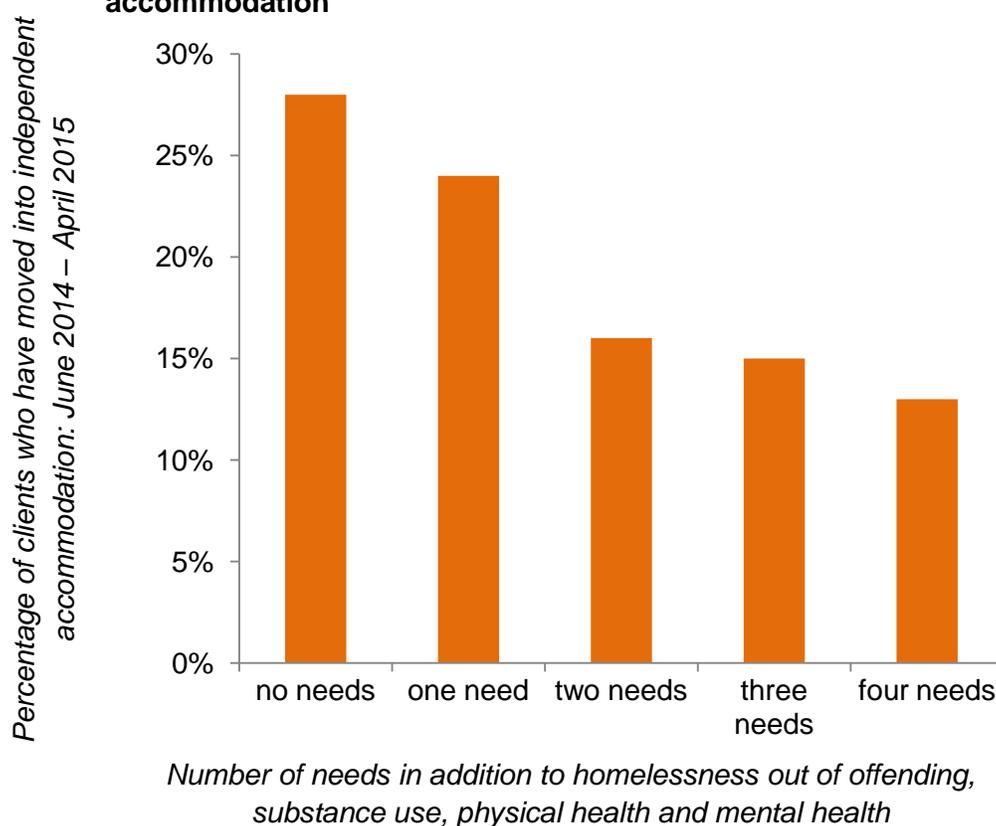
⁴ DCLG (2015) Addressing complex needs: Improving services for vulnerable homeless people
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417230/150325_Addresssing_Complex_Needs_-_final_publication_amended.pdf

Table 3

Number of needs out of offending, substance use, physical health and mental health, in addition to homelessness	Total clients with number of needs	Percentage of clients with number of needs	Number of clients with number of needs who moved to independent accommodation - June 2014 – April 2015	Percentage of clients with number of needs who moved to independent accommodation - June 2014 – April 2015
0	159	9%	44	28%
1	431	24%	102	24%
2	658	36%	103	16%
3	391	22%	57	15%
4	166	9%	21	13%

The above tables show that people with two needs in addition to homelessness were considerably less likely to move on from homelessness than those with one need. There is less of a difference in the move on rate between those who had two and three needs, and between those who had three and four needs.

Figure 1: Multiple needs and moving on into independent accommodation



1.3. How do these needs overlap and combine, and what is the impact?

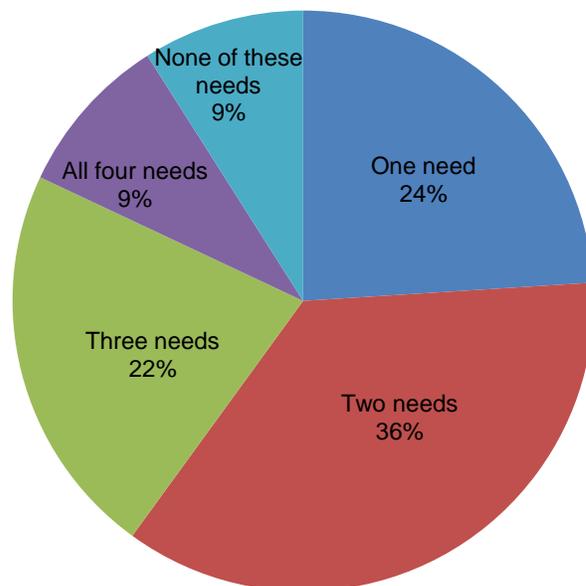
Most clients who have one of these needs also have other needs. Most clients with a substance use need have a history of offending and vice versa; most clients with a physical health need have a mental health need and vice versa.

Table 4

Support needs		Number of Clients	Percentage of Clients
One need 24%	Mental health only	128	7%
	Physical health only	77	4%
	Offending only	106	6%
	Substance use only	120	7%
Two needs 36%	Mental health and physical health	199	11%
	Mental health and substance use	72	4%
	Mental health and offending	61	3%
	Physical health and substance use	77	4%
	Physical health and offending	47	3%
	Substance use and offending	202	11%
Three needs 22%	Mental health, physical health, substance use	101	6%
	Mental health, physical health, offending	85	5%
	Mental health, substance use, offending	110	6%
	Physical health, substance use, offending	95	5%
All Four		166	9%
None		159	9%
Total		1805	100%

Figure 2

St Mungo's Broadway - clients needs out of mental health physical health, substance use and offending, n=1,805



A large majority of our clients face multiple and complex needs which tend to be self reinforcing. For example having a mental health issue can make it more difficult for a person to access treatment for physical health problems,⁵ and having an offending history makes it more difficult to be in employment.⁶

St Mungo's Broadway therefore adopts a holistic approach to recovery, supporting our clients to address their different needs simultaneously. We believe that addressing one support need in isolation from other support needs is unlikely to lead to successful outcomes for people who face a complex set of issues

In our experience, most physical and mental health services, criminal justice agencies, substance use services skills services and employment services are designed to address the one type of need which defines them as a service, e.g. physical health services tend to address physical health needs, but not mental health needs.

Our clients sometimes find that services actively exclude them if they have more than one of these needs. For example, many mental health services refuse to treat our clients who have a

⁵ Rethink Mental Illness (2013) Lethal discrimination
<https://www.rethink.org/media/810988/Rethink%20Mental%20Illness%20-%20Lethal%20Discrimination.pdf>

⁶Ministry of Justice (2014) The impact of experience in prison on the employment status of longer-sentenced prisoners after release https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296320/impact-of-experience-in-prison-on-employment-status-of-longer-sentenced-prisoners.pdf

substance use need,⁷ and on occasion our clients have been told that they cannot register at a General Practice surgery because they are homeless.

Case study – Jane

Jane is in her mid 50's and was a resident at a St Mungo's Broadway hostel. She had been in contact with homelessness, alcohol and mental health services throughout her adult life. Jane was physically dependent on alcohol; she had been drinking since her late teens and had not had any periods of sobriety since her early thirties.

Jane was a very vulnerable client. She had been a victim of physical, sexual and financial abuse and found it difficult to identify and avoid dangerous situations. Jane had a history of self harming, including in front of hostel staff, and suicide attempts. She had been sectioned a number of times but there was no follow up when she was discharged.

