

The Revolving Door Research Project Brighton & Hove 2008

“Climbing Everest Naked”

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**Health and Social Policy Research Centre
University of Brighton**

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FOREWORD

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“Climbing Everest Naked”

“...trying to see a bit of light at the end of the tunnel and get a bit of that back, it might seem like the idea of climbing Mount Everest naked, or flying to the moon with a pair of wings you made yourself It's so far out to have to change....” TB CRI

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1. Executive Summary

There were two main themes that emerged from the interviews, and twelve significant key themes. We have summarised them and included a main recommendation for each. Further recommendations are to be found at the end of the report.

1: Literature Review

The review looks at current literature on homelessness and specifically highlights the role of the key worker and the generic nature of the support model that hostels provide. Within the literature review the changing support needs of the hostel client group are acknowledged and reasons are put forward as to why a 'revolving door' exists and how this can be tackled.

1.1: Main Themes

1.1.1: The Key Worker

Participants were clear that unless trust was established between themselves and their key worker, engagement would not happen, or would be less productive, and no progress would be made by them. They had various ideas about what would help to build trust which mostly focused around the experience, commitment and skills of the worker. It was suggested many times that ex-service users would be effective key workers.

- Key Recommendation: providers to review the role of key worker to match the needs of the client group.

Comments enabled us to examine what 'support' means and attempt to define a support approach, which we have included a section on in the 'Re-visioning' Section.

1.1.2: Substance and Alcohol Misuse in Hostels

There were a number of comments from participants about the obstacles to them remaining drug-free in hostels. This was true of those leaving residential treatment before it was completed or leaving prison having addressed their drug use inside. Relapse and problematic behaviour often resulted in eventual eviction. It was pointed out that clients with mental ill health not using substances would also leave their accommodation rather than remain somewhere that was not able to meet their needs.

- Key Recommendation: an increase in structured drug-free hostel accommodation.

1.2: Significant Themes

1.2.1: Women in Hostels

In recognition of the high proportion of women in the revolving door group, one section of the report is dedicated specifically to the experience of women.

- Key Recommendation: the provision of thought-through women-only accommodation.

1.2.2: Rape/Survival Sex/Sex Work

Interviews indicated that vulnerable women, and some men, are engaging in survival sex/sex work, and that rape takes place often without being reported, and without receiving support.

- Key Recommendations: training for staff to support those affected, and to ensure reporting to the Police takes place;

Further research is essential.

1.2.3: Being a Parent

Many service users are parents, and this seemed to be an overlooked issue. Contact is rarely facilitated for those with children and service users' identity as 'parent' is not often recognised.

- Key Recommendation: Training for staff related to parenting issues.

1.2.4: Relationships

There are several challenges for service users regarding relationships. Firstly, those in relationships find it difficult to access space in hostels, secondly, there is a need for support for couples to help them have healthy relationships.

- Key Recommendation: Implementation of Couples Policy, including addressing domestic violence (DV) issues.

1.2.5: Mental Ill Health

The majority of service users interviewed self identified as suffering with some sort of mental ill health. Many felt their needs were not being met in the hostels where they were living. Concerns were raised over waiting times for appointments for assessments of mental illness. Hostel staff recognised the problematic nature of a dual diagnosis for their clients.

- Key Recommendations: Training on mental ill health as standard for all support staff; increase of dual diagnosis support.

1.2.6: Prison

Some service users have been imprisoned more than once and there was a sense of them viewing prison as a place of respite away from the stresses of street life and chaotic substance misuse.

- Key Recommendation: to provide more structured drug-free hostel accommodation.

1.2.7: Bereavement

Some service users revealed that their experiences of bereavement had been a trigger for homelessness, particularly those who experienced loss of a parent at young age. While living on the street, some service users had experienced loss of friends and others were concerned about the way the death of a service user in a hostel was dealt with.

- Key Recommendations: training in bereavement issues for staff, and the implementation of Bereavement and Fatality Policies and Procedures.

1.2.8: Boredom

Boredom was an issue for most of the service users interviewed and recognised by many staff. Most wanted on-site activities to get involved in and to have a break from thinking about drugs.

- Key Recommendation: provision of activities that service users have identified themselves, and within smaller informal groups; also facilitating what individuals enjoy/enjoyed as a past-time or hobby.

1.2.9: Self Esteem and Hope

Many service users were hopeful about their futures; this sense of hope is related to feelings of stability in their current lives. Low self esteem was more significant amongst women.

- Key Recommendation: Recognising any personal achievements clients have made, no matter how small.

1.2.10: Life Skills

Service users spoke positively about the structure that life skill programmes provide, completion of the programme was often part of the goals set by key workers. Service users commented that this type of social interaction often led to a sense of normality.

- Key Recommendation: More provision for structured life skill programmes with a wider range of modules available.

1.2.11: Moving On

There are many challenges facing this client group that make passage through the Integrated Support Pathway (ISP, description in Appendix) in Brighton & Hove a challenge.

- Key Recommendation: more flexibility within the City's ISP

1.2.12: Losing Possessions

It was identified that service users lose many irreplaceable possessions in hostels and this was sometimes due to inconsistent storage policies.

Key Recommendation: A city-wide policy on care and storage of possessions.

1.3: Overall Conclusion

There are two clear issues that have emerged from this research. Firstly, service users feel that current hostel provision provides easy access to drugs and as such is not helping them move forward in their lives as well as within the city's Integrated Support Pathway. Secondly, support provided by key workers was generally appreciated, but it was felt that more insight,

particularly life experience, and training could enable more trust to be built. Trust was a key word, and felt to be essential in order to engage with the support service in the hostel.

There is an opportunity to look at hostels targeting more bed spaces/flats/areas so that trained staff can deliver the specialist support to clients with, for example, mental ill health, or who need to be in a drug-free space within an environment geared up for that purpose. This contrasts with the current situation where key workers have to be a “jack/jill of all trades.”

There was a general lack of awareness regarding the experiences of women. Hostel providers at least need to look at developing more awareness amongst key workers, and consider specialist staff and dedicated spaces for women.

It was clear from the key workers interviewed that they have enormous commitment to the client group. A review of the key worker role within the context of the client group in Brighton & Hove would be a step forward to recognise the skills and insight required, and this could be done within a city-wide working group. This would develop a more consistent support approach to this client group, and recognise the critical role key workers have in enabling service users to move forward in their lives.

2. Introduction

The Revolving Door

The term 'Revolving Door' tends to be used in the social care and housing sector to highlight the repeat experiences of some vulnerable adults. People on low incomes and without dependents often had no statutory right to housing therefore hostels traditionally housed single homeless men. In Brighton & Hove there are eight hostels varying in size and providing a mix of accommodation for homeless adults. Types of accommodation range from single rooms to cluster flats. Some hostels provide residents access to their own kitchen facilities whilst others will provide meals. There are women only spaces in some of the hostels, although there is no women only hostel and there are no provision for couples. Many of the hostel residents in Brighton & Hove have ongoing substance and/or alcohol misuse issues and hostel policies around this can vary, however most of the hostels seem to adhere to a 'harm minimisation' approach including assessments for treatment and care plans along with the provision for the safe disposal of drug using equipment such as needles. Mental health issues are also common amongst the City's client group. Different service providers manage the City's hostels, some being run by religious organisations or charities, and others are provided for by Brighton Housing Trust and Brighton & Hove City Council themselves.

Origins

This project grew out of a discussion amongst three Brighton & Hove hostel managers who wanted to know why a core group of service users, who they knew to have been in hostels for many years, stayed for longer or shorter periods at one hostel as opposed to another, and were also not progressing through the 'system'. They wanted to know what they were doing right; and what they were doing wrong.

Hostels in the city have 80-100%¹ of service users with substance misuse issues, compared to an approximate average of 50% in London's hostels². Many of those have mental ill health, diagnosed and non-diagnosed. Some have a high 'street profile', others do not. Hostels in Brighton are perhaps the most challenging places to live and work because of these highly complex needs and because resources are reducing.

The Aims of the Project

The Revolving Door Research Project focuses on hostel service users who have lived in hostels in Brighton & Hove for over three years and in three or more hostels. The aim was to ask them about their experience of living in hostels, specifically:

- What worked well?
- What did not work well?
- What do you think could be done differently?

¹ CRI presentation at ROCC SP Forum Oct 2007

² London's Hostels for Homeless People in the 21st Century University of Sheffield/Pan London Providers Group 2005 <http://www.mungos.org/facts/reports.shtml>

The views of service users have been central to the project. These are the voices of women and men who are disenfranchised and are rarely heard or seen over and above their identified support needs. The project has been led by the issues *they* raised and with input from key workers and others working with this client group. The report is an exercise in ideas, aspirations and recommendations 'bubbling up' from them. Most recommendations do not require extra funding, but the will to make considered changes and constantly refresh service delivery.

We have tried to ensure that the language in this report is as jargon-free as possible to reflect the fact that this project is all about the service users, and to make it accessible to a range of audiences.

There has been much capital investment from national government via the Communities and Local Government's (CLG) Hostel Capital Improvements Programme to improve the buildings of some hostels. This project hopes to initiate debate about service provision and offer service-user led recommendations for providers to draw upon.

As funding sources from central government reduce annually, the goal of developing a personalised service for this deeply excluded client group becomes extremely challenging. It also means that sharing best practice in the City can become impossible as many providers view each other as competitors. We hope that by reading this report, it may give providers and other services some ideas about what is most helpful for service users.

3. Methodology

An advisory group was set up to guide the project. Stakeholders included; The Street Homeless Project Manager at Shelter, The South East Region Manager for Homeless Link, a local YMCA Hostel Manager and the manager of the city's Mental Health Homeless Team. Two senior lecturers from the University of Brighton and members of the Health and Social Policy Research Centre Team were also part of the advisory group. Members of Brighton & Hove City Councils' Psychology Team and a Brighton & Hove City hostel manager were invited to be part of the advisory group, but declined. The steering group met four times. Their role was the over-seeing and signing off of actions, as well as providing support and guidance.

Revolving door service users were mapped using data available from one hostel. A flyer was designed inviting revolving door clients to contact the project directly if they wished to participate. A questionnaire was created with service user input and three pilot interviews were carried out with two men and one woman. In total twenty service users were interviewed (ten men, ten women), four hostel managers and one supported housing manager were interviewed as well as five key workers from three different hostels in the city. Of those invited in the City's agencies, three staff from the city's Crime Reduction Initiative (CRI) were interviewed, as were two staff from Brighton women's only Oasis project³. The manager of the mental health homeless team and the service manager of St John Ambulance Homeless Service, one police sergeant and one service user involvement worker (substance misuse) made up the remaining professionals who were interviewed.

All interviewees were advised that any data or information gathered would be strictly confidential and all interviewees signed confidentiality agreements. Service user identity was kept anonymous and false names have been used in this report. It was felt that anonymity helped maximize the potential for people to speak freely. Professionals were consulted over how they wished to be identified in the report and a mix of names, numbers and initials have been used. Job titles for hostel staff that perform a key working function vary, for consistency in this report we have used the term key worker to describe these staff.

The location of service user interviews varied according to the wishes of the individual. In the main these were carried out in local cafés or hostel flat kitchens. One woman was interviewed after a focus group. In accordance with National Treatment Agency⁴ guidelines service users were paid for their time. For convenience interviews with professionals were carried out on location or at their place of work.

Two focus groups were carried out late in December 2007 (one mixed gender, one women-only). The aim of the focus groups were to expand on topics not covered in the original questionnaire but that had arisen out of the process of data analysis.

³ Brighton Oasis Project supports women with current or former substance misuse issues.

⁴ National Treatment Agency www.nta.nhs.uk

4. Literature review

Homelessness occurs in all societies; it is not culturally specific. Explanations for homelessness centre around individual or structural factors. Ross⁵ suggests the two main causes of homelessness amongst women are relationship breakdown and eviction by relatives and friends. These two reasons are also ranked first and second by poverty action charities. A lack of social support has been found to precipitate homelessness in men whilst for women there is often a link between traumatic life experiences and homelessness.⁶

The Key Worker

Within the literature on hostel provision the importance of key workers is highlighted. The role they play in facilitating change for their client group, how this is limited or restricted and how this impacts on the hostel service user is recognised⁷. The report 'Finding the Key' found that some hostel residents had developed survival strategies that diminished their ability to adjust to hostel life and engage with key working sessions. Time constraints placed upon key workers can lead to difficulties engaging with clients and encouraging them to seek treatment for health issues or high risk behaviours such as substance misuse.

Service User Involvement

Homelessness research has often sought the views of homeless people themselves and throughout the literature homeless people have raised issues of trust and honesty between staff and service users^{7,8}

Institutionalisation

Also apparent within the literature specifically concentrating on hostel provision is the view that many homeless people are torn between wanting the independence of a single room, but also being wary of the isolation associated with it. This can lead to some service users abandoning their hostel accommodation and returning to the street.⁸

Women

Isolation and self esteem are key themes in homeless literature specifically for women, and it is suggested that women's negative self image impacts on their

⁵ Ross, M (1990) Counting Women: A summary of research into women and homelessness. London: London Housing Unit.

⁶ Fitzpatrick, S. (2005) Explaining Homelessness: A critical realist perspective. Housing, Theory and Society 22 (1) 1-17.

⁷ Croft-White, C and G. Parry-Crooke. (1996) Double Exposure: Addressing the needs of homeless women with mental illness. London: The Sainsbury Centre for Mental Health

⁸ Ham, J (1996) Steps From The Street: A report on direct access hostel provision. Ed. M. Carter. London: CHAR

ability or willingness to engage with service providers. It is also suggested that amongst women “repeat homelessness appears to be very common”⁹

Changes in the hostel population

Lickiss¹⁰ identified a need for a hostel in Brighton & Hove specifically for women, and highlighted how the ‘care in the community’ agenda had led to an increase in former psychiatric patients now being seen in the local homeless population. The Revolving Doors Agency¹¹ also recognises the prevalence of mental health problems in this client group, and has devised a ‘Link Worker’ model to “*Combine frontline and strategic interventions to meet the needs of adults facing chronic exclusion.*”

Homeless Links ‘Clean Break’¹² suggests that substance misuse may be as high as 80% in the hostel population; a figure which is echoed elsewhere in the literature. It is also argued that there is a strong correlation between drug use and repeated tenancy loss. Integration between drug and alcohol work and tenancy support is highlighted by Randall and Brown¹³. For hostel service users with addictions the issue of ‘staying clean’ is apparent within the literature, the ‘Clean Break’¹² report highlighted difficulties faced by service users and echoed problems highlighted by Pleace’s¹⁴ report of harassment by other residents, and the problems abstaining from drugs and/or alcohol whilst living with people at various different stages of their rehabilitative journey. It is felt that some service users are not receiving adequate advice or support from housing departments upon leaving hospital or detox/residential rehabilitation facilities. Cross referrals between departments have been recommended as one area of good practice that could be improved.¹⁵

The argument over whether hostels should provide specialist or generic services is prominent within the literature. Generic provision is viewed as problematic as it often excludes clients with specific and multiple needs.^{7,8,14} There is a call to develop ‘multiple needs’ as a specific client group that is recognised by funding structures. Following on from the government paper

⁹ Reeve, K, R. Casey and R. Goudie (2006) Homeless Women: Still being failed yet striving to survive. Crisis: CRESR

¹⁰ Lickiss, R (1987) Housing and Women in Brighton and Hove. Brighton: Lewes Cohen Urban Studies Centre.