Jane received intensive support at the hostel from a complex needs worker and a key worker. These staff identified unmet mental health, literacy, and substance use needs, as well as signs of serious liver problems.

The complex needs worker and key worker supported Jane to reconnect with a sibling, which motivated Jane to address her alcohol dependence. Staff then facilitated a referral to a specialist alcohol team, who delivered an intervention with support of the complex needs worker.

A referral was also made to a learning disabilities team. This was initially rejected due to Jane's alcohol use. After St Mungo's Broadway staff had advocated on Jane's behalf the learning disabilities team agreed to assess Jane.

This assessment showed that Jane had mild learning disabilities, which may partly explain Jane's difficulties in recognising dangerous situations. She was also unable to read or write, which had led to her losing tenancies as she could not understand letters or maintain a benefit claim.

Staff ensured that Jane could access housing, alcohol and general practice services and that these and other services worked in a coordinated manner to support Jane.

After around two years of support from St Mungo's Broadway, Jane entered a detox and rehab programme, which she completed. Jane was supported to move into accommodation in the community with ongoing support. She has maintained a positive relationship with her sibling and

⁷ NICE guidelines acknowledge that 'people with coexisting substance misuse have [,,] higher levels of unmet needs compared with other inpatients with psychosis who do not misuse' NICE (2011) Psychosis with coexisting substance misuse: Assessment and management in adults and young people
<http://www.dualdiagnosis.co.uk/uploads/documents/originals/NICE%20Substance%20Use%20and%20psychosis.pdf>

is now doing voluntary work.

1.4. Service gaps for people with mental health issues

There is a significant group of our clients who require more specialised mental health support than can be provided by a GP, but for whom there are no suitable secondary health services available. This group includes many who have been diagnosed with anxiety (17 per cent of our clients), schizophrenia (19 per cent), depression (29 per cent) and/or personality disorder (six per cent).⁸

Experiences that result in complex trauma, i.e. sustained traumatic experiences in childhood and adolescence,⁹ have often contributed to the emergence of these mental health issues. We know that 26 per cent of St Mungo's Broadway's clients report having been abused by a family member, and domestic violence was a factor that contributed to 31 per cent of our female clients' homelessness.¹⁰ It is likely that more clients have been abused and experienced domestic violence but have not reported it to staff.

Experiences of violence and abuse also often leads to other issues which can contribute to homelessness, including mental health problems such as depression, anxiety and eating disorders.¹¹ These mental health issues often make it more difficult for clients to interact positively with support services, build healthy relationships or develop new skills. This makes it more difficult for clients to move on from homelessness. Mental health issues also contribute to and are caused by clients' other support needs, including physical health problems, substance use and unemployment.

Research has shown that a range of mental health interventions may work for people who are homeless with complex needs,¹² different interventions are likely to work for different people within this group.

However, many of our clients cannot access or engage with services that support them to overcome their mental health issues. These services either do not exist, or operate with delivery models that are not appropriate for our clients. For example, as mentioned in our answer to question 1.3, our clients with substance use issues often find it difficult to engage with mental health services.

⁸ We expect a greater proportion of our clients are in fact clients are affected by these mental health issues, but that many are undiagnosed.

⁹ For more information on complex needs see the National child traumatic stress network website, <http://www.nctsnetwork.org/trauma-types/complex-trauma>

¹⁰ St Mungo's Broadway (2014) Client Needs Survey

¹¹ St Mungo's Broadway (2014) Rebuilding Shattered Lives

¹² Maguire, N. et al, University of Southampton (date not given) Homelessness and Complex Trauma A Review of the Literature, www.personal.soton.ac.uk/nm10/Complex_Trauma.doc

There is a particular shortage of psychologically informed talking therapies available for our clients, especially those with a dual diagnosis around mental health and drug and or alcohol use. We are partly filling this gap, for our clients, through St Mungo's Broadway's Lifeworks programme, which demonstrates that talking therapies can lead to positive outcomes for people who are homeless, including those with problematic drug or alcohol use.¹³ However, following an initial pilot funded by government, we are now having to fund this from charitable donations which restricts how many clients we can reach and the sustainability of the service.

1.5. Offending, homelessness and complex needs

Our services often support people who have substance use issues, are involved in acquisitive crime and have lost their accommodation while in prison serving short sentences. Our staff report that clients are often homeless or very insecurely housed once released from prison, in part because resettlement teams do not have priority rights of referral to emergency accommodation.

In many areas this means that someone has to sleep rough before they can be referred by an outreach team into a hostel or NSNO service, significantly increasing the risk they will relapse into drug use and creating a very high risk of overdose.¹⁴

Clients are unlikely to have received support to address their substance use issues while serving a short sentence. On release, ongoing substance use issues combine with precarious housing situations to make reoffending more likely, forming a vicious circle. This problem is illustrated by Ministry of Justice figures that show 79 per cent of people who report that they were homeless when entering custody reoffend on release.¹⁵

We hope that changes to the probation system introduced by government's Transforming Rehabilitation reforms will reduce homelessness and reoffending among people recently released from prison. Community Rehabilitation Companies will need to ensure they address housing need, partly through creating strong links with local authorities that prisoners are being discharged to. This will require Community Rehabilitation Companies to work with local authorities outside of their area in which the prisons they operate are located.

The extent to which Transforming Rehabilitation reforms will reduce homelessness and reoffending remains unclear. Her Majesty's Chief Inspector of Probation recently said of the reforms: *there is much still to do to streamline processes and reduce bureaucratic burdens that could stifle innovation. There remains too the need to continue to review and improve IT*

¹³ For more information see

http://www.mungosbroadway.org.uk/services/health/specialist_mental_health_services/lifeworks

¹⁴ for more information on this point see <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/policy/drug-overdose-and-prisons>

¹⁵ Ministry of Justice (2012) Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278806/homelessness-reoffending-prisoners.pdf

*systems and processes, so that this supports the business of delivering effective, quality services to offenders that contribute to reducing reoffending.*¹⁶

- 2. a) If possible, please provide an estimate of the number of homeless individuals with complex needs in your area. b) Please define the area that your local estimate refers to. c) Please define the needs of the individuals included in your local estimate. d) Please provide the data source or an explanation of how you came to your local estimate.**

St Mungo's Broadway works in over forty local authority areas across London and the south.

The survey data provided in our answer to question 1 show the needs of 1,805 people living in St Mungo's Broadway residential projects in June 2014. 89 per cent of these people live in London, the others live in projects in various locations including Oxfordshire, Bristol and Milton Keynes.

We cannot provide estimates of population of homeless individuals in the different areas we work in as we are not the only homelessness service provider in these areas.

However, we would be willing to work with government to undertake further analysis of St Mungo's Broadway data in order to assess whether it could be used to inform local or national estimates of the population of homeless individuals with complex needs.