¹¹ Revolving Doors Agency Newsletter August 2007, p2.

¹² Clean break: Integrated housing and care pathways for homeless drug users. (2007). Homeless Link

<http://www.homeless.org.uk/cleanbreak>

[Accessed on 8/10/2007]

¹³ Randall, G and S. Brown (2003) The Support Needs of Homeless Households. London: ODPM

¹⁴ Pleace, N (1995) Housing Vulnerable Single Homeless People. Research Report. Centre for Housing Policy, University of York.

¹⁵ Waters, M (2002) From Pillar to Post: Failing to meet the support and housing needs of vulnerable people. London: Shelter Monographs.

'More Than A Roof'¹⁶, Randall and Brown¹³ argue the need to identify 'multiple needs' groups as those most likely to need high levels of support in order to prevent them continually going through the cycle of revolving door.

Fitzpatrick and Jones¹⁷ argue that street homeless policies that come from a 'social control' perspective such as Anti-Social Behaviour Orders (ASBO) being used as sanctions for street homelessness and begging have a negative impact on homeless people.¹⁸ There is some evidence to suggest that enforcing 'no-begging' policies can perhaps push people into the sex industry as a means of making money.¹⁹ In a hostel environment similar 'social control' measures such as compulsory attendance of day programmes can also impact negatively, and in some cases can lead to eviction or abandonment of the accommodation, pushing service users once more through the revolving door of hostel to street. Being moved on within a set timescale was also seen to be problematic.⁸

Research carried out in London involved interviews with 389 homeless people and suggested that "Since first becoming homeless, nearly half the sample (48%) had been continually homeless".²⁰ This figure highlights how significant the issue of the revolving door is, and how more needs to be done to combat this problem. The report suggests an increase in co-operation between agencies as one way of tackling the problem. There is an argument within the hostel literature that the traditional generic approach may be outdated. More recently there has been a call for a more holistic approach to supporting homeless people with addictions, with housing that is responsive to service user needs in partnership with the view that any treatment must be seen in the context of a more long term journey.¹² A report by Off the Streets and into Work (OSW) and The Centre for Economic and Social Inclusion²¹ also suggest that more provision of facilities to tackle drug and alcohol dependency and mental health issues is required. The report puts forward the need for the key worker role to co-ordinate care with access to services. The aim of

¹⁶ More Than A Roof: A report into tackling homelessness. (2003).
<http://www.communities.gov.uk/documents/housing/pdf/156600>

[Accessed on 24/9/2007]

¹⁷ Fitzpatrick, S and A. Jones (2005) Pursuing Social Justice or Social Cohesion?: Coercion in street homelessness policies in England. *Journal of Social Policy* 34 (3) 389-406

¹⁸ Home for All? Homelessness policy challenges for Labour's third term. (2005). Salvation Army

<http://www.1.salvationarmy.org.uk/ahomeforall>

[Accessed on 15/9/2007]

¹⁹ Johnsen, S and S. Fitzpatrick (2007) The impact of enforcement on street users in England. Joseph Rowntree Foundation. Policy Press London

²⁰ Fountain, J and S. Howes (2002) Home and Dry: Homelessness and substance use in London, page 4. Ed. O. Baker. London: Crisis.

²¹ Policy Messages from Research: Enabling employment success for homeless people. (2006) OSW and The Centre for Economic & Social Inclusion.
http://www.osw.org.uk/librarydocs/Policy_Briefing_Enabling_Employment_Success.pdf

hostels is to empower their residents by giving them the right tools to tackle their problems, this is far more productive than providing basic housing.²² Using a more holistic approach when dealing with service users, recognition of multiple needs and more integration between hostels and local communities are all suggestions of good practice put forward in the literature.¹⁸

On the basis of this literature, the key issues that this research sought to explore were;

- Service user involvement to seek the views of the hostel resident.
- The importance of key workers and the role they play within the hostel service.
- The support model provided by hostels and how this could be updated to meet the needs of a changing client group.

The topic of substance misuse and the issues surrounding the difficulties staying 'clean' in the hostel environment were also of interest to this research, as were issues specific for women.

²² Waller, S (2000) Closing The Gap: A national consultation of people who have experienced homelessness. Ed. J. Blake. London: Shelter

5. “Who We Are”

The sample of service users involved in this research was ten men and ten women. The average age of the women was 36 years and the men 35 years with the range of ages for both men and women going from mid 20s to mid 50s. The majority of participants were white British with one Irish woman and one Scottish man. One woman was registered disabled and one woman self-identified with a health related disability. Three men self-identified as disabled with mental health as their disability. However, all the men and eight of the women identified as suffering with mental ill health. Of these, three women had been admitted to hospital and one diagnosed as bi-polar. One man had been sectioned four times, two men diagnosed paranoid schizophrenic and one as a self-harmer. Nine out of twenty service users had been to prison with four women having been once, two men once, one man twice and one man four times.

As a group with high support needs, and having ‘done the rounds’ for so long, service users are represented within casework fora, reduced to data, statistics and performance outcomes. It can be easy to forget that they are people with more to them than their needs and problems. Service users were asked to point out their positive qualities. Initially a few found this hard to do but eventually did:

“Trying to think- yeah ... Um, oh God... what are you doing to me!”

“Shit!.. I don’t know! I haven’t got many.”

“Um, I don’t think I could describe them properly. That is a very, very hard question. “

“It’s hard to do good qualities isn’t it?”

“I’ve got a good personality, I like a laugh, I cheer people up. Kind and caring. I am the type that would do anything for anyone, even if I don’t like the person, I’ll give a roll up or rizla or whatever. I won’t see anyone without anything. I’m a good mother, a good cook. Me friend said to me “you just love yourself don’t ya”, I said “well yeah, no one else is going to, so I might as well.”” Chrissy

“Creative, artistic, self aware of my problems, but just lack confidence. And that’s where most of my problems lie. But once I’ve done it and get through it, I feel brilliant” Laura

*“Well I listen. If there’s trouble I’ll try to sort it out the best way I can.”
Bel*

“Fit, healthy, happy- good fun, me not putting a face on. Want to live my life. Very strong and positive. I enjoy sitting in the service user forums. Positive- positively fun!” Tilly

"Kind; helpful; honest; up for most things; someone you can talk to." Dee

"Intelligent. Quite caring. Good sense of humour. Fun to be around. A lot to give to the future if I can- when I recover. I'm a really good cook." Maz

"Kind- thoughtful on most occasions ... would love to live in the countryside with loads of animals, dogs and cats." Jo

"I see myself as a person who's had a lot of problems, but I'm overcoming them, slowly but surely. I think I've got quite a good personality. I'm friendly, I can get on with anyone. And I think I'm a nice person. I think I am. Kind, friendly. Clean, tidy. Helpful. Understanding." Robin

"Honesty, straightness. As far as being on drugs, I never ripped my own kind off. Being straight and down to earth. Really good in bed! Easy going, do anything for me mates. Strong person." George

"I'm a good person. I'm quiet. I hate violence. I like a joke sometimes, sometimes not. I worry about stupid things. I like having a laugh and that. When a woman gets on the bus, I'll let her have the seat. Kind. Considerate. Good manners." Ed

"I've learned to calm me temper down. If I can walk away from it I know I'm a better man. I'm more approachable, I'm more talkative, easy to communicate with. I'm generally happy go lucky." Sean

"I'm quite loyal... Quite good communicating with people. I'm quite caring- quite a good listener. Try and support people when they are down. Try and find the good points in people and tell them. People say I'm not like everyone else. I'm quite happy. I've got to be strong." Jim

"Happy go lucky, don't get depressed. Try and put positive vibes to negative vibrations." John

"Outgoing, kind, generous, good person to talk to, if anyone's got any problems they trust me to talk to- not aggressive, laid back." Chas

"I am enthusiastic, outgoing, polite, easy going, willing to learn and motivated." Nick

6. The Revolving Door

At the Brighton plenary session of the Families at Risk Review conferences, run by the Social Exclusion Task Force, in March 2007 Julian Corner²³ made the point that it is *“not that people are unable to cope, but that they are coping with an imperfect system.”* The revolving door is the result of an imperfect system.

This section gives the perspective of hostel staff and agencies who work with the client group.

How many are in the Revolving Door?

We were unable to access data to find out exact numbers of people in this group. There were many guesses made and the best figure we could settle on based on what we were told, would be 30-50% of the hostel population (so in ‘the system’ for over three years, usually much longer). However this is an estimate as we were not able to access accurate data for Brighton & Hove.

“There are people in the city that we all know in services...they are well known because of their complexity; they are well known because of their behaviour. But there are lots of people that fly below the radar...”
Hostel A Manager

“Six and half years I have been in Brighton now, and I’m still working with the same people.” MT Crime Reduction Initiative (CRI)

“I’d probably say it could be up to 50%, perhaps even more.” Hostel D Manager

One manager who had worked outside of Brighton previously held the view that *“the entrenched rough sleeper problem here is not the same as it is elsewhere. I think it’s peculiar to Brighton.”*

Views on why there is a Revolving Door

Staff recognise that hostels are challenging environments to live in, that the hostel lifestyle is *“...a hard environment to live in. I think I would much prefer to sleep on the street to be honest- the rules, regulations, other people’s dynamics, drugs, drink, youngsters asking me how I am!”* SM CRI

Evictions from Hostels

Observations were made that reasons for evictions could be surprising and inconsistent:

“...throwing him back on the street because he is self-harming in a hostel, we are gonna put him back on the street? All very bizarre sometimes.” RS Sussex Police (SP)

²³ Chief Executive Officer Revolving Doors Agency see http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/families_at_risk/conference.aspx

“There isn’t a consistent approach from every hostel- what’s tolerated in one hostel is not tolerated in another and therefore people get evicted.” SM CRI

Leaving Voluntarily

Many service users abandon their accommodation. For those service users who have diagnosed mental ill health they leave *“because they really can’t tolerate it, and there’s those that are evicted... They are only in a month, three weeks, two weeks- we call it the ‘honeymoon’, and we keep hold of them because we are waiting to see them come out again. It’s reality not cynicism.”* EP Manager Mental Health Homeless Team (MHHT)

Data from one hostel evidenced that women leave at a significantly higher frequency than men, and this is dealt with in the section on Women.

Key workers views

Support staff in hostels were aware that when a service user returns to the hostel *“it’s demoralising for someone, it can take them back, it’s de-motivating.”* (Key Worker 1), and it is key workers who have to find ways to inspire and motivate them. Many staff recognised that this is a very hard thing to be able to do, and as Key Worker 5 said

“...there’s nothing new here, there’s nothing different. Why should they be motivated? They have seen it all before, and they are back to square one. Seen all their mates do the same”.

Evictions

Service users describe how it feels to be evicted. Staff and service users can get jaded and these voices serve as reminders of how grindingly dead-end eviction can feel.

“Gutted. Proper disruptive in my life... Just feels like I’ve messed me life up really, how do you call it, ashamed of myself, for putting myself in that position...” Chrissy

“Oh- it’s like “here we go again”. Am I going to be able to get somewhere to live? Am I going to just die in a hostel? How am I ever gonna get clean in a hostel?” Dee

“Shit. Shit and you think “oh well, which hostel is it this time”- the circuit, isn’t it?” Tilly

“You start losing faith in things really, because you feel like you’re getting somewhere then you might have this little lapse, then all of a sudden you’re getting kicked out of the hostel.” Laura

“Boring really. Same old thing different day really, innit?” Elaine

“It’s not great...I’ve come off the street into a hostel, and gone into treatment, given up my room- and given treatment a good go, not completed it, and ended up coming back out here...I think it puts a lot of

people off treatment as well, in case they do fail; they've got nothing to come back out to. I was on the streets 4 months before I got into a hostel. It's frightening and does affect you." Chas

"It messes up your head too. If you're just from one hostel to another...It makes you feel that you've got no hope, coz you can't get settled." Robin.

"It's either like, well I won't care when I get there, back on the street... And its- be hard, aggressive, not caring. It's not a nice way to be." George

"About 10 years in the system. I'm a wee bit gutted that I'm still around but that's my fault for slipping in and out of it, and I put my hands up." Nick

"Its not nice, coz you don't see everything in the future, you know. For a while, I couldn't see any future- I could see myself when I'm 40 still in hostels." Jake

"I just keep going round in a circle, prison hostel prison hostel, wish it would stop... It feels like I'm getting nowhere, running at a brick wall." Ed

"I was 17 when I got institutionalised, and I've never had a real home since. So for the last 15 years I've been homeless. I've not had a real home- hostels, care homes, bed-sits. It's been a circle...Feels horrible. I broke down in tears..." Jim

7. The Main Themes

7.1: The Key Worker

Key worker qualities

Key workers felt that the main reason for their clients remaining in the revolving door was because of difficulties in engaging clients in the support process. The aim of the key worker is to facilitate change for their clients. They do this by fostering trust and being supportive. In many hostels the key worker tends to take responsibility for the housing related support of some residents. In Brighton & Hove the key worker to client ratio varies greatly between hostels, ranging from 3:1 to 10:1. Traditionally, the key worker coordinates support services, as well as dealing with building management, paperwork associated with operational procedures, the gathering of essential information regarding their clients and carrying out risk assessments. A good key worker needs to value the service user's position, be reflective and *"Should seek to learn about their own limitations."*²⁴

Life experience and trust, being supported and listened to were some of the terms clients used to identify qualities they would like a key worker to have.

Life Experience – The Value of Ex-Service Users

This was one of the most commonly cited qualities by both service users and staff. With issues such as substance misuse, a staff member with relevant life experience was felt to be of great value. Both service users and staff recognised that an element of life experience can enable key workers to connect with service users, on *their* level.

"Maybe they should not just have knowledge of other persons problems, but maybe have lived through it themselves, like certainly the drug one." John.

"A lot of it comes down to experience – that can lead onto whether the ex-street community clients should or could move into the role of worker" RS SP

Employing ex-service users as key workers was a suggestion put forward by many of the men and women we spoke to. However, it was acknowledged that 'life experience' could also mean someone who had perhaps dealt with the ups and downs of life.

"I think they should employ people who have been through stuff, you know, who've got experience" Maz

The ability to learn from service users was of equal importance. This view was echoed by frontline staff who felt that learning, in terms of being receptive, was a key part of engaging with clients.

²⁴

Finding the Key: Developing a good practice guide to key working in hostels with homeless people who drink heavily. (June 2003) London: Providence Row Charity & The London Housing Foundation. p6.

“She never thought she knew what you were experiencing, but she’d learn that off you.” George.

“I learn from working with each of the clients I work with....When someone tries to explain “this is what its like for me”, that is better than going to any training course.” Key Worker 4

Trust

It was widely recognised by the research participants that trust in a relationship was highly valuable if that relationship is expected to effectively facilitate change for someone. Many service users had been ‘let down’ in previous relationships, or perhaps lost their trust in ‘the system’, leading them to rate trust as one of the most significant things needed to help them to engage with their key worker.

“She didn’t read me the riot act, which is what I really like about her – she said ‘just be honest with me – what is going on...you can’t work with someone you can’t trust, can you?’” Laura

Supportive – emotional and practical

By virtue of living in a hostel, revolving door clients need support. Many of the men and women, both clients and staff we interviewed spoke of ‘support’ as something the key worker provided to the client. This was often broken down into three general areas; a key worker who is going to support clients in their decisions, who will try to meet their emotional needs and someone who is able to assist in the practical elements of service users lives.

“She picked me back up again” Laura

“(KW) has come with me every time, been real back up.” Jake

Counselling Tools- Listening Skills

Feeling like you are being listened to was one of the most common themes reported by service users when talking about the relationship with their key workers. Most service users felt that having a good rapport with staff and strong lines of communication were linked with their more positive experiences of engaging with key workers. Being a good listener is not a quality everyone naturally has, therefore some training in counselling tools such as listening skills would be of benefit to some key workers. It was thought by one service user that key workers should be more aware of people having difficulties ‘opening up’, it was suggested that asking more specific questions about a service users ongoing problem may be one way of tackling this breakdown in communication (*views of John*).

“Cos if you feel that someone’s not listening or they’re not interested, you go away feeling worse than what you did when you first started out” Chrissy

The Top Five Qualities

Compassion, good sense of humour, caring, empathy and being respectful were the most frequently cited personal qualities a key worker should have.

These qualities, we felt, were found amongst the frontline staff we interviewed, especially those who had entered the role from a 'helping relationship'²⁵ background.

"First of all you need compassion" Chrissy.

"Gotta have a sense of humour to work here; caring, someone who listens and can be serious at the same time". Jake

"Empathise and understand that all people have been through different things in their lives." Robin

Choice- key worker

The opportunity to engage with a key worker of their choice was important for some service users. There are times when it is a "personality thing", and extreme cases include all-out rows, or obvious lack of experience.

"You should be able to change your key worker if you can't communicate." George

Professionalisation of the role

A lot of service users would value access to counselling as part of the support, although not necessarily provided by the key worker. There is a move towards adopting CBT (cognitive behaviour therapy), brief therapy and motivational interviewing techniques by key workers to enable productive engagement with service users. However, not all hostels have the resources for the necessary training and pro active time to use the techniques.

"Counselling skills would be very valuable for them to know how to hold boundaries, how to engage and have a therapeutic-type relationship with their clients...if you are trying to engage with someone who won't engage you need to know about listening skills." MM, Service Manager

Hostel managers spoke of the positive impact professionalising the role of key worker would have in their organisation.

"Our job isn't to counsel, but you know it sometimes does fall that way...I think a lot more should be done to prepare key workers for that." Key Worker 1

"Working towards a recognised qualification could also be highly motivating and empowering for existing staff and would undoubtedly help them to feel valued and skilled. It would also be good for clients who could see that staff have the skills to support them, it would help professionalise the sector." Hostel A Manager.

25

A 'helping relationship' background is someone who has previously been involved in some care work, such as nursing.

One key worker felt the level of focused support required by some service users who used substances necessitated a dedicated specialist approach:

“...on the whole, I’d say they need to be in an intensive therapeutic environment.” Key Worker 5

Meeting halfway

Interviews with service users evidenced that they were appreciative of what some hostels and some key workers were doing, and that there was a responsibility for them to make the most of what was on offer and to move their lives forward. Service users spoke of how the process was a shared one:

“Things are moving again because I’m putting in the footwork again- its not just down to key workers to do it.” Nick

“It’s down to your frame of mind...He was a good key worker, but I wasn’t putting any time or effort into him either.” Jake

7.2: Substance and Alcohol Misuse in Hostels

The Client Group

Three quarters of homeless people have a history of problematic drug use²⁶. Nineteen out of twenty service users we interviewed had problematic heroin, crack or alcohol use issues (*10 men, 9 women*). To break this down further;

- nine men and six women had heroin problems;
- three women had alcohol only; one man had crack only.
- eleven out of the fifteen service users with heroin problems were on an opiate based treatment programme at the time of the interview (*7 men, 3 women*). – Two men and one women said they were ‘using’ on top of this.
- two men and three women spoke of using prescribed valium.
- two men and one woman spoke of being addicted to the tranquiliser benzodiazepine²⁷.
- two women spoke of swapping addictions - both had moved from heroin to alcohol.

Two male service users were resigned to the fact that they may be on methadone for the rest of their lives. Seven out of the fifteen service users with ongoing heroin addictions spoke of the length of time they had been using the drug. Three had been using for over twenty years and four had been using for over ten years.

“Heroin since I was 15 - I’ve always had that” George

²⁶ Homelessness Directorate (2002) *Drug Services for Homeless People*. ODPM. London

²⁷ <http://www.talktofrank.com/drugs.aspx?id=204>

Only one of the revolving door clients we interviewed had no personal issues with substances or alcohol misuse, however she spoke of the heroin addiction suffered by her male partner. Service users themselves noted that there had been an increase in substance misuse issues among hostel residents;

“About three years ago - it was different then, it was calmer than it is now...every single person I know in there has got either a drink or drug misuse problem.” Jim

Treatment

Eight men and eight women had previously been to detox or in residential rehab to address their substance and/or alcohol misuse problems. Most revolving door clients had accessed treatment a number of times with many not completing the treatment.

To break this down further;

- Four women and two men had been once.
- Two women and two men had been twice.
- One man had been three times.
- Two women and three men had been four times.

“I’ve been in a couple of detoxes over the years and rehab about ten minutes.” George.

“Four times. I’m hoping to go back in again.” Nick

Barriers to Treatment

Giving up your room to enter treatment was something that three of our service users spoke of. Apprehension regarding completing treatment often leads to fears surrounding losing accommodation. Many had completed a detox and/or rehab successfully, only to relapse when they were discharged. Reasons for relapse varied, but this was often to do with being discharged back to the same environment, either the street or the hostel. For instance, after entering a residential treatment the first time:

- Two men and two women were discharged onto the street.
- Five men and two women were discharged to a hostel.
- Two men and four women went back home.

“I think it puts a lot of people off treatment as well, in case they do fail; they’ve got nothing to come back out to. Back on the street- happened to me three times now.” Chas

“For both times, coz you give up you place where you live, I was on the street, and luckily for the second time I was only on the street for a week.” Jake

Two men and three women we interviewed were waiting to go into treatment at the time of the interview.

Stable housing and successful treatment outcomes are widely linked.²⁸ It was suggested that hostel rooms should be kept 'open' for a short period to accommodate the needs of those people falling out of treatment.

"If they have got that assurance of 'ok we don't want you to fail but we're going to maintain your property for a short period', because if they do come out and they do come out onto the street, it's just straight into the ditch of drink and drugs and risk." RS SP

Service users raised fears around group work and therapy whilst in treatment, and for some the past was always going to be seen as a barrier.

"There's gates that I've welded shut from me childhood...I'd be scared to open them gates, and I'd be scared of the fallout after." Sean

"They're worried that if "I can't get involved in group work, and I get chucked out", it'll be back to square one again." TH Oasis

For people who are apprehensive about entering a residential treatment programme, or have previously had a negative experience of one, it was suggested that hostels outreaching into treatment centres may be a good way of showing people what they are about. Local connection criteria inevitably means that some service users may know people who are in treatment already and this could prove to have a positive influence.

Coercion

Three women were currently serving community penalty orders; either Drug Treatment and Testing Orders (DTTO) or Drug Rehabilitation Requirement Groups (DRR). These required compulsory attendance at a women only project to address their substance and/or alcohol misuse issues. This project was spoken of in a positive way, and the women found the structure and support it provided them to be of benefit.

"The girls that I work with on the DRO are all really good, they're supportive." Jo

However, one woman spoke of feeling under pressure from her key worker to enter a drug treatment programme.

"They're pressurising me to go into a detox. A residential detox. I don't think it's right they are putting pressure on me. It should be my decision." Maz

Staying Clean

Only two service users (both men) said their addictions got better when they entered a hostel. The man with the crack only issue spoke of not needing the

²⁸ National Treatment Agency (2006) *Models of Care for Treatment of Adult Drug Misusers*. Upda

drug once he had stable accommodation; coincidentally his mental health also improved.

Nine service users said their addictions got worse when they became homeless (3 men and 6 women). Five service users said they developed an additional subsequent crack addiction directly as a result of staying in a hostel (4 women, 1 man).

“The crack came after I became homeless.” Laura

The hostel environment was often cited as the main reason for residents going back to drugs. The temptations combined with lack of things to do proved very hard to avoid.

“Your neighbours next door have a hit. You hear the foil rustling” Tilly

“Even those on scripts the temptation is so high in the hostel environment as other people will still be using.” Key Worker 2

Service users emphasised the importance of being away from active drug users when they were reducing their intake or abstaining from drug use. This was found to be extremely difficult in many of the hostels in Brighton and Hove. Living with other people at various stages of the detox process was by and large the biggest hurdle to staying clean.

“I stayed clean for a couple of days, I got into the wrong crowd.” Ed

It became apparent from the data that there needs to be some kind of middle ground for people who were showing an interest in going into a residential rehab programme. A dry flat where clients could try detoxing before entering a treatment programme was the most common suggestion from service users and staff. Both felt that policies must be extremely strict if this was to be successful.

Outreach

One agency staff member highlighted the problems posed from the geographical location of the cities needle exchange, and felt that perhaps this prevented some people from engaging in harm minimisation approaches.

“There is difficulties, like with needle exchange being right next door to somewhere you’d go for treatment and you’re not supposed to be using.” MM Homeless Service Manager, St John Ambulance Service

It was felt that the city’s substance misuse services needed to increase its outreach in the local area. Service users and staff suggested an in-house needle exchange.

*“There would be a needle exchange, and if people are going to use, as long as they do it own their own in their own room, at least you know they’re safe.”
Laura*

There was positive feedback from outreach staff regarding the current optimised methadone treatment programme. It was felt that those clients on this programme were *“Getting a lot more out of it”* (TB CRI) due to services engaging with them in a more determined way.

Substance Misuse Policy

It was a common theme in the interviews that rules around drug use were often un-clear. Service users often felt confusion over rules as they vary between hostels.

“You’ve got other hostels who won’t allow needles, won’t allow dope, yet will sometimes allow alcohol, although others will not. Mixed messages in hostels is feedback that I hear all too frequently.” RC Service User Involvement Worker – Substance Misuse at Mind (SUIWSM)

The rules surrounding smoking marijuana were felt by service users to be contradictory

“They’ll give you a sin bin to put in your room, but if you’re caught smoking a joint you get a big warning.” John

Alcohol

Three women service users had problems with alcohol only, two were waiting to access an alcohol detox at the time of the interview. Coincidentally these two women were the eldest in the sample, both linked alcohol use with depression and both had battled with dependency before becoming homeless. Six men stated they did not use alcohol at all. Hostel staff were frustrated at the lack of services for alcohol only clients.

“In terms of alcohol provision there is no detox provision whatsoever.” MT CRI

“Drugs is a ... “please have a drug issue, we can deal with you very quickly. Don’t tell me you’ve got a drink issue in isolation,” we have got some services but not enough.” RS SP

Street drinking is illegal and sanctions for this type of behaviour include Anti-Social Behaviour Orders (ASBO). Two women highlighted the need for a ‘wet’ space for drinkers to use in the daytime.

“They need to open up another place, another wet room.” Linda

8 Significant Themes

8.1: Women in Hostels

This section looks at the key themes that arose from interviews with women. Because women are in the minority, as far as we know from available data, within the City's homeless population, their needs and aspirations can be overlooked. To re-address the balance we made a point of speaking to equal numbers of men and women.

How many women?

We were not able to access data to identify how many women have lived in hostels for over three years, and also as to whether there has been an increase in women sleeping rough. One hostel had recorded an increase in numbers of women service users in the last two years, for some months this was 50% of the bed spaces, and subsequently set up a dedicated women's flat.

"We think the numbers of females are increasing, it's quite worrying."
RS SP

It may be harder to identify accurate numbers due to "hidden" homeless women, some who will sofa surf, find a roof in exchange for sex, live in a tent, in a car, and in parks and other out-of-sight places.

If women feel unsafe in hostel accommodation, or have had hurtful experiences, they are likely to seek out alternatives, to avoid being picked up by outreach teams and sent back to another hostel. As a young woman, Maz had episodes of hidden homelessness at the expense of her safety and wellbeing, *"Men was taking me back to their houses, doing things... Just somewhere to sleep you know."*

Some hostel managers could only be anecdotal as to whether there are more women sleeping rough, or whether there are more women than men who are in the revolving door. By studying one hostels' accommodation records we were able to identify women who had been in that hostel on more than one occasion and were known to be still in the system i.e. were still homeless and had not moved on into Band 3 accommodation²⁹.

This produced the following snapshot:

- 30 men and women had lived in the hostel more than once, with a 50-50 split.
- Eleven women abandoned their room (compared to one male); four women abandoned every time they moved into the hostel.

Abandoning Hostel Accommodation

The data from this hostel shows that women seem equally represented in the revolving door in relation to men, disproportionate to Brighton's homeless

²⁹ See Appendix E – integrated support pathway, B&HCC leaflet for explanations of different bands

population. This indicates that there are potentially some female-specific issues that hostels need to be aware of in order to make their service more relevant for women. In particular the rates of women abandoning their rooms were much higher in the hostel studied. Like Maz, one reason for this was to move in with a partner *“My partner wanted me to move in with her, and it seemed a good idea...get out of the hostel.”* Maz

One woman left when she felt she wasn't getting the support she needed, *“I've usually done it when I'm not settled or I've not got enough help.”* (Tilly).

Women leaving because of feeling unsafe by how they were being treated in a mixed-gender setting and concern over their treatment was also suspected by some participants- *“Maybe there has been some abuse...from another resident in the hostel.”* (Maz), and a manager also noted that *“Perhaps if they don't feel safe the quickest way to solve it is to leave.”* (Hostel A Manager). This presents an argument for women-only provision as an alternative to what many feel is a male-dominated environment. One street outreach worker said that in her experience women can feel safer sleeping in a park, and that *“Men can often cause trouble for a woman at a hostel if she turns down his advances, making her stay uncomfortable.”* (TH Oasis)

Hostels have traditionally been male environments- one hostel in the city remains men-only. For women with histories of abuse and exploitation, feelings of poor self-esteem and self-worth can be exacerbated by living in accommodation that meets the needs of the majority, and can put their wellbeing at risk.

Support Needs

Most of those interviewed felt that there was a difference between the needs of women and men. Generally women were viewed as more of a challenge, although it wasn't always clear why-*“Hostels see women as more problematic.”*(Hostel C Manager). However, few recognised or acknowledged that many women service users view living in a hostel for 20 to 60- plus mostly male service users as a 'challenge'. This may stem from a lack of training and awareness on the part of hostel and agency staff.

“Their needs tend to be more complex and they seem to have a higher impact when they come into a service.” Hostel A Manager

“Women are more vulnerable and seem to have more of a history of 3-4 times in a hostel; quite often they have mental health issues that are not diagnosed...” Hostel B Manager

One agency worker said that *“... women who become rough sleepers rarely cope well”* although that seems to underestimate what homeless women are coping with. A Crisis report³⁰ identified four main experiences and situations of homeless women:

³⁰ “Homeless Women: Still being failed yet Trying to Survive” Crisis 2006

1. Traumatic life experiences- violence, sexual abuse, abandonment
2. High levels of vulnerability and complex needs
3. Unsatisfactory, inappropriate and dangerous accommodation situations
4. Unmet needs 40% who had experienced DV had not received any help; 55% with mental ill-health had not received mental health support

Hostel managers, and agencies to a lesser extent, generally seemed more aware of what women's needs were, and the reasons for them. This did not seem to 'trickle down' to key workers. This could be due to shorter working experience and a lack of relevant training. There is a general assumption that a female member of staff would know more about what women in this client group were experiencing.