The Combined Homelessness and Information Network (CHAIN) database provides data on people who are found sleeping rough in London. The below graph and table show the needs of people who were recorded as sleeping rough the capital, and are taken from the 2013-14 'Street to Home' CHAIN report.¹⁷

¹⁶ HM Inspectorate of Probation (2015) Transforming Rehabilitation Early Implementation 2 'An independent inspection of the arrangements for offender supervision' <https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2015/05/Transforming-Rehabilitation2-report.pdf>

¹⁷ St Mungo's Broadway (2014) CHAIN Street to Home Annual Report 2013-14 http://www.mungosbroadway.org.uk/chain/street_home_annual_reports

Figure 3: Multiple needs among people sleeping rough in London

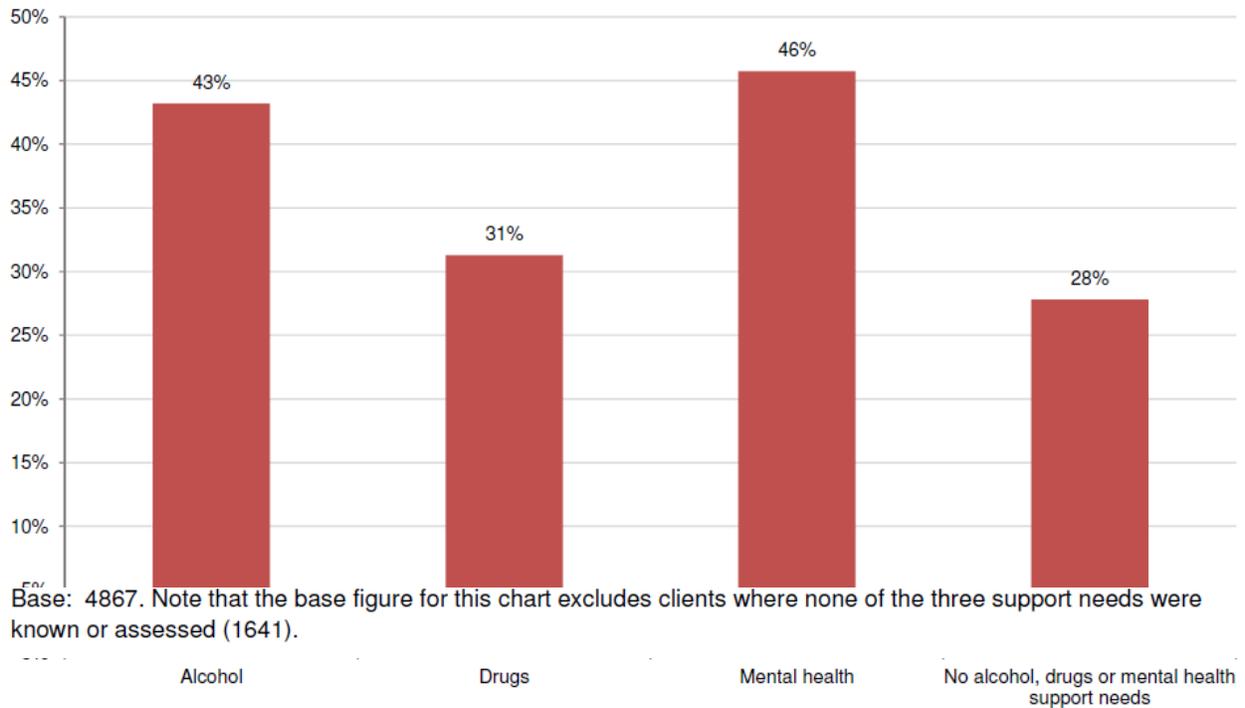


Table 5

Support Needs	No. people	% of people seen rough sleeping
Alcohol only	620	10%
Drugs only	262	4%
Mental health only	778	12%
Alcohol and drugs	309	5%
Alcohol and mental health	497	8%
Drugs and mental health	274	4%
Alcohol, drugs and mental health	678	10%
All three no	1353	21%
All three not known or not assessed	1641	25%
All three no, not known or not assessed	96	1%
Total	6508	100%

The Supporting People client records and outcomes database from St Andrews Centre for Housing Research also contains extensive historical data on people who are homeless who have complex needs and live in supported accommodation.¹⁸ Data held in this database may be useful for the purposes of this call for evidence and was used in analysis included in the 2014 Lankelly Chase report *Hard Edges* referenced below.

3. **a) If your organisation operates nationally, please provide an estimate of the number of homeless individuals with complex needs across England.**
b) Please define the needs of the individuals included in your national estimate.
c) Please provide the data source or an explanation of how you came to your national estimate.

St Mungo's Broadway believes that the figures referenced in the call for evidence, from Lankelly Chase¹⁹ and Making Every Adult Matter (MEAM)²⁰, give robust indications of the likely size of the number of homeless individuals with complex needs across England.

According to the 2014 Lankelly Chase report *Hard Edges* there are:

- 57,931 people who receive homelessness, substance use and offending services each year
- 33,758 receive homelessness and substance use services
- 31,276 who receive homelessness and offending services.

This gives a total of 122,965 people who receive homelessness services as well as substance use and/or offending services each year in England.

The 2009 Making Every Adult Matter coalition report referenced above estimate that there were around 56,000 people who were homeless or in prison and who had multiple problems.

St Mungo's Broadway would be willing to discuss how data we hold on our clients could be used in further efforts to calculate a national estimate of the number of homeless individuals with complex needs across England.

4. **a) Are there particular service gaps your organisation faces to achieving long term outcomes for the complex needs homeless group?**

If yes, please tick all that apply

¹⁸ For more information see <https://supportingpeople.st-andrews.ac.uk/>. This data is no longer being updated

¹⁹ Lankelly Chase Foundation (2014) *Hard Edges Mapping severe and multiple disadvantage, England* http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf

²⁰ Making Every Adult Matter (2009) *A four-point manifesto for tackling multiple needs and exclusions* <http://www.meam.org.uk/wp-content/uploads/2009/09/MEAM-report.pdf>

- ✓Access to accommodation
 - ✓Access to mental health services
 - ✓Access to physical health services
 - ✓Access to drug treatment services
 - ✓Access to alcohol treatment services
 - ✓Access to employment support services
 - ✓Access to education and skills training
- Other, please specify

b) If appropriate, please provide further detail or explanation to your answers on service gaps.

4.1. Accommodation

A 2014 survey of 1,805 St Mungo's Broadway clients found that 20 per cent were ready to move on into independent or supported accommodation, but had been held back because accommodation with the right level of support was not available. This suggests that there is a shortage of accommodation available for our clients to move into. This shortfall includes general needs, supported and semi supported accommodation.

4.1.1. Supply of supported accommodation

In 2014 the National Audit Office reported that local authorities' spending on Supporting People services has decreased by 45 per cent since 2010-11.²¹ The latest Homeless Link report on single homeless people in England indicates likely effects of this reduction in funding. Many services '*are struggling to maintain a good level of service on a lower budget*' and '*many services are adapting by reducing costs where they can, sometimes limiting the level of support they can offer*'.²²

In recent years a higher proportion of supported accommodation services have refused access to homeless people with the highest needs or the most challenging behaviour, a group which is likely to include many people with complex needs.²³ This reduction in the availability of services has coincided with an increase in the number of people who are homeless. Many of these people need to access supported accommodation to make a sustainable recovery from homelessness.

²¹ National Audit Office (2015) The impact of funding reductions on local authorities <http://www.nao.org.uk/wp-content/uploads/2014/11/Impact-of-funding-reductions-on-local-authorities.pdf>, p. 32 Supporting people services are services which aim to provide housing related supported services to vulnerable people in order to enable them to live independently. See this Parliamentary briefing for more information; www.parliament.uk/briefing-papers/RP12-40.pdf

²² Homeless Link (2015) Single homelessness support in England: Annual Review 2015

<http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

²³ See Homeless Link Annual Reviews, 2010-15 <http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

Anecdotal evidence from our staff suggests that local authorities have, in recent years, become more insistent that people must have a local connection in order to enter supported accommodation. This can lead to people, in some cases people sleeping rough, being unable to access available and appropriate accommodation because they do not meet local connections requirements.

The evidence suggests that the supply of residential services for people who are homeless and have complex needs has not kept pace with demand.

4.1.2. Supply of independent accommodation

There is widespread recognition that there is a housing shortage in the UK, especially in areas with high demand such as London and the south of England. This restricted supply has contributed to high housing costs.

Support for people on low incomes to meet these housing costs, through housing benefit, was limited through numerous measures introduced by the 2010-15 Government. These include caps and limited increases to Local Housing Allowance, as well as raising the shared room rate age threshold to 35.

The increased cost of housing and changes to housing benefit have made it more difficult for our clients to move out of our residential projects and into independent accommodation. It is taking clients who are ready to move out of our projects longer to find appropriate accommodation that they can afford to move into. This means that people are spending longer in our projects when they are able to live independently, in some cases taking up bed spaces that people with more complex needs who are sleeping rough are waiting for.

Constraints around affordability also mean that more of our clients are moving out of supported accommodation into independent accommodation in unfamiliar areas, often at considerable distance from areas where they are familiar with local services and may have built up a support network. They often need support to access services, such as health and advice services, in the areas that they are moving into. Failure to provide this support could make it more likely that tenancies fail and clients become homeless again.²⁴

4.1.3. Tenancy sustainment in private rented accommodation

Many of our clients have little chance of being allocated social housing, and therefore look to move on into independent accommodation in the private rented sector (PRS). However, recent research by Crane et al found that homeless people who move from supported accommodation

²⁴ The importance of tenancy support for people who have been homeless is detailed in Crane et al., King's College London (2015) Longer-Term Outcomes For Homeless People who are Resettled: Summary of findings and Implications for practice, pre-review version, <http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/reports/crane-et-al-2015-Rebuilding-Lives-summary.pdf>

into independent accommodation in the PRS are more likely to become homeless again than those who moved into social housing.²⁵

The study found that, overall, 16 per cent of the cohort (n=265) of previously homeless participants had become homeless again since being resettled. However, 36 per cent of the participants who had moved into the private rented sector had become homeless. Young people and people who had previously been homeless for more than ten years were the most likely to become homeless again.

Crane et al also found that tenancy sustainment services played an important role in preventing repeat homelessness. They found that '*in many areas, there have been cuts to tenancy support services, and pressures to restrict the length of support provided*'. They also found that tenancy support services were less likely to be supporting those with lower needs and those in the PRS, and that there was a need for practitioners to provide support around benefit claims.²⁶

Peer Advice Link (PAL) is a relatively low cost St Mungo's Broadway tenancy sustainment service delivered by volunteers and managed by specialised staff.²⁷ In 2012/13 PAL worked with 300 clients mainly in the PRS, delivering housing, financial, welfare and other types of support.

4.2. Mental health services

Please see section 1.4 of this submission.

4.3. Physical health services

As shown above, 47 per cent of St Mungo's Broadway clients have physical health problems; of these 91 per cent have an additional mental health and or substance use support need. The chronic poor health of many single homeless people is partly explained by the extensive barriers they face to accessing healthcare. The below points are taken from the St Mungo's Broadway 2014 report *Homeless Health Matters: the case for change*²⁸ and from a report from the same year illustrating costs of rough sleeping for primary care services.²⁹

²⁵ Crane et al., King's College London (2015) Longer-Term Outcomes For Homeless People who are Resettled: Summary of findings and Implications for practice, pre-review version, <http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/reports/crane-et-al-2015-Rebuilding-Lives-summary.pdf>

²⁶ Crane et al., King's College London (2015) Longer-Term Outcomes For Homeless People who are Resettled: Summary of findings and Implications for practice, pre-review version, <http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/reports/crane-et-al-2015-Rebuilding-Lives-summary.pdf>

²⁷ For more information on St Mungo's Broadway PAL see http://www.mungosbroadway.org.uk/services/recovery_from_homelessness/pal_peer_advice_link

²⁸ http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2057_homeless-health-matters-the-case-for-change

²⁹ St Mungo's Broadway and Resolving Chaos (2014) An analysis of the cost of acute health service use by rough sleepers in London http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2075_an-analysis-of-the-cost-of-acute-health-service-use-by-rough-sleepers-in-london

- Despite improvements in recent years, many homeless people still struggle to register with a GP, often because they are unable to provide a permanent address or the documentation required to register.
- Health services are conventionally designed to treat one condition at a time. The multiple health problems frequently experienced by homeless people often mean that support must be accessed from different parts of the health system. The system can be difficult to navigate, particularly for people leading chaotic lifestyles and managing issues relating to mental health and substance use.
- People with complex needs, and, in particular, complex trauma often find it difficult to manage their emotions in the face of perceived adversity, and can exhibit challenging behaviours and poor compliance with appointments and treatment. Health service staff may lack the skills to work with people who have complex needs, or who exhibit challenging behaviour.
- Many homeless people report experiencing discrimination that can result in their being refused treatment or unwilling to seek medical help in future.
- Homeless people may feel they have more immediate problems to deal with than their health, and put off seeking treatment until they require urgent care.
- Single homeless people may be more transient than other populations, making it more difficult to maintain engagement with health services.
- Low levels of literacy can mean that it is challenging to understanding written advice, such as prescription instructions.

4.4. Drug and alcohol treatment services.

As shown above, 52 per cent of our clients have substance use issues, and of these 87 per cent have physical and or mental health needs. These additional needs can act as barriers to engaging with substance use services, affecting people's self esteem and in turn their motivation to address substance use issues.

St Mungo's Broadway staff report that structured (tier three and tier four) drug and alcohol treatment services are available in areas where our clients live, but that clients with complex needs often do not engage with these services.

Specialist, pre treatment support staff can help clients with these health issues to engage with structured substance use services. However, the proportion of services in which this type of staff is employed has reduced since 2010,³⁰ partly due to cuts in Supporting People funding.

³⁰ See Homeless Link's annual surveys at <http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

Analysis of St Mungo's clients' recovery was undertaken in 2014 and was based on Outcomes Star scores. The analysis shows that clients with substance use issues come into our services with relatively high needs and make relatively little progress in addressing these needs.

Any response to homelessness and complex needs must consider how local drug and alcohol service commissioners and others can work with organisations like ours to create services that better meet the needs of the group. This observation has led to calls for government efforts to reform the existing services, as well as for new investment.³¹

We would be keen to work with DCLG and others to consider how steps might be taken to bring local commissioners, local authorities and the NHS closer together to build effective responses for homeless people with multiple and complex needs.

4.5. Employment support, education and skills training

Funding for adult skills and government funded employment support services is based around providers achieving outcomes for participants, and therefore tends to focus resources on participants who are most likely to achieve these outcomes, i.e. people with less complex needs.³²

The Work Programme may now be meeting its minimum performance targets for most groups, but it is still not reaching minimum targets for longer term claimants with health issues.³³ Many people who are homeless with complex needs are likely to be included in this group. Efforts to support homeless individuals with complex needs into work are also undermined by the current Department for Work and Pensions (DWP) conditionality and sanctioning regime. People who are homeless are more likely than the general population to be sanctioned³⁴ and the current regime has been found to be in need of a broad independent review by a Select Committee.³⁵ Contrary to the intended effect of the sanctions regime, being sanctioned often makes it harder for our clients to find or sustain employment.³⁶

³¹ Revolving Doors (2015) The Revolving Doors Agency Manifesto 2015 <http://www.revolving-doors.org.uk/news--blog/news/revolving-doors-manifesto-launched/>; MEAM (2015) <http://meam.org.uk/wp-content/uploads/2013/04/MEAM-asks-Mar15.pdf>

³² see BIS (2014) Getting the job done, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/286749/bis-14-577-vocational-qualification-reform-plan.pdf; p.35, and DWP (2014) Work Programme evaluation: Operation of the commissioning model, finance and programme delivery https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425301/rr893-report.pdf p.135, Table 6.2