"To be fair, don't think I know enough about women's specific needs and I think maybe speaking to another woman on the team would be beneficial." Key Worker 5

There tend to be more women working in these roles than men. However, female key workers interviewed did not demonstrate a higher awareness or more insight, unless they had personal experience or had attended specific training. However, at the time of writing, we were not aware of any gender-specific training aimed at key workers to provide awareness and understanding of women's support issues. It is interesting that one key worker found women service-users harder to work with, even though *"The male residents more frequently seem to get evicted for aggression ... that seems more a male area really"* (Key Worker 4).

For some key workers, it may be that they know 'where they are' with men, even when situations turn threatening or violent. Not knowing how to deal with someone means they can be more of a challenge. One service user's insight illustrates this:

"Women don't speak, they ostracise themselves which looks like they're not engaging, which then leads to warnings, and then chucked out... Or they walk out." Laura

Women-only space

"I think women are safe in this hostel, as safe as men are." Key Worker 5

Hostels aim to be safe and secure environments and are required by commissioners to have policies and procedures to ensure this. In a mixed-gender setting, it is assumed that because mechanisms are in place, everyone living there benefits. This is not the case. Again, managers are more aware of this than their key workers.

"Invariably women who are vulnerable, living in a hostel dominated by men, become more vulnerable." Hostel D Manager

"There is a shortage of provision and they are probably inappropriately placed as well." Hostel B Manager

The same manager recognised that a women-only setting would allow it to be “*women-driven, women-centred.*”

It was generally agreed by managers and some agencies that many women had troubled relationships or experiences with men, and to be in a minority situation was not helpful. Crisis and the Lilith project³¹ both produced reports recommending that providers set aside women-only accommodation.

“My personal view is that hostels are quite male-dominated, and perhaps struggle to meet the needs of female clients.” Hostel A Manager

Brighton & Hove has no direct access emergency accommodation for women. One key worker was concerned that homeless women became more vulnerable more often, with no route to safer housing until a hostel space became available- *“For females it further adds to their vulnerability when they are evicted.”* (Key Worker 3)

“They’ve got nothing for women, and women are a bit more vulnerable.” Maz

Alternative accommodation for women only was also suggested at a regional Substance Misuse Service User Consultation Event.³²

There is limited women-only hostel accommodation in Brighton & Hove, a three-unit flat, and a six-unit flat. One agency manager said

“Some go to women’s areas and still abandon.” SM CRI

However, women-only provision is not just about a separate space and such provision must be well-thought out and linked in with specialist agencies. Policies and approaches need to be “gender-proofed” and staff teams trained to be aware of homeless women’s issues (and this assumes those around substance misuse, mental ill-health, and so forth). Consultation with women is key. As far as we know they do not have a specific support approach so even this limited provision.

One hostel previously had women-only accommodation, and a key worker described how it failed due to the layout. There was no mention about a specific support approach as part of the space. *“We thought ...they would support each other and it would be a safer, supportive, nicer environment. As it turned out it was the most chaotic, violent, angry, difficult area in the hostel to manage. It was badly designed because it was a small space with people with very, very big problems.”* This experience informed a later decision as to whether to set aside women-only space again, and the decision was *“it would*

³¹ A Woman’s Place: women and hostel provision in London The Lilith Project 2007
www.eaves4women.co.uk

³² November 2007 Rick Cook Mind in B&H

be better to mix women and men... As it happens, we think it's worked out much better." (Key Worker 5)

"I don't think you can just open up hostel and say it's women only. You have to give it a lot of thought... understanding the needs." Key Worker 3

8.2: Rape, Survival Sex, Sex Working

During the course of the interviews, most women talked of their own experiences, or those of their peers, of sex working and 'survival sex'. They also spoke of being coerced by their partners. Rape and abuse was raised almost 'in passing' as something that happens often, and is included in this section. Rape and abuse were not included in the interview questions, as it was felt this was a specialist and sensitive area beyond the scope of the project. Women chose to talk about their experiences.

It was difficult to separate this section into three: Rape, Survival Sex, and Sex Working, as it was not always clear where one overlapped the others. Therefore we strongly recommend further research in these areas. The need for support around these issues is apparent for many women.

Rape

Rape was not raised at all by staff, and sex work was mentioned only once. Clear definitions around what staff view as 'sex work' and 'survival sex' need to be made via training and awareness, as does surviving rape and sexual violence. It is hoped this section will help raise some awareness of what women and some men are dealing with and help workers and providers avoid making assumptions, and ultimately provide pro active support.

"She'd been raped the night before yet she was still going out to work the next night." Dee.

Although she had been hospitalised, Dee's friend did not report the crime to the police. Dee herself had only reported "*one of my rapes*" to the police." The 'casual' way in which she spoke of "*one of my rapes*" surely conveys the level of self-worth and extent to which women feel disempowered and bereft of any rights which the rest of us take for granted.

It would seem there is much work to do in empowering women to report rapes and assaults within hostels and to the police. As Dee goes on to say, "*Because we're just hostel users we get treated as tramps.*" This will continue to be an unmet need unless it is reported or recorded in some way. This is not currently happening, and one police officer talks of his assumptions in the absence of anything concrete, "*I'm convinced that it does happen. But we just don't get to hear about it or I think that the act is "willing" on the basis that it provides accommodation.*" (RS SP).

Domestic Violence (DV)/Partner Abuse

Partner abuse is not always dealt with in a pro active way in hostels, compared to provision in society in general. It is essential for hostel staff to

ensure that women are treated with sensitivity and have access to the support and specialist services available to all domestic violence (DV) survivors.

“If a client discloses to you that they are having an abusive relationship with a controlling partner, then what does a key worker do with that? Really it should be third-party reporting to the police.” SM CRI

Survival Sex/Sex Work

“Survival sex” can and does go unnoticed.” TH Oasis

Staff may also not have the experience or skills to be able to understand what survival sex/sex work entails and how it is part of some service users’ hostel and street life. Dee describes her key workers’ reaction- *“I said, “you’re really shocked about it”, yet she’s supposed to be used to something like that, being a hostel worker.”*

It is known that some service users are engaging in low paid risky sex work to feed their habits, which can consist of selling sex to strangers or known men, within the homeless community, and as part of the ‘deal’ of being with a man who will afford protection. Sex can also be currency in hostels. One worker at the Oasis Sex Worker Outreach Project (SWOP) recalled anecdotally that she had *“often heard accounts where women have been harassed by men in their hostel to exchange sex for either money or drugs...I have also been aware in the past that men with a history of violence / sexual offences against both women and men are often housed alongside men and women who likely to be the most vulnerable targets. I have heard the occasional report of men with a known history of “pimping” being housed in the same hostel as women who are likely to be targeted by them.” MP Oasis*

This was echoed by a conference last year in London looking at the difference between the needs of homeless women and men, highlighting that women may be forced into ‘relationships’ and/or selling sex as a means of being safe.³³ In none of the interviews did women raise getting any support around this.

“She moves in and suddenly there are five residents all up for being with her, giving her drugs in exchange for sex.” Hostel C Manager

At a regional level, a recent report by Barnardo’s³⁴ on young people in Sussex highlighted the risks of exploitation and abuse to younger homeless women and men in placing them in hostels.

“It’s really difficult to manage, what happens in a hostel because a lot of stuff that happens is not on the surface.” Hostel D Manager

“We also have women that come in, sex workers, and sometimes we think they may be doing that in the project...it’s against the rules, but that can happen.” Key Worker 4

³³ Improving Services for Homeless Women July 2007. Crisis

³⁴ “Tipping the Iceberg: A Pan Sussex Study of Young People at Risk from Sexual Exploitation and Trafficking” Julie Harris and Barbara Robinson

And here lies a Catch 22 situation: if 'sex working' is a breach of accommodation agreement, a woman who is engaging in survival sex is unlikely to inform hostel staff that this is taking place; also if it is sex work/survival sex which turns into assault or rape, again this will be nearly impossible for the women to disclose. A woman who is known to be a sex worker may or may not engage in 'sex work' in the hostel, but assumptions will be made about that and about any non-consensual situations she may get into.

There is a resource to support working women experiencing violence or sexual assaults at Brighton Oasis Project³⁵ run a 'Dodgy Punter' reporting scheme. The scheme also facilitates anonymous third party reporting to the police,

“Activity Displacement”

“At our hostel more women are on the ASB list³⁶ than men.” Hostel B Manager

An important issue to consider is “activity displacement”³⁷ whereby some women and men who are begging move into sex work to reduce the risk of being issued an ASBO³⁸ for begging. There is then an increased risk of rape and assault to cope with as the activity will generally take place in unsafe, hidden environments. Their health is also at risk due to often compromised immune systems, as well as the mental and emotional impact this will have. With many revolving door clients having ASBO's, support staff will need to be aware of how this may change their clients access to money and/or drugs, and the subsequent risks.

“You're getting stopped from begging...you have to make your money somewhere else.” Dee

Male service users did not talk of their own experience, or those of male friends, being engaged in these activities, but as Maz says *“I know at least five men who are on the streets and do sell their bodies”*. This is also the view of a Police Sergeant in Sussex, -*“The tendency is to believe that this is an issue for women alone, it isn't. Men are also using sex to provide the income for their needs.”*

Vulnerable women not actively seeking 'punters' will be targeted by predators, so women do not need to be going out of their way to be drawn into survival sex/sex work. Maz experienced ongoing harassment in one part of town by men in cars who *“pull up and go “do you want to come with me?” I get it all the time. And that's how women are making their money at the moment.”*

³⁵ A support service for women substance misusers; also run a specialist service for women sex workers: www.oasisproject.org.uk

³⁶ Anti Social Behaviour Casework Forum List

³⁷ Joseph Rowntree Foundation “The Impact of Enforcement on Street Users in England” 2007

³⁸ Anti Social Behaviour Order

Mixed-gender hostels have work to do in ensuring that they provide a safe and secure space for women as well as men. This is not just about CCTV, and policies regarding the abuse of vulnerable adults, it is about many bigger issues including empowerment, self esteem and forming healthy relationships, and starts with how hostels 'see' women and men, and how service users view themselves.

8.3: Being a Parent

Parents without children

During the course of the interviews, five women and two men raised issues specific to being a parent, and the impact this has on them.

Hostels provide accommodation for single homeless women and men and within this can be an assumption that being a parent and the impact of losing their full time caring role, does not figure in their identity, support needs and aspirations. Loss is a common consequence of homelessness and this is most significant in the loss of the role as a parent. Women in particular spoke of the anguish this caused, although it should not be assumed being an absent parent does not affect men:

"Me not seeing my daughter is killing me". Ed

Linda spoke of how she came from a happy family life, *"I was bringing up a child, I was working, had a nice family unit. I was happy."* After experiencing crack, *"They put us in (B&B) which was a right shit hole. Then they kicked us out. I had to ring up my son's dad and say, can you pick your son up, and then from then on was always on the streets."*

This illustrates that service users have gone through a range of life experiences that are not just centred on substance misuse, and some support workers can be unaware of this. One mother highlights this, *"...what does she know? She hasn't had a life, she's got no kids, never been divorced and stuff"*. (Chrissy)

Hostels are unable to provide somewhere for parents to bring their children as only over-18's are allowed access, and that is only if there is a Visitors Policy which not all hostels operate. The following example of not facilitating contact with children at a basic level has been an ongoing issue for at least two of the mothers interviewed:

"I'm not allowed to phone her because it's not an official call, and all I want to do is 'phone her to get access to be able to see her, and sometimes I haven't got the money..." Jo

Despite the challenges of day-to-day life that service users are coping with, some parents are able to maintain contact with their children and feel pride for what their children have achieved, despite the difficulties of one or both of their parents:

"I'm really proud of him he's doing really well considering what he's been through. He's the only thing I ever done well". Linda

8.4: Relationships

Couples who are homeless are faced with the choice of either taking up a hostel bed and living separately, or living together on the street. There is little flexibility for hostels to offer couples accommodation together as all rooms are single and must be filled within a very short turnaround time. It will be pure fluke if a couple get housed together and rarely will that be at the same time. For women, being separated from a partner is perceived as increasing the risk of abandoning. This seemed less of an issue for men. One agency estimated that that 90% of women they work with are in relationships, whilst only 20% of men.

There is a debate as to how helpful being in a relationship is for women and men who have complex needs, and certainly in residential treatment, couples are not admitted together. Stereotypically, women put the needs of their partner first, and relationships are therefore viewed as a barrier to addressing support needs and self esteem, *"...the understanding is that, correct or not, you are not focusing on yourself."* (MT CRI)

One key worker felt that a Couples Policy is important, and the option of bigger rooms to accommodate people in relationships. Another key worker felt that relationships in a hostel were a housing management issue as frictions sometimes happened.

At a Crisis³⁹ conference in 2007, it was recognised that in order to house couples off the street, there should be accommodation for this, but that there was also a more challenging issue to be looked at. What do hostels do when a relationship is abusive? Anecdotally, hostels have not dealt with this well, staff being unable to identify or reluctant to intervene in what is seen as a 'domestic' issue, and there is a clear need to develop awareness and skills in staff to support survivors of abusive relationships, promote healthy relationships and be aware of what specialist support services are available.

"In my experience women can be exchanging sex for drugs or money either inside or out of the hostel and on some occasions this can be driven by the boyfriend." TH Oasis

Visitors Policy

Not all hostels in the city allow visitors. 'Visitors' includes close family and partners. However, there are benefits to having a VP, including:

- To support long-term relationships by allowing overnight stays, and promoting respect and a sense of normality
- Allowing the 'space' for the individuals to still focus on their own needs
- To potentially reduce 'abandonments' for those women (and sometimes men) leaving hostels to be with their partners.

³⁹ Improving Services for Homeless Women July 2007. Crisis

- To provide women more control if a relationship was abusive, by excluding/banning the perpetrator
- A mechanism for key workers if they suspected a visitor was abusive

8.5: Mental Ill Health

The Client Group

Nine men and eight women openly identified themselves as having mental ill health. The majority⁴⁰ of residents said they were suffering with depression and two males said they were diagnosed schizophrenic.

“When I was 17 I got diagnosed with paranoid schizophrenia” Jim

Self harm was an issue for three women and one man. Three men and one woman had previously attempted suicide and this was usually multiple times. Two men and one woman had been hospitalised for treatment for their mental health issues. One service user had spent eight years in institutions or hospitals due to mental ill health and had then spent the last eight years as a revolving door client, in and out of hostels in Brighton and Hove.

Mental Health Needs

Anger issues were raised by two men and both said their issues had been dealt with through completion of anger management courses. Four women disclosed that their aggressive behaviour towards staff had led to an eviction from the hostel they were living in at the time, yet did not identify as having anger related issues. No women mentioned attending anger management courses. Three service users felt that their mental health needs were only addressed because they were in a hostel, and acknowledged the role of their key worker in helping them to be seen by a psychiatrist. However, two service users felt their mental health needs were not being met, and both commented on the length of time it had taken for them to get linked in with the community mental health teams. This was something that also concerned some key workers.

“It was only (key worker) who got me to go to the doctor, to get pills sorted, which sorted my head out.” George.

“It took me a long long time to see a psychiatrist” Tilly

People suffering with mental illness make up a significant proportion of revolving door clients. Some people were unable to tolerate rules and regulations, and mental health practitioners have commented that for someone with a paranoid illness, room checks are very disturbing, and their behaviour mitigates against them staying anywhere for very long. There is not a wide range of accommodation in Brighton & Hove, which is proving problematic for these clients. Mental health teams work with someone for three months after they are housed in a hostel, the aim being that the client will have stabilised with their key worker and engaged with other services in

⁴⁰See table of results in Appendix

this time. There was concern that some mental health clients who are drug/alcohol free and enter a hostel may not stay that way for very long.