³³ DWP (2014) Work Programme evaluation: the participant experience report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425082/rr892-summary.pdf

³⁴ Homeless Link (2014) Sanctions and the easement for people who are newly homeless <http://www.homeless.org.uk/sites/default/files/site-attachments/Sanctions%20and%20easement%20for%20people%20who%20are%20newly%20homeless.pdf>

³⁵ House of Commons Work and Pensions Committee (2015) Benefit sanctions policy beyond the Oakley Review <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmworpen/814/814.pdf>

³⁶ **St Mungo's Broadway (2015) Submission to the Work and Pensions Committee inquiry on benefit sanctions policy**

Government has partly acknowledged these issues around homelessness and sanctioning through the introduction of legislation which eases job search conditionality. However, this easement only covers people who are recently homeless and awareness of it among homelessness services and JCP is limited.³⁷

Programmes developed specifically for people who have complex needs may be effective. One example is STRIVE, a government funded basic skills and pre employment pilot delivered by St Mungo's Broadway's Work and Learning service, which works with people who have complex needs. Initial results for STRIVE are encouraging. 73 people enrolled in STRIVE in its first year; of these 66 per cent achieved a qualification or accreditation and 67 per cent reported increased motivation to seek work.

Future adult skills and accountability regimes, as well as government employment support schemes, should be designed to ensure that people with complex needs get the support that they need to learn and move into employment. This will entail delivering personalised support over a relatively long time period. For more details on our recommendations please see our upcoming joint employment support briefing, which will shortly be available.

**5. Who is best placed to commission services for the complex needs homeless group?
Please tick more than one if you feel a combination of commissioners would work best**

- ✓ *Central government*
- ✓ *Local authorities*
- ✓ *Statutory organisations-*
- Voluntary providers-*
- ✓ *Other, please specify*

Clinical Commissioning Groups, Health and Wellbeing Boards and NHS England should also have a role in the commissioning process. There should be scope for these bodies to combine budgets in order to commission services for this group.

Case study - Bradford Respite and Intermediate Care Support Service

The Bradford Respite and Intermediate Care Support Service (BRICSS) is a 14 bed accommodation unit delivered by Horton Housing and Bevan Healthcare that offers short term, temporary accommodation for homeless clients who are discharged from hospital.

http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2115_submission-to-the-work-and-pensions-committee-inquiry-on-benefit-sanctions-policy

³⁷ Homeless Link (2015) Sanctions and the easement for people who are newly homeless

<http://www.homeless.org.uk/sites/default/files/site-attachments/Sanctions%20and%20easement%20for%20people%20who%20are%20newly%20homeless.pdf>

BRICSS brings together clinical, social care and housing/ homelessness practitioners to work alongside the Pathway team to identify suitable clients, ensure continuity of clinical care and improve health outcomes. The service is a stepping stone to allow clients to engage with other services that can offer longer term support.

The capital funding for BRICSS comes from the Department of Health (DH) Homeless Hospital Discharge Fund and Horton Housing Association; revenue funding is via DH, the Clinical Commissioning Group and Bradford's Public Health team.

This joint commissioning has facilitated joint working. Reported benefits of partnership and integration include improved communications within integrated staff teams, opportunities for joint bidding, higher quality services due to shared knowledge and expertise, reciprocal referrals and efficiencies resulting from pooled resources.³⁸

The early findings of an evaluation by York Health Economics Consortium show that the project has been successful in reducing acute hospital stays for people with complex needs, facilitating early discharge and also ensuring that people are connected to appropriate support services.³⁹

6. Who is best placed to coordinate services for the complex needs homeless group?

Please tick more than one, if you feel that a combination of coordinators would work best

- Local authorities*
- Statutory organisations*
- Voluntary providers*
- Central government*
- Other, please specify*

7. Who is best placed to deliver services for the complex needs homeless group? Please tick more than one, if you feel a combination of delivery agents would work best.

- Local authorities-*
- Statutory organisations-*
- Voluntary providers-*
- Other, please specify*

8. a) Is there potential for the payment by results model to achieve improved long term outcomes for the complex needs homeless group?

Yes

³⁸ For more information on BRICCS see St Mungo's Broadway (2014) Homeless Health Matters: The Case for Change
http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2057_homeless-health-matters-the-case-for-change

³⁹ <http://www.housing.org.uk/briccs/>

b) Please substantiate your response.

See answer to question 10.

9. Do you have any experience of commissioning a payment by results scheme? If yes, please explain what you have learned from that experience.

No.

10. Do you have any experience of delivering a payment by results scheme? If yes, please explain what you have learned from that experience.

Yes. St Mungo's Broadway has delivered the London Rough Sleeping Social Impact Bond (SIB) through our London Rough Sleeping SIB service.

The London Rough Sleeping SIB aims to help over 400 people who are entrenched rough sleepers into long term housing, improve their health, and develop their skills, training and work potential. Almost all of the homeless people we work with through the SIB have complex needs.

We have secured a large number of positive outcomes for clients through the SIB and the available evidence suggests that the project is effective. The latest evaluation report shows that the SIB services delivered by St Mungo's Broadway have supported 143 people to enter stable accommodation and has beaten its targets for supporting people into sustained work. For more information on the SIB please see interim reports produced through the official evaluation.⁴⁰

We also deliver employment and skills payment by results (PBR) schemes; see section 11.2 for more details.

10.1. What has St Mungo's Broadway learned from delivering payment by results schemes?

St Mungo's Broadway broadly supports PBR schemes when they are applied appropriately and designed well. They can usefully focus on achieving sustained outcomes for clients and ensure that clients with the highest needs receive targeted support. Focusing on outcomes over process facilitates more flexible working, i.e. the amount of time spent supporting each client can be changed depending on their situation.

However, there are a number of issues that need to be carefully considered in designing PBR approaches for people with complex needs.⁴¹

10.1.1. Outcomes

⁴⁰ The reports are available at <https://www.london.gov.uk/priorities/housing-land/tackling-homelessness-overcrowding/rough-sleeping/social-impact-bond-for-rough-sleepers>

⁴¹ For more information on this points see Revolving Doors (2015) Adding Value? Reflections on payment by results for people with multiple and complex needs <http://www.revolving-doors.org.uk/documents/adding-value-reflections-on-payment-by-results/>

- Providers and clients should be involved in defining the outcomes for which payments will be made. These outcomes should reflect the changes that clients wish to see in their lives⁴² and should take into account potential providers' views on feasible levels of success and appropriate payments. Setting these outcomes and baselines can be a long, complex and resource intensive process.
- Outcomes payments should be made for sustained positive change. For example, payments could be made when someone moves into independent accommodation, for their remaining in the accommodation for six months, and then at twelve and 24 months.
- There is a trade off between using more holistic outcomes and the cost of monitoring. Generally, the more outcomes, and the more 'soft' or progress measures which are included, the greater the costs of setting up and monitoring contracts.
- The costs of monitoring, reporting and verifying outcomes should be clearly assessed and commissioners should ensure that providers have the funding needed to meet these costs.
- A database accessed and updated by multiple agencies makes outcomes easier to measure and more robust. The London Combined Homelessness and Information Network (CHAIN) database⁴³ has been essential in allowing the London Rough Sleeping SIB to record and verify outcomes. It may be much more difficult to monitor outcomes in any future PBR complex needs scheme for which there is no appropriate shared database similar to CHAIN available. Recording and verifying outcomes is a significant burden on PBR providers – for more information see our answer to Question 12.