“They go into a volatile hostel where there is a high proportion of drug and alcohol users, it’s very disturbing, arousing, and they respond accordingly.” EP Mental Health Homeless Team Manager

Outreach services are invaluable, and other agencies raised concerns that the Mental Health Homeless Team was under threat resource-wise and felt that there was a need for this service to continue and grow.

“The homeless mental health team for example, I think they are really important...if they know where somebody is whose got a mental health problem, they will actually take the psychiatrist down to them on the bench if necessary.” Service Manager

Dual Diagnosis

The high prevalence of mental ill health in this revolving door client group, coupled with problems surrounding substance misuse led service users and professionals to comment that dual diagnosis is an area where services could be improved. Mental health services will not assess someone who is using drugs or alcohol, and that is 80-100%⁴¹ of service users at any one time. It was recognised by hostel managers and staff, that with dual diagnosis, where needs overlap there were real problems accessing treatment. People were falling out of remit here and there and this was having a negative impact on clients’ progression through the Integrated Support Pathway.

“Mental health can’t work with substance misuse clients, alcohol detox can’t be done until methadone is prescribed; methadone can’t be prescribed until alcohol detox has taken place.” Hostel C Manager

Three service users self-identified as being dual diagnosis clients. Service users felt that there should be specific hostels for dual diagnosis clients. For someone with a diagnosed mental illness it was often felt that staff were not trained enough to deal with their needs and there was a lack of understanding. It was felt that mental health needs came secondary to issues surrounding substance misuse and that services are tailored to someone who will turn up and is sober. The topic of self-medicating; using substances as a way of blocking out things from ‘the past’ or as a way of treating symptoms of mental illness were raised in the interviews. Two service users acknowledged that they were ‘self-medicating’ or using drugs as a way of dealing with their mental illnesses and self medication was widely recognised by outreach workers.

“It’s either take heroin or suffer with mental health.” Jim.

“They can’t come off their substances because their mental health is so unstable.” Key Worker 4

⁴¹CRI Presentation at Brighton ROCC forum 22.10.07

The impact of being homeless often made mental health problems worse and for some led to additional problems of anxiousness. Ten service users said they had suffered with mental ill health before becoming homeless, with a further five saying issues with mental health only surfaced after becoming homeless. Many service users commented how the process of being evicted compounded their depression and periods spent street homeless were closely linked with feelings of anxiousness.

Suitable Accommodation / Risk

Some service users and one hostel key worker raised the topic of risk with regards to clients with mental ill health. It was felt that in some instances important information about a client was not forwarded onto the hostel, and one key worker suggested that the formal risk assessments could be more thorough. It was felt that the hostel environment could be a dangerous one if people were inappropriately housed. Residents' sometimes erratic behaviour was a contributing factor for some women who did not always feel safe in the hostel environment.

"I didn't (feel safe) because I was next to a couple of guys who were mentally ill, and used to smash their rooms up in the middle of the night and talk in a few voices." Jo

8.6: Prison

Of the twenty service users interviewed, four men and five women had been in prison. Many service users, especially when living on the street but also whilst living in hostels, saw prison as an opportunity to get clean and healthy *"... I'd get myself caught on purpose to get in there and clean up, and some weight put on me and start again"* (Laura). Although drugs are available inside prison⁴², the regime together with regular meals can offer some people an opportunity to recuperate from the stresses and risks of street and hostel life, *"I'd asked the judge, put me away please I need help, I was in a terrible state 9 stone I was"* (Ed). The ordered and boundaried environment of a prison is evidently seen as respite, and a place where support for substance misuse and mental ill-health could be accessed more readily.

Generally, hostels in Brighton have a harm minimisation approach. This means that for key workers and service users alike, there is predictability when referrals are those recently released from prison- they look well and most have been addressing their substance misuse in jail. However, in Brighton hostels, 80- 100% of service users are using, and this is the worst place to continue recovery. Some will seek to return to prison. The prison-hostel cycle is a well documented revolving door 'model'. One woman articulated the sense of inevitability, *"I saw a girl yesterday... she's going to be back on drugs, ... And she'll be back in the same hostels that she'd been in before she went to prison"* (Jo)

⁴² Dolan K, Khoei EM, Brentari C, Stevens A. (2007) Prisons and Drugs: A global review of incarceration, drug use and drug services The Beckley Foundation Drug Policy Programme Report 12

"I just keep going round in a circle, prison hostel prison hostel, wish it would stop." Ed

It is evident that some men and women were using prison to get healthy, take stock and feel a sense of security, goals that most hostels in the city are aiming for in their provision, yet incarceration seems the better option for some. This situation adds weight to the recommendations elsewhere in this report that more clean/dry spaces be created in the city to slow down the revolving door.

In prison there is little choice about what people are able to do, and for some, this may re-focus priorities in a way that hostels cannot. Participants spoke about re-connection with family, accessing detox, and in particular, receiving mental health assessments more readily. Whilst this is not seen as the right way for service users to go about things, as a Police Sergeant puts it, it is "*our only way of doing things at the moment*".

Consistency is an issue here too. Many service users comment about the inconsistency of hostel policy implementation and approaches to support. In prison, standardised training of officers and defined regimes all work towards inmates feeling that they know what to expect, like Ed- "*I have felt secure in prison; I find life easier in prison. Stupid isn't it?*"

The same service user, homeless for ten years, with many bouts of street homelessness, was still fearful of the street and the 'pecking order' that can sometimes be found in hostels. A survivor of childhood abuse, with problematic drug using behaviour, and repeatedly evicted- street homelessness is an inevitable part of his life, and prison is the safest space available to him. He is not unique.

"... the general trend- there would be childhood stuff, in and out of care, or in and out of prisons." TB CRI

"You could write one case history and it would reflect 98% of your clients. Starting with some multiple care as a child, breakdown in parental care, truanting, smoking marijuana, borstal, prison etc." EP MHHT

Remembering a woman with clear mental health needs, a Police Sergeant recalls the frustration of not being able to access mental health support as she was a substance misuser. The only option seemed to be to get her to prison as she had run out of hostels willing to accept her.

The police are often called upon to detain individuals who are presenting risk to themselves or to others, and staff in hostels can feel powerless. So can the police:

"There is nowhere to put them; there is no way that we can indefinitely detain them to sober them up or detox in order to make that assessment, so prison is the only place we can do that. It's a nightmare- absolute nightmare. It's my biggest worry." RS SP

Other factors can exacerbate or speed up the process of returning to drug use on release, specifically that most are released on a Friday, giving women and men at most, half a day to set themselves up with probation and a methadone script, if available, leaving the weekend for the 'side-effects' of being street homeless to kick in, *"... and then going to sort your meth script out and your housing on a Monday and by then you're back using."* (Jo)

The Lewes Prison Needs Assessment report published last year clearly identifies this key problem, highlighting that many released from prison are returned to hostel environments and a lifestyle they are trying to leave⁴³.

Services to support substance misusers were generally looked upon favourably and communication between agencies has improved. However mental health support is more inaccessible for this client group, which means that support staff in hostels often have to work with many service users unsupported and untrained in some of the essential specialist skills and knowledge.

8.7: Bereavement

Bereavement was experienced by most of the service users interviewed, with six men, and five women having lost a close family member (usually a parent at a young age or partner). None of those affected spoke of having received support at any stage. For some it was a big part of them becoming homeless, and for two women, the experience led directly to street homelessness, like Dee *"I woke up and found my friend dead in my flat...I just took my duvet and my bag and just walked out and left. I just went on the streets..."* Jo also had a similar reaction- *"My husband died and I couldn't go back to that flat because of memories, and I just ran in grabbed what I could and then ran out again..."*

These accounts were described in a matter-of-fact way, as the experience of being part of a city's street community means death is part of the landscape⁴⁴. However, the fact that none had received support, and in many cases had not disclosed it to key workers, means it can be part of the reason, or the root cause, of self-medication or trigger mental ill-health.

"After me Dad died, tried to kill myself- it was terrible pain." Ed

"Drugs took me away from that bereavement, so I never really grieved."
Nick

*"It's high on any mental health presentation- very common to self-harm."*EP MHHT

⁴³ Revolving Doors Agency 2007

⁴⁴ 2006 In England and Wales, Brighton & Hove recorded the highest annual drug-related death rate per 100,000 population (25.3). An annual report produced by the National Programme on Substance Abuse Deaths (np-SAD) based at the International Centre for Drug Policy, St George's, University of London.

There seems to be an opportunity here to provide a counselling service that is sensitive to the needs of homeless people with complex support needs. Key workers are not equipped to counsel service users to deal with bereavement, as it requires specialist training and skills. There is scope though, to be more aware of the source of some service user's behaviour, an awareness of significant anniversaries for example, to avoid risk of accommodation agreement breaches. Bereavement is recognised as a causal factor in becoming homeless, and also substance misuse, and it can also be part of a 'trigger' for repeat homelessness when perceived chaotic behaviour, relapse or increased substance misuse, lack of engagement or risk to others, presents. Sean lost two family members in close succession, subsequently losing his hostel accommodation as, unsupported, his behaviour led to eviction- *"...when I did finally lose it, and I only lost it once, they kicked me out."*

Those who cope by 'closing the doors' will sometimes be more elusive to provide support to, having a sense that it is something to deal with on their own, avoid, or that what they are going through won't be understood. Key workers may view this behaviour as being unwilling to engage or unable to cope with 'moving forward' in their support plans.

"I didn't want to have key workers, to start talking coz it was too early in my grief process to be doing that." Laura

Some service users, like Sean, spoke of turning to each other for support, feeling more confident that their grief will be understood, *"...we both helped each other, and we both counselled each other."*

However, it is not just the loss that service users spoke of experiencing, but other emotions such as guilt. Laura spoke of having to deal with family estrangement and not being around when she lost her mother, and about punishing herself by being *"Back on the streets, not washing, not eating, and just shoving drugs into my veins."*

There is also the issue of losing the one person who cared about them and the subsequent feeling of being alone. Even when family contact is minimal, being able to make phone calls at significant times of the year was one way of still feeling that someone was there, *"...that's one thing I always used to do, just let my Mum know I'm ok."* Sean. When Robin thinks of his mother who died in his teens, he would *"Go out, do stupid things, and get drunk, you know. Just feel really low. I still think about her every day."*

It was not apparent in the interviews with key workers that the effects of bereavement were recognised as none raised this as an issue. Support that is focused on substance misuse and/or alcohol and aspects of mental ill-health were very much to the fore. Staff need to be skilled and empathetic to identify bereavement issues and to see beyond what is on the surface. From interviews, it would seem that more staff in hostels and agencies need to be aware of this, to recognise the significance of losing someone close and to work through the challenges this will present. The worst response is to assume that service users are 'used to it'.

“You wouldn’t be in a hostel if you’d ‘locked the door and dealt with it’ would you? ...you wouldn’t be addicted to substances and you wouldn’t be living in a hostel.” EP MHHT

Death in Hostels, and in the ‘Community’

“It has been estimated that the average age of death of a rough sleeper is between the ages of 42 and 46 years⁴⁵. “

Service users felt there needed to be more consideration as to how they are informed and supported when another service user dies in their hostel. Some hostels do this well and some not so well. The impact of death in a hostel environment on service users can be overlooked, or seen as ‘par for the course’, and this attitude can compound the trauma further. It will particularly affect those with past experiences of bereavement. One key worker spoke of being offered bereavement counselling by her employers after experiencing the death of a service user, which contrasts with many service users experience such as Chrissy:

“One of the lads there had killed himself, another one of the girls had self harmed, and I just couldn’t get any communication at all from the staff, just couldn’t. So I sorted all the residents out...then ran to (former hostel) to get some support for me.”

“It was just like “oh- take body out”, and there was no support.”
Maz

8.8: Boredom

“Most the people I work with are bored out of their minds...” MT CRI

Service users are generally very bored in hostels. Although some hostels do arrange activities, attendance at these can be minimal. Motivation and self-esteem levels for a lot of service users are low so that may be a significant reason for this. *“Some really brilliant people come in and offer really good things, and for one reason or another, very few residents take them up. So is that partly because what they are offering isn’t actually what the resident wants, or is it that when a resident is in such a mess that they can’t think of doing drama or art or whatever it is...you have got to get the basics sorted before you try anything else.”* (Key Worker 5)

The layout of a hostel can compound this if there are limited or no communal spaces, so that people are spending their time in their rooms or on the street, *“Boredom. Start using...boredom and people using and that’s because they’re bored- it’s the same in every hostel I’ve been in”*. In the absence of activities, shared spaces are valued where people can get together and chat, watch TV.

⁴⁵ Homeless Link response to *Reviewing the Care Programme Approach 2006*: a Department of Health Care Services Improvement Partnership consultation (2007)

Chrissy described how even this resource in one hostel was available on an ad hoc basis- *“They opened a day room, and then they closed it after 4 days just for key working sessions, and 2 years later now, they’ve decided to open it...that’s what we really need, a room where folk can go in there and have cups of tea and a chat, rather than sit in their rooms all the time.”* Maz had found hospital activities motivating but noted a complete contrast when she returned to hostel life- *“All my clothes were clean, and I was keeping my room clean in the hospital. But room is a mess now because I’m so depressed you know. It brings you down and there is no activities to do in the daytime.”*

“Emptiness really- the definition of boredom- your definition might be a bit different from a service users...” TB CRI

Time and again, boredom was cited as a factor in feeling depressed, *“A lot of people just sit in their rooms all day- they’ve got nothing to do. It can be a bit depressing staying in your room all the time”* (Chas), and a reason for relapse, or continuing with substance misuse. Boredom was also closely linked with feelings of loneliness. Service users were able to identify what they would enjoy to keep their minds occupied and positive:

The activities don’t have to be events or even shared exercise- being able to have a hobby is just as valuable and enjoyable for Sean- *“I’d love to do model making again.”* Laura identified low-key ways of enjoying her time, *“It would be nice to explore more options really... just go for a picnic on the beach. - has his guitar, and I can sing- it would be nice.”*

“I like playing badminton and I like playing football, and I like getting out. I like doing things.” Nick

“...at (hostel) we used to do meals once a week.” Chrissy

Boredom is de-motivating, and this makes getting service users interested in activities a further challenge. It can be a circle of putting on an activity, having low turnout, ending the activity, continuing the boredom. Persistence is required, for staff to not give up:

“Find out things that they like, there has to be something. I remember talking to (SU), and it was like “what do you like, what do you do?”, “Nothing. Just standing on a street corner. And if someone says there’s nothing they like, just try out different things.” MT CRI

“When they go out and use it’s boredom. And I know its a lot to ask from staff, because they are really busy anyway, but if there was some life-skills programmes which kept them entertained, or cookery classes, or something where it isn’t so like- theory based or “Oh god that workers coming to talk”. Like when hostels have done decorating the kitchen and people on that floor got involved.” TH Oasis

Robin, with the support of a friend in the hostel, was able to find his own motivation, although this later became a challenge when his friend was imprisoned, *“I’ve got a football upstairs and I’m gonna get it pumped up, and if*

it's nice at the weekend, we are gonna go down and have a kick about. We've been discussing that I'm on my landing..."