10.1.2. Programme design

- PBR contracts, if designed poorly, can create incentives to focus resources on clients who are most likely to achieve outcomes and to pay less attention ('park') those who have higher needs and require more support. Payment arrangements need to be designed to counter this possibility, for example:
 - Payments mechanisms could be incorporated that may incentivise working with participants who are likely to have the highest needs. The frequency of offending measure in Transforming Rehabilitation services is intended to fulfil this function.
 - Differential payments can be made to reflect variation in client needs profiles and/or likely cost of supporting clients to achieve outcomes. The Work

⁴² *ibid*

⁴³ for more information on CHAIN see <http://data.london.gov.uk/dataset/chain-quarterly-reports> and http://www.mungosbroadway.org.uk/chain/street_home_annual_reports

Programme shows that this may be difficult to achieve if it is not based on a thorough needs assessment.

- Commissioners can allocate individuals to providers to prevent providers 'cherry picking' clients who are more likely to achieve outcomes.
 - The ethos of voluntary sector organisations that are committed to working with the most vulnerable or excluded groups may help prevent parking motivated by "bottom line" considerations of others.
-
- 100 per cent PBR funding can bring significant risk to providers. Smaller providers may initially struggle to access capital with which to fund delivery before outcome payments are received.
 - PBR can be used alongside different funding mechanisms such as grant funding or attachment payments. At the start of a programme, before outcomes are achieved and rewarded, more upfront payments could be made to cover start up costs and the delivery of services. The proportion of payment from PBR could increase over the life of a programme.
 - Uncertainty over the volume of referrals can make it difficult for prime providers and subcontractors to plan. Continued low or no referrals can lead subcontractors to pull out of programmes. St Mungo's (now St Mungo's Broadway) pulled out of the DWP's Work Programme in 2012, after receiving no referrals from prime providers. Assumptions around mobilisation timeframes may need to be extended where multi-agency arrangements need to be established.
 - A programme targeted at the complex needs homelessness group should recognise that this group requires long term support to overcome multiple issues. For example, payment arrangements could help ensure that clients have access to meaningful supported for at least five years.

10.1.3. *Social Investment*

- Social Investment may be a useful means to provide working capital for payment by results providers. It can also bring new stakeholders into contact with organisations delivering these schemes, improving their understanding of our work.
- Providers should not be forced to access social investment if they do not need or want to. The costs of borrowing capital can be high and there are costs associated with setting up investment vehicles and contracts. There is also a risk that social investment does not bring in new capital, but instead diverts charitable trust funding which would have been allocated in the form of grants.

11. a) What outcomes could best be rewarded through a payment by results model with the complex needs homeless cohort?

Please tick all that apply, or tick 'None'.

- More stable accommodation*
- Improved physical health*
- Improved mental health*
- Reduced offending*
- Reduced drug misuse*
- Reduced alcohol misuse*
- Progress towards and entry into employment*
- Better educational attainment*
- Volunteering and training opportunities*
- None*
- Other, please specify*

b) Please provide more detail on your answers. What specific outcomes could be paid for within the categories you selected?

PBR metrics should be designed around the needs and aspirations of the people whose lives they aim to change. As stated above, it is crucial that outcomes are set in consultation with service providers and clients. It would therefore be inappropriate at this very early stage of the design of any possible future programme for us to provide detailed recommendations around outcomes.

However, the clients of any future programme for homeless people with complex needs may be likely to face similar issues to the London Rough Sleeping SIB clients. Below we draw on our experience of delivering the SIB to make relatively broad points around the outcomes listed above.

11.1. Sustained stable accommodation

The London Rough Sleeping SIB makes payments for clients' confirmed entry into a tenancy, and when the tenancy is sustained for 12 and 18 months. This outcome has been evidenced through a signed or copy of a signed tenancy agreement for rented accommodation, or written evidence of another type of stable accommodation. The SIB has proved effective in supporting clients to achieve these outcomes and payment for these outcomes has been central to our ability to continue to fund delivery.

A key issue identified by our staff delivering the SIB is that support provided by conventional local authority tenancy sustainment teams is often inadequate for clients. Issues with benefit payments also put clients' ability to sustain their tenancy at risk.⁴⁴

11.2. *Employability, employment and volunteering*

Many people who are homeless have considerable unmet basic skills needs. 51 per cent of our clients have literacy ability below Level 1 and 55 per cent have maths skills below Level 1. Using alcohol problematically, having a mental health issue or have a significant physical health problem make it more likely that our clients will have a basic English or maths skills need. Developing basic skills can support people's broader recovery from homelessness by boosting their motivation and developing transferable skills.⁴⁵

The SIB pays for sustained full and part time employment, sustained volunteering and for achieving a level 2 qualification such as an NVQ. Payments for employment or volunteering are made when it has been sustained for 13 and 26 weeks.

St Mungo's Broadway SIB staff suggest that payment by results programmes aimed at this group should make outcomes payments for clients achieving Entry Level or Level 1 qualifications. Many SIB clients are not able to achieve Level 2 qualifications without first achieving lower level qualifications. The payment system does not recognise the work which staff undertake to support clients to achieve these lower level qualifications, even though they can provide an entry to learning for people who have been outside education or training.

St Mungo's Broadway Work and Learning services support clients to improve their basic skills through non qualification based learning. This is because many of our clients, and most likely many other people with complex needs, would be less likely to engage with our Work and Learning services if we offered only qualification based opportunities. Our clients have often been put off taking qualifications due to very negative past experiences of formal education.⁴⁶

St Mungo's Broadway Work and Learning services use Recognising and Recording Progress and Achievement (RARPA) tools⁴⁷, rather than qualifications, to record progress. We are funded on a payment by results basis by London Learning Consortium to deliver skills provision for which RARPA is used to evidence outcome payments. We would be happy to discuss how RARPA based provision could be incorporated in a complex needs homelessness programme.

11.3. *Better managed health*

⁴⁴ DCLG (2015) Qualitative evaluation of the London homelessness social impact bond :Second interim report <https://www.london.gov.uk/sites/default/files/Qualitative%20evaluation%20of%20the%20London%20homelessness%20SIB%20Second%20interim%20report.pdf>

⁴⁵ St Mungo's Broadway (2015) Reading Counts: Why English and maths skills matter in tackling homelessness http://www.mungosbroadway.org.uk/press_office/1928_half-of-homeless-people-lack-reading-and-writing-skills-new-study-shows

⁴⁶ St Mungo's Broadway (2015) Reading Counts: Why English and maths skills matter in tackling homelessness http://www.mungosbroadway.org.uk/press_office/1928_half-of-homeless-people-lack-reading-and-writing-skills-new-study-shows

⁴⁷ For more information on RARPA see <http://send.excellencegateway.org.uk/rarpa-resources>

It is vital any future programme for homeless people with complex needs supports clients to improve their physical health. The SIB makes outcome payments for reductions in episodes of Accident and Emergency attendance.

However, in the first year of the SIB no health data on which to base health outcomes was available due to data sharing issues. St Mungo's Broadway's SIB service (Street Impact) received a payment for the first year of operation in lieu of data being provided. Without data from the first year of operation Street Impact has been unable to assess its performance in this area.⁴⁸

For a homelessness complex needs programme to function effectively it is vital that there are robust and timely data sharing arrangements in place. Statutory agencies involved in any such programme should take responsibility for ensuring data can be shared appropriately. Failure to do this could seriously undermine a future programme.

11.4. *Reduced drug/alcohol use*

St Mungo's Broadway has not been involved in any PBR programme in which payments are made for reduced drug and alcohol use. We currently believe that reduced drug and/or alcohol use outcomes should not be used to trigger payment in a complex needs homeless programme.

Evidence around the effectiveness of existing drug and alcohol PBR schemes shows mixed levels of success.⁴⁹ There may be challenges in defining and measuring success around substance use for this group. Abstinence is unlikely to be an appropriate outcome for many participants in any future programme, and physical testing may undermine the relationship between some participants and staff.

Achieving other outcomes around stable accommodation and employment, education and skills would be likely to lead to a reduction in drug and or alcohol use. The St Mungo's Broadway Bricks and Mortar service is primarily an employment and skills service; however, clients often significantly reduce or stop substance use as a result of attending the service.⁵⁰

11.5. *Improved mental health*

Any future complex needs programme should support participants to improve their mental health. As shown above, over half of St Mungo's Broadway residents have mental health issues. Addressing mental health issues may enable people to address other issues, such as unemployment⁵¹ and physical health problems.⁵²

⁴⁸ It has since become possible to share this data.

⁴⁹ University of Manchester (2014) Evaluation of the drugs and alcohol recovery payment by results programme: Interim Summary Report http://www.population-health.manchester.ac.uk/epidemiology/NDEC/newsandevents/news/PbRDR_Summary.pdf

⁵⁰ For more information on Bricks and Mortar, see http://www.mungosbroadway.org.uk/services/recovery_from_homelessness/pathways_employment/bricks_and_mortar

⁵¹ See information on the previous Government's Growth Deal Pilots <https://www.gov.uk/government/news/12-million-to-help-people-with-mental-health-problems-get-back-into-work>

However, it is unclear whether payments should be attached explicitly to improved mental health outcomes. It is difficult to foresee how improved mental health outcomes could be robustly measured or verified.

11.6. *Offending*

It may be possible to include offending outcomes in a future complex needs scheme. However, careful consideration would have to be given to what measure of offending was used, and whether it was possible for agencies to gather and share this data in a timely manner.

12. ***What further support, if any, would you require to successfully participate in (delivering or commissioning) a payment by results scheme?***

The experience of St Mungo's Broadway in delivering payment by results schemes has demonstrated that monitoring, reporting and verifying outcomes requires a significant amount of staff time. The evaluation of Supporting People PBR pilots reported that this was also a significant issue for organisations that were delivering the pilots.⁵³ PBR scheme payment structures should fund the activity required for administering outcomes.

Data sharing should also be facilitated where possible. As stated above, statutory agencies involved in any complex needs homelessness programme should take responsibility for ensuring data can be shared appropriately. The London Rough Sleeping SIB pays providers for improved health outcomes; however, these payments have been made without reference to any results as health data was not shared by DH agencies (see answer to question 11 above).

It would be particularly helpful if data held by the DWP could be used to verify job outcomes. In some cases our PBR scheme clients have been unwilling to ask employers to verify job outcomes, as they do not want their employer to know that a homelessness agency had supported them into work. In these cases we have not received payment for the job outcomes we supported clients to achieve.

13. ***How can we improve coordination across local service provision to improve outcomes for homeless individuals with complex needs?***

Our clients with complex needs often require support from a number of agencies, including health, substance use, employment and housing services. It can be difficult for people to access

⁵² For more information see <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/P/physical-health-mental-health/>

⁵³ DCLG (2014) Supporting People Payment by Results pilots: Final Evaluation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362270/Supporting_People_-_Payment_by_Results_-_Final_Evaluation.pdf

these services, which are sometimes hard to find and time consuming to access, and clients may not know of their existence.

Personal issues such as mental and physical ill health, substance use and a lack of basic skills can make identifying and attending appropriate services more difficult. It can also be challenging for professionals to interact constructively with people affected by these issues.

13.1. *The navigator or link worker model*

Individuals with complex needs can benefit from support to access appropriate services. St Mungo's Broadway's London Rough Sleeping SIB service is delivered through a 'service navigator' or link worker model. Workers support clients to engage positively with existing services, using their own goals as a starting point.

The SIB evaluation found this model of support to be effective. The second interim report set out some of the model's key features:

Key features of a navigator model⁵⁴

- The Navigator has a budget to support a personalised approach, act as a single point of contact for the client and the services working with them, and help the cohort through the landscape of existing provision.
- The Navigator would be a key worker, supporting the client from an individualised assessment through the network of provision necessary to address their support needs, and sustaining this support over time.
- An outcomes based structure would enable Navigators to take an assertive, holistic and personalised approach rather than the delivery of any one intervention.

The navigator model is more likely to be effective if it is delivered by staff with extensive experience of working with people with complex needs and liaising with a wide range of services. Recruiting and retaining high quality staff should therefore be a priority in any programme based on the navigator model. More information on similar approaches to the navigator model can be found in a recent Revolving Doors report.⁵⁵

⁵⁴ Extract from DCLG (2015) Qualitative evaluation of the London homelessness social impact bond :Second interim report
<https://www.london.gov.uk/sites/default/files/Qualitative%20evaluation%20of%20the%20London%20homelessness%20SIB%20Second%20interim%20report.pdf>, p17

⁵⁵ Revolving Doors (2015) Comprehensive services for complex needs: assessing the evidence for three approaches, Wraparound, Multisystemic Therapy and the link worker model <http://www.revolving-doors.org.uk/documents/comprehensive-services-for-complex-needs/?preview=true>

Flexible personal budgets are an important element of the SIB navigator model and other programmes delivered by St Mungo's Broadway. Personal budgets allow clients to buy goods and services to which meet their individual needs, for example our clients use personal budgets to buy clothes for job interviews, to pay for travel to meet family members and to buy furnishings for their accommodation.

An evaluation of a pilot project offering personalised budgets to rough sleepers in the City of London found that personal budgets '*helped to establish a trusting relationship with the project coordinator; gave people an incentive to move into and stay in accommodation; and supported people in maintaining tenancies by responding to crisis and planning for a future.*'⁵⁶

13.2. Coordinated services

There is scope for local services to coordinate with each other more effectively to support people who are homeless and have complex needs. Housing, health, skills and work services can better support each other to achieve results for this group.

There are a number of ways in which services can coordinate with each other, including through sharing or pooling budgets, making referrals or signposting to other appropriate services, equipping staff with a broader range of skills, developing common assessment tools, regularly exchanging information and working together to create new products and services.

Any future complex needs homelessness programme, and government policy more generally, should seek to strengthen this coordinated working between services. An example of local coordinated working is provided below.

13.2.1. Hammersmith and Fulham Health and Homelessness project

The Hammersmith and Fulham Health and Homelessness project is commissioned by the local authority and delivered by St Mungo's Broadway. This project aims to help individuals navigate primary and secondary health services, build capacity among hostel staff and focus on early intervention in order to prevent health problems becoming critical.

- The service builds capacity by training clients and staff in partnership with health organisations.
- The service coordinates complex case conferences with staff present from a range of agencies.
- Staff have designed and rolled out a common health assessment tool and collate quarterly submission data to analyse need and engagement.
- Monthly health action group meetings are held with health and housing professionals.
- Three health screening events are held each year.

⁵⁶ Joseph Rowntree Foundation (2010) Providing personalised support to rough sleepers An evaluation of the City of London pilot <http://www.jrf.org.uk/publications/support-rough-sleepers-london>

- The project has led to the design of a GP appointment card, which clients can use to help them access primary care.
- In 2012-13, the project screened 76 clients and trained 118 members of staff.

A similar project has been commissioned by Westminster Council through their rough sleeping team. Westminster Health and Homelessness Coordination Project (HHCP) will coordinate and deliver a response to improve health outcomes for rough sleepers and hostel residents in the borough.