8.9: Hope and Self Esteem

Based on the past and current life experiences of the women and men we interviewed, it was not surprising that most felt a sense of hopelessness, and that self esteem was poor. However, seventeen of the men and women we spoke to were hopeful about their futures. Three men and one woman related feeling hopeful with their readiness to move on from hostel accommodation and forward in their lives, such as Sean, *"Now that I'm finally on the housing list."* And Chrissy, *"Yeah it's good because I've got a deposit."*

Being settled personally and doing well on substance and/or alcohol treatment programmes were linked with feeling hopeful by four men and five women.

"I was quite positive a month ago when I was doing the STF" Jim

"I feel hopeful at the moment. And when I was starting the day programme last time." Nick.

"Yeah, when I got onto my subutex⁴⁶." Robin

Two women and one man did not feel any hope, and had not done so in the last two years. Being in the revolving door has a negative impact on service users, this was recognised by hostel managers and led one to comment *"You know, every step along the way you learn that change is hard and difficult and every step along the way you learn that you have failed, and every step along the way you learn that people want or don't want to work with you. I couldn't imagine you ending up feeling anything else other than utter despondency, lack of trust, loss of hope."* Hostel A Manager.

"I was talking to a hostel resident a couple of hours ago, and there's that lack of a sense of hope." MT CRI

"Self esteem is a recurring issue - service users stated that they would appreciate more support to address their personal attitude and confidence/self worth." RC SUIWSM

"That must be debilitating to always see yourself as needing someone else to get by - and that must eventually just be the persons' life." Hostel C Manager.

8.10: Life Skills

Hostel managers were aware that providing independent living skills was difficult in a chaotic hostel environment and thought that the 'life skills' programme was good but over subscribed. Many of the service users we interviewed spoke positively of the structured 'life skills' programme, however

⁴⁶ An prescribed opioid (buprenorphine) similar to heroin that reduces the cravings for and effects of heroin

some found the compulsory nature of the programme, along with some aspects of the course such as the anger management module not really applicable to them. It was also felt that for some service users the short time on the life skills course was just inadequate if it's aim was to bring about real change.

“If you’ve been carrying out behaviour for 20 years or more... changing takes a bit longer than doing a life skills course that lasts six weeks.”
TB CRI

Frontline staff noted the difficulties in engaging the more chaotic service user in these structured programmes, but acknowledged the importance of focussing on any skills a service user may have, and encouraging recognition of these.

“Probably the main obvious thing is meaningful occupation. And not at a level that is a 10 week course or even a six week course, just something to do and that is so bitterly lacking.” MT CRI

Feeling “Normal”

Positive experiences were closely linked with engaging in ‘life skills’ based courses which gave service users a sense of independence through activities such as cooking and caring for themselves. Service users felt that interaction with other residents improved their confidence. For some service users this level of independence was linked with being stable and they often they saw this as a sign that they were ready for the next step. Helping service users to feel normal was seen by frontline staff and outreach workers as a fundamental part of the key working relationship. Normalising client’s expectations and behaviour was seen as an integral part in the role of the hostel.

8.11: Moving On

The pathway through supported housing services to independent living is known as the Integrated Support Pathway (ISP).⁴⁷ Hostel (Band 2) service users move through the ISP via referral to the Rough Sleepers Initiative service (RSI). There is pressure placed on the local council housing sector to ensure successful tenancies and this, coupled with a limited amount of council and social housing becoming available each year, leads to strict criteria for referral to the RSI. Moving through the ISP is closely linked with successful completion of basic skills, life skills and work and learning courses.

Many service users expressed a lack of understanding of the RSI referral process and this was having a negative effect on them. Residents worried that they may not be accepted back into hostels when they had been evicted and found going through the RSI process quite stressful. They also commented that the lack of options available to the Rough Sleepers Team meant that they were only offered beds in hostels and not in ‘rehab’.

⁴⁷ <http://www.supportingpeopleinbrightonandhove.org.uk/index.cfm?request=c11452>

“Clear guidelines of exactly the length of time in the system, because it doesn’t seem to seep through - some people just don’t know where they’re at in the system, and that doesn’t make you feel any better.” RC SUIWSM

The revolving door client group are living in Band 2 hostel accommodation with a move on target of nine months. The pressure placed on hostels to move their clients on in the nine month time-frame meant that some hostels felt that they were ‘pushing’ people through the ‘Pathway’ instead of allowing them to move through it and were aware that many clients may just not be ready.

“It will not help the revolving door situation, because people will get to Band 3 and be like ‘I’m not ready - I’ve been pushed here before I’m ready’” Hostel D Manager.

Other avenues to housing exist via the ‘choice-based lettings scheme - Homemove, which was introduced by Brighton & Hove City Council in 2005. The scheme is based on a banding structure orientated towards housing need. In reality this means that hostel residents and those with drug and/or alcohol addictions *“can’t be actively involved in the choice-based letting process.”*⁴⁸ Those revolving door clients with special circumstances (usually health based) are entitled to higher priority status and can bid for properties via the council’s ‘choice-based lettings’ scheme. It is worth noting that only one of the men we interviewed fulfilled this criterion. Both hostel managers and residents expressed frustration at the lack of suitable move on accommodation.

“Council housing has a massive impact on hostel move-on...there is little likelihood of a move-on into the private rented sector.” Hostel B Manager.

Hostel managers recognised difficulties in moving their clients between hostels in the city. Where someone is referred into a hostel with the next available bed, this may not always be the most suitable accommodation for them. Managers felt it would be useful if they could ‘swap’ clients between hostels, therefore giving service users the most suitable accommodation for their needs as vacancies arose

“Is there any point in putting this person in this hostel when they have to cook for themselves, do they have the skills? However in reality there is a huge amount of pressure to fill beds.” SM CRI.

“Nowadays you can’t refer people into hostels, move them between hostels unless they have become rough sleepers.” Key Worker 4

⁴⁸ Brighton & Hove City Council ‘Choice Based Lettings: Meeting the needs of vulnerable people strategy’ Jan 2005: 3 http://www.brighton-hove.gov.uk/downloads/bhcc/housing/CBL_vulnerable_people_strategy.p

Towards Independent Living

Service users acknowledged the steps they had to take in order to progress through the ISP and some felt that they had achieved these, yet still not been able to move on from the hostel. This led to some clients feeling that they had 'jumped through hoops', or that 'goal-posts had moved'. Others were anxious at the thought of leaving supported accommodation.

"Then comes bills, then comes responsibility, then comes independent living. I've been used to so many years of hostels; it's the biggest culture-type shock. It's a lifestyle change." Sid.

The ISP aims to allow people the time to get ready for independent living, by offering a pathway of housing options that scale down the level of support associated with them. Floating support was seen as essential to the success rate of residents moving on from hostel accommodation by both service users and staff. Support in Band 3 is provided by a weekly visit, which contrasts to the 24-hour support in hostels, and this, for some is too big a leap.

The need for band 2 ½

One hostel manager highlighted a need for a hostel in band 2 ½, service users themselves found the leap from Band 2 to Band 3 too great sometimes and an interim level would be useful. Band 2 ½ would be a dry/clean hostel which provided intensive 24hr support for a small number of clients, and required all residents to be engaged in full-time day programmes

"I think there needs to be hostels where you go from one to another that's a step closer to independency." Hostel C Manager.

Thirteen out of the twenty service users we interviewed had previously lived in their own un-supported accommodation. For these men and women, the realities of maintaining a tenancy were an issue. Three of the men we spoke to said that they had become homeless after their homes had become 'crack houses'. The issue of who you let into your home was raised by some of the people we interviewed.

A Place to 'Be'

It became apparent from the data that for some of the revolving door clients the realities of moving on from hostel accommodation were slim.

"I don't know if I can live on my own" "Cos I'm kinda like Institutionalised." Bel

For those clients with dual diagnosis, or complex multiple needs, there is a need for a 'safe space', or long stay hostel without the restrictions and targets usually placed on hostel residents and beyond the agendas of any local authority or housing agency. The 'safe space' view was followed by a sense of resignation that for some revolving door clients 'change' may not be a realistic goal.

"Somewhere that is just a safe space. For people who are probably a

bit older, probably a bit burnt out, probably drink but not hugely and not all the time, so we're not concentrating on meaningful day time activities, just places to be." EP MHHT.

"You've got chronic alcoholics...men who are aged 60...they're quite resigned to that way of life...what services are there for them?" TB CRI

"I think there are a core group of guys who are never going to change. All you are doing is facilitating space to live, harm reduction, community protection, maybe that is the goal." Hostel C Manager.

The Impact of Being Evicted

All the service users we interviewed had lived in more than one of the city's hostels and had therefore left of their own accord or been evicted, many on multiple occasions for different reasons. Behaviour, rent arrears, and not adhering to the hostels rules, in particular drug policies which were the most common reasons for being asked to leave the hostel. Rules being unclear can also lead to evictions.

"I am always being told that service users have been evicted from one hostel or another, and it all too often appears to be because they were unaware of the hostel policy on substances." RC SUIWSM

"All the times I've been kicked out of hostels, it has been through my own stupidity, by getting too drunk" Robin

Often hostel residents spoke of being in a 'negative' 'head space' when they had exhibited behaviour that led to their eviction. Many residents felt that they had been evicted through their own behaviour. It was a common theme that residents had been under the influence of alcohol and/or substances when they were served notices to quit (NTQ) their accommodation.

A breakdown of reasons for the first eviction were;

- Ten residents had been evicted for behaviour (6 men, 4 women).
- Six residents had been evicted due to rent arrears (2 men, 3 women).
- Four residents had been evicted for general/multiple rule breaking (3 men, 1 women).

Dogs

There are two hostels in the city which can each accept two service users with dogs. This seems adequate, but the challenge for those service users is then trying to access residential treatment and/or Band 3 accommodation.

Two of the service users interviewed owned dogs. The dogs were seen very much as 'family' and there was strong loyalty and care for the wellbeing of the dogs by the service users. Having a dog was seen as both positive and negative, in terms of managing substance misuse and progressing treatment:

"I won't waste dog food money, see my dog without, just for a can to satisfy myself" Dog owner 2

“That’s why I haven’t put in for going back up to detox- but I can’t go there because of my dog.” Dog owner 1

To leave the dog with peers, most probably on the street, to go to residential treatment would present an additional worry and potentially a trigger for not completing the programme.

There is acknowledgment that the dogs have prevented them being able to move on, but the benefit of their companionship outweighed concern for that. The target for staying in Band 2 hostel accommodation is nine months, and Band 3 housing does not cater for dogs. The effect of this on dog owners is to ‘bounce’ back and forth between hostels that take dogs, meaning that these service users are not moving through the system:

“There’s only two hostels that accept dogs, so I’ll just keep going backwards and forwards, backwards and forwards, backwards and forwards, and that aint a life”. Dog Owner 2

“I’m not just gonna leave her to get a place, I couldn’t do that- it would do my head in. I think that would make me go off on a mad one more than anything else. I’d rather stay on the street”. Dog owner 1

“I’ve had him since he was a pup. He’s the only thing that keeps me going day-to-day, he’s the thing that keeps me out of jail, he’s my biggest lifeline, my main responsibility in life, without him personally, I wouldn’t give a flying fuck whether I got kicked out here tonight, tomorrow, or whatever... And after the trouble that I used to get in, fights- it’s him that actually makes me go, “c’mon lets get out of here”. Instead of “c’mon let’s get in there”. He’s stopped all that, and I would not part from him. You wouldn’t be parted from a child. He’s like a child- he needs feeding, he needs watering, needs his walks, he needs his cuddles.” Dog owner 2

These service users have been using hostels, one for six years, moving back and forth between two hostels. The other service user has used hostels for 10 years, with the last five years between two hostels.

8.12: Sexual Orientation

Issues around being Lesbian, Gay, Bisexual or Transgender were not raised by participants. This may be due to the interview questions being open-ended and so a specific question may have been useful. However, there are issues for LGBT service users in hostels as highlighted in “Out on Our Own”, a report published in 2006 looking at the experiences of young homeless LGBT people⁴⁹. This reports that some LGBT young people had experienced homophobic harassment in hostels and supported accommodation, “and a lack of appropriate intervention,” and reports of discriminatory practice by staff. Some went on to sleep rough as they felt safer and subsequently got

⁴⁹ “Out on Our Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth” Mark Cull Hazel Platzer Sue Balloch University of Brighton

into “a pattern of long term transient homelessness.” This highlights that those who identify as LGBT could be at risk of becoming part of the “revolving door”. One of the key recommendations of the report was that housing and homelessness services should be “made safer for LGBT youth.”

8.13: Losing Possessions

“They disposed of my stuff- all my son’s photos of him as a kid, his toys. I cried my eyes out- I swear to god I was devastated- absolutely devastated”. Linda

Hostel staff regularly have to deal with the issue of what to do with service users belongings who have left the hostel. The standard storage period is twenty eight days, though this seems to vary- service users were unsure- perhaps because of each hostel operating their own policies. After the period of twenty eight days, all belongings are disposed of. One hostel tended to keep hold of belongings for much longer, depending on availability of space.

When the storage period expires, everything goes including family photos, documents, mementos. For those women and men who have had an unplanned move- been evicted, abandoned, imprisonment, there is usually nowhere to take their belongings, “...*giving you twenty eight days to pick it up- you’ve got nowhere to take it and you end up losing it all- all your personal sentimental things. I think that’s wrong.*” Linda

“They said I had to leave... I lost all my stuff, when I left, my certificates, my photos.” Jen

The constant re-building of personal belongings can add to the service user’s frustration, anxiety and sense of instability. Sean described that it had not been easy for him to retrieve all of his possessions since leaving one hostel and moving into another, “*coz there’s so much stuff, having trouble getting it here. I have to go through my stuff and keep what I want to keep, (but) they won’t let me go in there. They said “no- don’t want him in the building”.*

“...the stuff we’ve got in our rooms is our worldly possessions. That’s all we’ve got.” Linda

8.14: Organisational Issues

Since the introduction of Supporting People⁵⁰, staff interviewed were unanimous in acknowledging that the demands on them had increased as had the needs of the client group. Some key workers felt that their effectiveness was watered-down by having to be a ‘jack-of-all-trades’. Traditionally, key workers have played a wide-ranging role, with tasks related to health and safety (health and safety checks), security (e.g. building checks), reception duties, cleaning, cooking, as well as working with service users to move their lives forwards, “*We’re limited within the project- we have a lot to be*

⁵⁰ The Communities and Local Government funding programme that gives grant to local authorities to pay providers (such as hostels) to deliver housing related support.

doing...that maybe stops you from being able to spend more time with each client.” Key Worker 1

“(The client group) are massively more complicated.” MT CRI. This together with the extra paperwork required by stakeholders (e.g. Supporting People), meant that there was enormous pressure on key workers. There was also a much larger amount of information that key workers are expected to be aware of, around issues such as work and learning, treatment options, move on accommodation systems, and related areas such as anti-social behaviour, so “... their knowledge base has got to be in almost everything.” SM CRI

Training in therapeutic tools like ‘solution focused therapy’, and ‘motivational interviewing’ are supporting some staff to engage with service users, but conversely, *“...expectations on hostels now are a lot higher. You are employed to be a catalyst for someone changing their lives, and actually, nothing has really changed in the operation...” SM CRI*

The traditional hostel view of key workers needs to be moved on into recognising what a specialist service this has become in the city and that persisting with a generic, broad view of key working is reducing how effective it is, putting pressure on staff and thus service users. With funding in the sector reducing, there is little scope to increase the numbers of key workers, which most agencies recognise as necessary to ‘personalise’ services and make a difference:

“Not enough key workers, too many clients and not enough time.”
Service Manager

“There’s no time for reflection. There’s no work that is done in the meantime to look at what they are going to do differently.” EP MHHT

“I think hostels exist at a constant crisis point. Its always crisis management, problem solving, and I don’t think there is ever a point when it stops- you can’t.” MT CRI

The impact of increased needs and externally set targets for providers can impact on hostel staff including managers, who like this hostel manager, are frustrated:

“What do we do with those potentially revolving door clients when we have exhausted every resource we have? I feel like we are left out on a limb, or looked upon as if we are not doing our jobs properly. And that’s slightly unfair. There is an expectation that we can fix people and that’s not how it is.”