14. How can we improve coordination of services across geographical areas to improve outcomes for homeless individuals with complex needs?

Coordination of services across geographical boundaries can be improved by commissioning programmes on a regional or sub regional basis. Commissioning programmes across a wider geographical area can reduce duplication of services and allow resources and support needs to be better matched.

Within the complex needs homeless population there are relatively small, geographically dispersed groups that require specific types of intervention. These groups include women with multiple support needs who have experienced domestic violence⁵⁷ and people who are homeless and require end of life care. These 'high need, low density groups' can be often be supported more efficiently through regional or sub regional provision.

Examples are provided below to show how regional and sub regional commissioning has worked well for people who are homeless with complex needs.

- The SIB was commissioned by the Greater London Authority and works across the capital. Many of the SIB's clients move between local authority area boundaries, and in the past this has meant that they have faced difficulties in establishing the 'local connection' needed to access support. They are eligible for support through the SIB by appearing on the London-wide CHAIN database and having needs and histories which match the programme's criteria.
- The East London Housing Partnership's Single Homelessness Project '*provides a rent deposit for accommodation in the private rented sector and tenancy sustainment support for single non-priority homeless people who have a local connection to East London*'.⁵⁸ It operates across eight boroughs, meaning that clients have access to a wider choice of rented properties than would be the case if the project was limited to one borough.

⁵⁷ For more information on this point and women, complex needs and homelessness see St Mungo's (2014) Rebuilding Shattered Lives <http://www.mungosbroadway.org.uk/actionweek2012>

⁵⁸ East London Housing Partnership (2012) East London Single Homelessness Project Briefing <http://www.elhp.org.uk/pdf/SHP-Briefing.pdf>

Voluntary and charity sector partners deliver intensive tenancy sustainment support to clients, who have a wide range of needs.

- Multi disciplinary, cross local authority boundary homeless mental health initiatives have been found to be effective at reducing the amount of time people spend in homeless accommodation. These initiatives are generally delivered by specialist workers with relatively small caseloads. Coordination between health, housing and social care services is essential to their success.⁵⁹

15. *What can we do to build on existing services or delivery structures to improve outcomes for this group?*

As stated above, St Mungo's Broadway's London Rough Sleeping SIB service has shown the service 'navigator' approach to be highly effective for individuals who are homeless and have complex needs. A programme based on this approach and targeted at a broader population of people who are homeless and have complex needs could be introduced.

Some of the key features of any such programme could include:

- provision that supplements, rather than replaces, existing homelessness services
- long term support to maintain stable tenancies
- flexible personal budgets
- commissioning on a regional or sub regional basis
- voluntary and community sector delivery of the programme.

There is also the potential for existing services to become more integrated and coordinate with each other more effectively to support people who homeless and have complex needs.

16. *Do you have any other suggestions on how services could be improved for the complex needs homeless group?*

There are numerous ways in which services could be improved for the complex needs homelessness group. As indicated above, employment, skills housing and health services often do not provide accessible, appropriate support for this group.

Changes elsewhere in the system could undermine efforts to improve services for people who are homeless and have complex needs. As outlined in our answer to question four, further reductions to Supporting People funding and housing benefit, as well as failure to address the

⁵⁹ International Review of Psychiatry (2000) 12, 206-211 'Facing up to social exclusion: services for homeless mentally ill people' Tom Craig & Philip Timms GKT School of Medicine, Dentistry and Behavioural Sciences, St Thomas Hospital, London, UK

shortage of homes, could lead more people to become homeless and make it harder for people to address complex needs.

Universal Credit could support people who are homeless and have complex needs to improve their budgeting skills and move towards financial independence, if effective Universal Support and alternative payment arrangements are in place. However, if this support and these arrangements are ineffective for this group, Universal Credit could cause increased destitution and more failed tenancies.⁶⁰

St Mungo's Broadway has a number of recommendations around how services can be made more effective for this group. Some of these recommendations are outlined in our 2015 client manifesto⁶¹:

- Urgently improve the housing advice and assistance on offer from local authorities to prevent people who ask for help from sleeping rough, wherever they are in the country.
- Make sure people who are homeless have access to psychological therapies including counselling, CBT and psychotherapy. Increase the choice of therapies available in order to help people with experiences of trauma, and people using drugs and alcohol.
- Improve employment support for people who are homeless, or have experienced homelessness. Reward progress towards work, offer more specialist support and give local authorities a greater role in bringing together services that can help tackle long term unemployment.
- Expand specialist basic skills programmes for people who are homeless across the country to help build confidence, as well as basic maths, English, IT and employability skills.
- Make sure the welfare system helps rather than hinders people to find and keep a home and a job.

More detailed recommendations can be found in our policy reports and briefings, including our Health Matters⁶² and Reading Counts⁶³ reports, as well as our forthcoming joint employment support briefing.⁶⁴

⁶⁰ For more information on the possible implications for Universal Credit for this group, see St Mungo's (2012) Submission to the Social Security Advisory Committee's call for evidence on the Universal Credit regulations http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/1373_st-mungo-s-response-to-the-ssac-universal-credit-and-related-regulations

⁶¹ St Mungo's Broadway (2015) St Mungo's Broadway manifesto for the general election 2015 <http://www.mungosbroadway.org.uk/documents/6159/6159.pdf>

⁶² St Mungo's Broadway (2014) Homeless Health Matters: The case for change http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2057_homeless-health-matters-the-case-for-change

⁶³ St Mungo's Broadway (2015) Reading Counts: Why English and maths skills matter in tackling homelessness http://www.mungosbroadway.org.uk/press_office/1928_half-of-homeless-people-lack-reading-and-writing-skills-new-study-shows

Additional information:

The 'Addressing complex needs' paper discusses Housing First (page 19). The points below show what St Mungo's Broadway has learned from delivering two Housing First programmes in London.

- It is important to stress that Housing First is a distinct approach from floating support. Generally, Housing First is aimed at people who have been homeless for long periods of time and who have high support needs, frequently including severe mental health and substance use needs. Housing First provides intensive, client led, non compulsory and often daily support.
- We don't see Housing First as a substitute for traditional supported housing pathways, but it should be an additional option for working with some clients who are hard to engage and or retain.
- Five year, or open ended, funding is likely to be more appropriate than funding limited to a shorter time period. Given the severity and complexity of need, in many cases expectations that Housing First clients will be ready for independent or low support living after shorter time periods of time will be unrealistic. Commissioners and providers must ensure that clients have access to long term support from the point at which they are referred to a Housing First service.
- A very small staff to client ratio, ideally with no more than 4 clients per worker, is essential to ensure that the Housing First model is effective. Housing First is resource intensive, but supporting clients to maintain tenancies helps prevent costs to public services arising elsewhere.
- St Mungo's Broadway has found that peer involvement and personal budgets are key to successful delivery of Housing First.
- In our experience, property procurement has been a difficult obstacle to overcome when delivering Housing First. Clients need affordable accommodation with secure tenancies. Housing First depends upon housing providers being willing to take a positive risk.

For more information on Housing First see a February 2015 report by Joanne Bretherton and Nicholas Pleace, '*Housing First in England: An Evaluation of Nine Services*', published by the Centre for Housing Policy and the University of York.⁶⁵

⁶⁴ This will soon be available on request.

⁶⁵

<http://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf>

Useful resources on complex needs are available from:

<http://mcnevaluation.co.uk/evaluation/observatory/>

<http://meam.org.uk/publications/>

<http://www.lankellychase.org.uk/>

<http://www.revolving-doors.org.uk/partnerships--development/spark/resources/>