9. Re-Visioning

9.1: Support Approaches

In this section we try to unpick the overall approach felt by service users to be most supportive. Our hope is that this will provide a framework to provide effective and consistent approach within the City's hostels.

"I don't think after all these years, anyone has produced a book saying 'good hostel practice' you know, it's just never done. Which is extraordinary! All the hundreds of people doing the work, and nobody has tried to codify what works." MT CRI

Since 2003 when Supporting People was introduced, there has been a standardisation of the support that is provided in hostels. It is expected that all hostels provide a "support planning" process for every service user, which means carrying out a risk assessment and a needs assessment which informs a support plan. Although it can vary, each assessment and plan is expected to be reviewed every three months. Formal key working entails working towards the goals agreed between key worker and service user in the support plan.

What is Support?

Service users saw key working as the way in which support was delivered, and that it is a formal method of meeting up with key workers, although there was no clear definition by them of what this meeting centred on.

There is no identifiable model of how key working is carried out. From our interviews it seems very much based on the skills, experience and personality of the key worker, as well as the values and ethos of the organisation and requirements of those who provide funding. We were not able to identify a support approach in Brighton & Hove that was service-user led or informed.

All we know is that people are helping someone, but not exactly what."
Hostel D Manager

"...for there to be no 'one' way of doing things- confuses our support process and explanation of procedures." Key Worker 2

Pace and Frequency of Key Working

When asked to design a support service, formal weekly key working was the preference, supplemented by daily contact which one hostel in particular provided as part of the process, *"Every day she asks me how I'm feeling. Every day."* (Nick)

From what service users said, there was a balancing act in terms of the frequency of engaging with support, as it ranged from 'slowly, slowly' approach to formal meetings, to those who preferred daily informal checking in with their key worker, with many service users preferring both.

"He doesn't pressure me if you know what I mean." John

A structured process within key working was generally preferred, but which allowed space for informal interaction. The structure is provided by the formal support planning framework, but there is scope to look at 'softer outcome' based structure that allows the pace and form to be led by service users and recognises achievements, however small the steps. *"Support should be set by both me and the hostel."*

The following headings are based on the key themes that emerged when exploring what support should be based on, in order to develop maximum trust and engagement.

Facilitating change

This aspect was identified mostly by non-service users. There is an expectation by stakeholders that hostels are places of change, where targets will be met and positive outcomes maximised.

"You are being asked to key work, you are asked to be in charge of someone ...and if you endeavour to befriend them, that's great, but you have to be befriending with a view to changing." MT CRI

"The service we provide is about supporting people to change. So change is a key simple part." Hostel A Manager

The person responsible for this is the key worker and yet the prospect of being able to facilitate change in someone whose issues stretch back years, can be a daunting for some key workers and could be viewed as an unrealistic expectation, given current resources.

Holistic

Viewing people as a whole person, not just a set of problems was how service users wished to be seen. They feel more visible this way, and this helps to develop self-esteem and motivation. It enables service users to feel included and able to do everyday 'normal' things:

"It's tiny steps. My favourite thing...I take someone for breakfast, and we've got newspapers, and we're sitting there, just normal, and I think it really matters because people don't have normal conversations." MT CRI

"They've seen everything about me, not just my problems, but my art and writing and that." George

Assertive

It was apparent from interviews that key workers have to strike a balance between going at the pace set by service users, as well as taking a more assertive approach that some managers and agency workers feel is necessary in terms of achieving support plan goals and contractual targets:

"I don't know how challenging key workers are...to sit down and go "what are you doing, why are you doing it this way," I think that comes from experience." MT CRI

"...I do think there does need to be a very strict process of engagement with individuals..." RS SP

An assertive approach necessitates being persistent and *"Honest, open- and being quite frank."* Hostel D Manager

"...If someone tells you to 'F' off and they don't wanna talk, say alright, but I'll be back." TB CRI

Consistency

When service users spoke of moving from hostel to hostel, they highlighted issues surrounding consistency of key working. It appeared that the number of key working sessions varied between hostels and it appeared the formality of the relationships with key workers also varied. This lack of consistency left some service users feeling cynical and apprehensive about key working sessions.

"Some hostels- key workers went out of their way to see me - you'd get a warning if you didn't turn up, which I though was a bit harsh. But some hostels just leave you to do whatever you wanted." Jim

"You'd be very surprised how many service users would prefer the messages were much clearer and there were more rules in place that applied to everybody - and then stayed the same without changing from one hostel to another. Structured support that is the same for everyone in the hostel is something that service users frequently request and express as a preference." RC SUIWSM

The funding culture was seen by workers to be unhelpful in trying to ensure open communication and sharing best practice:

"I think things have got better, but I don't think they are completely consistent. I think you get better qualified staff at different hostels." SM CRI

One key worker was frank about what she saw as the challenge that is

"This whole battle to meet criteria and secure funding, for the actual client, the consistency they get between these competing organisations, it has an effect. I think its ridiculous the city has this strategy and yet plays organisations off against each other." Key Worker 3

Pro-Active

Key workers with a dynamic approach, who encouraged service users to move forward were valued. Taking an interest in day-to-day issues and making things happen were seen as motivational:

"I started really slipping back a few weeks ago, and she's like- come in the kitchen, she sat me down. She didn't read me the riot act which is

what I really like about her; she said 'just be honest with me, what is going on'. And I was honest with her." Laura

"More support and encouragement generally appears to be the common message which many service users would like to see...often service users would appreciate staff being more involved and interested." RC SUIWSM

Key workers who were interviewed seemed very clear about the benefit of a pro active approach, such as this key worker who would *"fish out their paperwork and see what didn't work last time if they've been here before."*

For a Police Sergeant, being pro active would make a huge difference to getting some shared approaches in working with specific and vulnerable service users, and he was hoping for all hostels to have an approach of *"pro-activeness; that the hostel will come to us with a history of "this is what works, this hasn't worked this is what we're trying."*

Empowerment

Empowerment is a much-used word in the supported housing sector and there are many examples of good practice⁵¹. But what does that mean for women and men in the revolving door? It was never mentioned by service users throughout the interviews, perhaps underlining just how disempowered they feel. However, some managers and key workers were aware of its importance and for this reason we have included it in the recipe for a good support approach (see also the section on Service User Involvement):

"Inclusion and empowerment delivered by creating opportunities for clients to get involved with what is their service." Hostel A Manager

"If you are suggesting answers, suggesting solutions, they are your solutions, your ideas, your stuff...and they also feel if they don't do it, they have let themselves down and they have let you down. If you can get them to come up with the solutions themselves it's better." Key Worker 5

One key worker used her own initiative to get some paperwork done: *"I gave him the laptop and he filled out the needs assessment. And that's good coz I don't like typing on the laptop, but he loved it. It took twice as long, but within it he was playing around, and then after that went and bought himself a little laptop."* This is a great example of a service user being able to 'own' his paperwork and develop a skill, and something that all staff could adopt appropriately.

⁵¹ See Homeless Link www.homeless.org.uk and Shelter www.shelter.org.uk and Crisis www.crisis.org.uk

How Staff React to Service Users

Body Language

Body language plays an important role in connecting with service users, and for one manager, this helped restore a sense of equality, *“When you sit next to the person looking out, and not across from each other, and we have sat a talked for ages...it feels more ‘equal’ in some respect. It bridges a gap.”* Hostel C Manager

Respect

Service users spoke of many experiences of being treated with disrespect, encountering rude or indifferent staff and the effect this has on them:

“When I was in (hostel) they treat you like children- they really talk down to you. There’s one... she’s quite young, turns her nose up at you.” Linda

“Treat me with some fuckin’ courtesy.” Sean

“If you want someone to trust you, you’ve got to talk to them how you would expect to be talked to.” Maz

“They really put you down- they think they’re up there on their high horse...talk to you like a school teacher or whatever. If anybody wants them to open up, they not gonna tell you nothing if you talk to them like that, and nothing gets resolved.” John

“Hands On”

Service users identified support as being practical, “to lend a hand”. There is felt to be a tension between the Supporting People (SP) funded ‘housing related support’ and activities which could be defined as ‘care’ which are not funded by SP. For managers and key workers, there can sometimes be a holding back of certain activities with service users- shopping for example, whereby those involved will see it as developing life skills and having an opportunity for informal key working, but it could be seen by funders as not what the funding is for.

Staff and service users can benefit from more informal approaches to key work and the support approach should encourage this to take place more: *“I’ve taken xxx out for a coffee before, you hear a lot more about their life, and you can fit the pieces together a lot more.”* Key Worker 1

Policies and Rules

Service users want policies that are firm, consistent, and that included their input. When designing their own support service, these would be *“Structured but strict in a way for the important things like rents.”*

“You need to have definitely- a set ground rules. I think residents and staff would make the rules up.” Chas

Accessible

Service users expressed how being able to talk to staff at any time was valued.

“Just knowing that they’re there to talk to if I want to. If I do go on a downer, they’re there for me.” George

“If I need to speak to my key worker I can speak to her, if not, I can speak to someone else.” Sean

“We make a point of talking to people and finding out how they are, and in the evenings we will sit in the dining room and have dinner there.”

Key Worker 4

One outside agency worker found accessing staff was a challenge in one hostel:

“It was a very hard place to engage with people- none of the hostel workers ever came to me and said, “oh hello, how’s it going?” ...and I’d sometimes go, “oh hello there, you alright?” and they’d scurry off to the office.” TB CRI

When it doesn’t work

We thought it was important to include what had not been helpful in order for providers and agencies to learn from what may seem obvious bad practice, but which is taking place.

Paperwork-led Support

Comments from some service users indicate little regard for the paperwork involved *“I think support plans are pretty pointless.”* If an organisation focuses on getting the paperwork done, then there is little room to listen to service users and what would work for them. Service users can see that key workers are focused on paperwork and do not have the space to lock on to what would be more effective for them:

“At (hostel) there seemed to be a lot of pressure, you had to do this, you had to do that...every time you saw your key worker, she’d ask me questions, have you done this, have you done that.” John

For staff there was a frustration in having to manage large amounts of paperwork, which they felt pulled them away from the job they wanted to do, supporting service users.

“There’s more things like paperwork, there’s more requirements from outside agencies than there used to be.” Key Worker 4

“You don’t actually see the person first, all you see is paperwork.”
Key Worker 1

“...we’re kind of getting paperwork-driven, and less person-centered. I can understand how service users see it as another piece of paperwork “what does it actually mean to me- not much” Hostel D Manager

“They should focus on the individual, rather than targets.” Hostel B Manager

Negative Reinforcement

The repetition of having to re-tell their life history every time they had a new key worker, or moved from one hostel (or elsewhere) to another was identified as something that pulled people down and reinforced negative self-image. One man said he preferred to have just one key worker:

“If the triggers were there and you had to start it up afresh with a key worker you’d be on the drugs before you know it.” George

Service users expressed a need to look ahead and felt that too much focus was spent on the past, and the negative aspects of their lives. More should be done to look at what was positive.

“In a lot of places they’d rather harp on about what has been instead of what will be, and that can be soul destroying in itself... exhausting and then you lose your motivation.” Laura

“A lot of people in hostels don’t want to talk about their problems.” John

There’s nothing that says “you have had a shitty life but what skills have you used to survive” The first impression you have with your key worker is listing all your failures, no wonder it all goes downhill from there...” Key Worker 3

9.2: Service Users’ Hostel Design

Sixteen service users suggested ideas for supported accommodation design and we were able to make clear design categories from their preferences. The layout in terms of ‘clean’ (drug-free) areas was the most significant aspect for service users.

Space to be substance free

“All hostels should have a dry flat” Chas. Over 50% suggested clean (substance-free) areas, “A section for alcohol, a section for drugs, and a section like a clean area.” (Laura). One suggested an entirely substance-free building. Service users felt that that “Not everyone thrown in together” (Dee) would work better for them to address their substance misuse. Linda felt an area set aside to drink in would work for her, “That’s what I’d do- open a wet room.”

At a regional substance misuse service user event in 2007⁵² it was reported that *“Many service users felt that separate accommodation for those that are abstinent and those that are still using would really help everyone.”*

Apart from working towards or sustaining abstinence, there was also felt to be a lifestyle clash between those using drugs and alcohol, *“If you got a mixture of drinkers and drug addicts, then things can go off”*(Robin), and that separate accommodation would reduce this.

Needle exchanges were supported as a way to reduce risk to self, *“There would be a needle exchange, and if people are going to use, as long as they do it own their own in their own room, at least you know they’re safe”* (Laura).

Agencies and hostel staff generally reflected the service users’ views for clean hostels and there was consensus by all that they would need to be very tightly controlled in order to work, *“I think a dry hostel would be really good. It would have to be really tight”* (TH Oasis)

One hostel manager had previously worked in a successful model outside of Brighton where there were *“Two dry flats and a detox flat (with medication, usually diazepam): Dry flats were mood altering substance free and had 14 beds with morning meetings and a weekly group session as compulsory; the three-bed detox flat used a reducing script of diazepam and they were confined to the flat and had meals bought to them with no outside contact allowed until day five.”*

Clean hostels or areas could be for preparation for treatment and also somewhere to sustain abstinence and motivation, and work towards more independent supported accommodation (Band 3 of the Integrated Support Pathway) after rehab. TH Oasis suggested *“A dry Hostel that was split into two sections: the first section would cater for clients that were detoxing and stabilising in preparation for rehabilitation. Once they had gone through rehab they could come back to the second section of the Hostel which would be the dry part which could offer life skills in preparation for moving on”*.

Most of the recommendations were in relation to clean areas, but there were also some based on the needs of service users who use alcohol, and that *“In dry hostels, they don’t provide ambulatory detox- it’s not been tried. And that’s one of the failings of dry hostels.”* MT CRI

There is a hostel in the City which operates a three-stage service based on the ‘Cycle of Change’⁵³ model which is physically incorporated into the buildings 20-unit layout, providing three stages of accommodation.

Mental Health-specific

“There should be dual diagnosis hostels.” Jim

⁵² Service User Consultation Summary: 15.11.07 Substance Misuse and Alcohol Services in Brighton & Hove. Author Rick Cook- Mind in Brighton & Hove

⁵³ Prochaska/DiClemente “stages of change” behavioural model, a basis for developing effective interventions to promote health change

Service users interviewed with diagnosed mental ill-health had concerns about their needs being buried beneath those who had primarily substance misuse issues. At the Service User Consultation event⁵⁴ supported accommodation specific to people with mental ill-health was recommended, this was reinforced by a manager and key worker:

“I think Health needs its own hostel and it needs to be staffed by mental health staff.” EP MHHT

“I think they should be in smaller units again, with more qualified intensive staffing.” Key Worker 4

Building and Layout

Suggested occupation levels in hostels varied from *“About six to a building”* (Dee) to the suggestion by one woman to house all homeless people in a seven-storey building. Shared spaces were preferred with communal areas like Jim’s idea of flats where *“each has your own room, two share a kitchen and bathroom, so you’ve got your own space.”*

“If you were genuinely trying to change, you would have smaller hostels, with higher staff to client ratio”. MT CRI

Three women recommended women-only flats, *“I’m in an all female landing, I think it’s brilliant that they’re closed landings”* (Laura), and rooms for couples were suggested.

Workers had an awareness of how the size and quality of the housing affected the service users sense of worth and behaviour and MT CRI noted *“There’s some evidence that if you put chaotic people in a smaller unit, then they tend to ‘norm’ to a quieter level, they don’t tend to norm upwards. It would be nice to try it.”*

“The medium is the message. It is a domestic house, and it’s about feeling like a home. So the message is about valuing people and people having a sense that they are valued.” FF Supported Housing Project

Accessible Accommodation

“That’s been an issue. Not even just for people that are disabled but people that are very heavy drinkers.” Key Worker 2

There are two accessible hostels which poses problems when, for example, a wheelchair user gets banned from one or both. There is also the issue for older service users, often drinkers, who are unable to cope with stairs.

Location

Five service users had thoughts about where the accommodation should be located, the majority preferring quite areas, *“Just somewhere normal- out the*

⁵⁴ See footnote 1 page 1

way and quiet." (Chas). Two people suggested the countryside. One key worker suggested a rural alternative to a hostel that would be set *"on a farm where people could have tasks, a routine that is meaningful, or like a boot camp- a nice boot camp, a plimsoll camp!"* Key Worker 5

In the summary of the regional Service User Consultation⁵⁵, *"Several participants wanted the option to be re-housed in a different area in order to get away from a known drug scene and previous using acquaintances."*

One service user would place her building *"Bang in the centre"* of the City (Tilly).

Socialising

Half of the service users suggested communal areas, to keep people occupied and busy, and to enable friends to have time together off the street.

"That's what we really need, a room where folk can go in there and have cups of tea and a chat, rather than sit in their rooms all the time."
Chrissy

Most suggested communal areas should have DVD players, TVs, computer games, pool table, air hockey and ping pong, and board games.

Being occupied/healthy

Half of service users would include a swimming pool/access to swimming in their accommodation; two went for tennis courts, and two wanted a gym. One suggested a hot tub and steam room for *"therapeutic value."*

Meals

Fifty percent of service users provided ideas for provision for meals, via accessible kitchens and canteens, and it was felt

"The hostel could have a canteen with option to not pay for hostel food and cook for yourself, which your key worker could help you budget."
Dee

Hostels vary, one provides kitchen areas per five to six service users, others provide meals for which payment is deducted from their benefits or do not have any provision for food. Not having a choice was highlighted by some service users, like Robin who had queried this, *"Look I don't even eat any of your meals- can you stop taking the money out of my giro?"* and they said, *no- it's compulsory.*" One key worker acknowledged that money for meals deducted from benefits *"creates a lot of friction, not having the ability to choose. "I'd like a flipping gorgeous kitchen"* (Bel).

Outside area

More than half of service users would have an outside area, consisting of a garden, and a few with barbeque areas, like Bel who would *"love a garden and a little Jack Russell."*

⁵⁵ See footnote 1 page 1

“It would be nice to have a garden so everyone in the block could have their own piece to grow whatever and make it look nice”. Dee

Key workers also valued the potential of having outside space as a support tool, like a *“Garden and allotment project for residents.”* Key Worker 2

Comments about what doesn't work:

Service users made a few comments about bad or unhelpful design or condition of buildings such as *“Bits of the building are falling to pieces”* (Maz). How the design affected availability of staff was an issue for Chrissy, *“If they can't face the problem, they just shut the hatch.”*

A Police Sergeant was aware of *“a ‘broken window’ policy: if you live in a place where there is broken windows, crap all over the floors, you're going to be less respectful of the whole area. Your belief about yourself is going to be lower. So translating that into a hostel is crucial, they've got to feel comfortable in their location, they've got to feel proud about where they are living, and that will boost their confidence”*.

No matter how good the service was viewed by staff or service users, the larger hostels were seen as *“just too chaotic- that's what you have got to work against, that ‘settling’, endless ‘norming-’ that “this is what everyone else does””* MT CRI

There is a tension between being able to provide good quality support that includes motivation for change and having to work where people live in spaces that mitigate against this, and a key worker offered that *“environment is quite significant if you're looking to be at peace or possibly make some changes.”* Key Worker 1

Comparison to prison was used by some hostel staff, *“We have these big keys that we walk around with and walkie-talkies. I think the ‘us and them’ is kind of highlighted there.”*

For one service user the support service itself was more important, *“Even though the room was small, it's about the support.”* (Maz), and a Service Manager also concurred *“It's all about key workers really. It doesn't matter how smelly or lovely the hostel might be, if they don't feel listened to or understood, then they are not going to stay.”*

9.3: Service User Involvement

“Nothing about us, without us”⁵⁶

The ethos behind this research project was, and is, to keep service users centre-stage: their words set the agenda. Service users were consulted on the

⁵⁶ The English user representatives' report from the 2007 International Harm Reduction Association Conference in Warsaw published by National Treatment Agency

design of the questionnaire. From their responses in the interviews, came the themes to inform the questions posed to hostel staff and agencies.

Service User Involvement (SUI) in hostels varies in the way it is made available and delivered. Some hostels carry out regular surveys, focusing on feedback on service delivery, or ideas for activities. One organisation has its own Service User Consultancy. For the revolving door client group, SUI is something that needs very much more work. There is perhaps a lack of belief that their words will change anything, as George feels *“They’ve asked us and I’ve said it all. And nothing gets done...They have these meetings and nothing happens. Why do it in the first place?”*

For this client group, there will need to be more thought as to how SUI is delivered.

Careful consideration of gender equality also needs to be given to outcomes of any surveys or focus groups in hostels as highlighted by one manager:

“Service user empowerment is always going to be male-orientated, so when you do say “oh we’re giving service users equal opportunities”, you are giving one gender equal opportunities. There is always going to be more males than females.” Hostel B Manager

We found an example of one hostel working towards involving service users in recruitment to make the support service more meaningful by interviewees *“giving a short presentation to some service users and that gives them feedback directly from the clients...that feedback is really important.”* Hostel A Manager

Some service users do have ideas of their own, especially those who have been in a particular hostel for a long period of time, rather than moving about on a regular basis. One had used his initiative to enable fellow service users to have their say by using him as a rep, and as someone they could trust:

“I came up with an idea, at the other place- what about if you had a landing rep? Some people feel if they go to a member of staff, they are grassing, so what about if you had a person i.e. a service user who you could go to, who could go downstairs and say “look I’m not naming names, who’s got such and such a problem. “ Most people here use me as a mediator. It shows it can work. It works on our landing- it’s been good.” Sean

“...try and let them (hostel users) run them groups themselves if you know what I mean, because its their group at the end of the day, its up to them what they want to do.” John

Chas overcame his lack of confidence by pushing himself to get involved in projects where he lived, and *“wanted to prove I could do more things than I was doing. I had good rapport with the staff- if anything came up they’d ask me to do it. I just got more involved that what I would usually do.”*

Our experience of carrying out the research interviews with service users was positive and motivated us. If interest in participating was expressed, we would be as flexible as possible around meeting times, and occasionally had to re-schedule a few times. In the majority of cases, interviews went ahead as planned and people were generous with their insight. They supported the aims of the research project and appreciated having time set aside to talk about their experiences, and how hostels might work better. That it was (usually) an hour of face-to-face questions and interest in what they thought seemed to be well-received. As such, we would recommend that if providers, and other agencies, want to include the views of this client group in their consultations, they make time do this on a one-to-one basis or in an informal incentivised 'focus group', and that questions are more 'semi-structured' than formal 'yes' or 'no's'. Even better, that service users, or ex-service users, lead the consultation.

10. Recommendations

This section offers recommendations as identified during the course of the research. Many do not require extra resources. They have not been put in strict priority, which could be a future exercise for providers to do with service users. It is hoped they offer opportunities to improve the experience of service users, as well as validate areas that some providers are already working on.

“I don’t think anyone has ever sat down and said “Let’s put an action plan in place- lets try this”...We’ve all got a part to play in it and no-one has really done anything about it.” SM CRI

Almost all research participants had ideas and views on what could be done to improve hostels to best meet the needs of service users and many had comments on what did not work. We have drawn out these suggestions to provide the following recommendations for some sections and themes in the report. The recommendations are made with limited resources and maximum will in mind. Pragmatically it is understood that resources are limited but changes for the better can still be made.

The overall recommendation is that providers consult with service users and in particular, target the hardest to reach within their service. From our research experience they have good, workable ideas that simply need the will of the organisation to listen and act.

Suggestions for the Local Authority

1. Tracking- *“There should be a policy I reckon- people go in these hostels, how long people have been there before they skip to the next one- see how long people are staying around”* (Tilly). Mapping homelessness histories in an ongoing joint working exercise to enable support services to focus on what would be effective for this client group- *“The city needs to identify the people with complex needs, to be care planning, and case conferences, and services need to do joined up working.”* Hostel A Manager.
2. More Flexible Integrated Support Pathway- as well as reducing the personal impact to the individuals, it could be more cost-effective to have a more flexible approach to placing women and men in hostels that are better suited to their needs, and they should be able to identify a hostel that works better for them whilst staying in a less suitable one on a temporary basis. This would respect service users right to feel safe in a hostel, *“It makes you feel apprehensive- like who’s gonna be there, and am I gonna get on with the.”* (Sean).
3. Setting up and help resource a standardised training programme for hostel staff, particularly key workers, to deliver support and develop specialisms (e.g. mental health; gender; counselling tools) that meet the needs of the service users. All providers should have access to it.

Design of Hostels

The overall suggestion was that there needed to be more variation in Band 2 accommodation. A more holistic approach recognises that environment impacts on wellbeing.

Overall there is a need for more variety to meet the needs of this client group who are at various stages in addressing their support needs.

1. Staged accommodation for substance misusers
2. More clean spaces that are tightly structured.
3. Dry spaces that provide specialist support and ambulatory detox.
4. Smaller hostels
5. Own space with access to communal space
6. Women-only space
7. Welcoming and open reception areas
8. Outside space.
9. Quieter locations, away from street and hostel contacts
10. Hostels with a 'care' element to provide for older service users
11. Kitchens and canteens
12. More hostels with disabled access

Linda offers her own vision of a *“a B&B with as many rooms as I possibly can. Decorate it. Nice pastel colours. Make it really homely. Everyone would have their own en-suite bathrooms, so that they don't have to share with other people. Have staff that have been there, done that, lived on the streets, don't have any addictions”*.

Service User Involvement (SUI)

1. Staff trained to understand purpose and benefits of SUI as a means of delivering a more relevant and meaningful support service.
2. Staff trained in tools to maximise SUI.
3. Face-to-face will always beat paper surveys, and be the best place to start.
4. Incentives are important- it is service users time and expertise.
5. Explore Shelter, Homeless Link and TPAS⁵⁷ (Tenant Participation Advisory Service) for working models.
6. “A buddy system. You could have that in hostels- people 'buddy up' with each other.” Hostel C Manager.
7. Encourage service users focused on remaining clean/dry to get involved in local user support groups such as Goal, ROAD and Sustain <http://www.mindcharity.co.uk/servicesuser.asp> for information regarding training and involvement.
8. Refer to “Service User Involvement Strategy for Substance Misuse in Brighton & Hove” published by Mind in Brighton & Hove.⁵⁸

⁵⁷ www.tpas.org.uk ;

⁵⁸ info@mindcharity.co.uk

Key Workers

1. Reviewing purpose of key worker e.g. a mentor-based role, focus on motivation; Identifying a key worker role that is appropriate for specific client groups; external agencies to systematically deliver other aspects such as 'work & learning', move on, substance misuse, via in-house 'surgeries'.
2. 'Unpack' current key worker tasks and consider to whom tasks could be assigned to more effectively/create new roles.
3. Service user involvement and consultation in recruitment procedure
4. Review of recruitment procedure (see Homeless Link recruitment process guide:
<http://www.homeless.org.uk/developyourservice/topics/staff/recruitment/recruitmentprocess>)
5. Recruitment of ex-service users.⁵⁹
6. Mentoring of new recruit from ex-service user- develops skills for both.
7. Non-clinical counselling training for all staff.
8. Short-term taster/job swap with specialist support services so that hostel staff and agencies get a better understanding of each others' roles and expertise.
9. A centrally-funded and resourced agreed standard training programme to ensure all support staff are equipped with the skills required to do their job, and ensure consistency across city hostels.
10. Training that includes staff *and* service users together.
11. Service users to have the right to seek a different key worker if the relationship is not working for them.
12. Key workers to develop leadership areas/specialisms such as in mental health, substance misuse, equality and diversity, resettlement.
13. *"I think the 'key' is the key worker. Get them all together- get them to talk to each other across the hostels."* Service Manager St John's Homeless Service.

Substance Misuse

1. More clean hostel areas.
2. Increase service provision for clients with alcohol misuse.
3. Closer working with residential treatment to have more of a 'congruence' of approach to substance misuse.
4. Agree a standard period of time, in consultation with service users, to keep hostel rooms 'on hold' when they go into residential programmes
5. Increase of drinking (wet) spaces.
6. Substance Misuse Specialist worker to be 'in house'.
7. More in-house needle exchanges.
8. Increase peer support in hostels.
9. Increase outreach into hostels by substance misuse agencies.

Women

1. Increase women-only spaces within hostels with thought-through holistic support approach and specialist staff.

⁵⁹ www.thamesreach.org.uk/what-we-do/user-employment

2. Staff to be trained in gender issues.
3. Service users to have access to awareness-raising around gender.
4. Key worker specialist/champion in women's issues trained and resourced accordingly.
5. The setting up of a B&H Working Group for Women in Hostels with women service users included in the membership.

We would also echo the recommendations in the Crisis report⁶⁰

- Hostels to review policies and procedures to ensure they are 'gender proofed'.
- To develop and expand the 'thinking' about, and approaches to, women's homelessness – about the situations in which they find themselves, their self-identity, the ways in which these issues impact on women's service use, and the ability of policy and practice to tackle homelessness amongst women.
- To recognise that the difficulties women face through homelessness, are inextricably linked to a range of other unmet needs, often as a result of traumatic experiences in their lives.
- To measure and examine women's homelessness, to address the deficit in evidence and understanding.

We strongly recommend consulting the Lilith Project's report (2005)⁶¹ and comprehensive list of recommendations to improve hostel services for women.

Rape/Survival Sex/Sex Work

1. In depth research into the experiences of women who live in hostels/insecurely housed around assault/rape/survival sex/sex work.
2. Service users empowered to report crimes such as rape and assault.
3. Staff informed to understand and utilise "third part reporting".
4. Systematic monitoring by agencies, especially hostels, of violent and sexual crimes against homeless women to reveal the extent of occurrence.
5. Hostels to form close links with agencies that support women and men who have survived rape and sexual violence.
6. Staff informed and trained on issues related to sexual violence and sex work/survival sex, including exit strategies.
7. Service users to have access to awareness-raising around sexual violence and sex work/survival sex, including exit strategies.
8. Hostel policies/accommodation agreements view the engagement in the sex work spectrum as an issue for working with women and men to be safe, and seek alternative options, and not to take a punitive approach.
9. Support approach should address both the sex worker and 'punter'.
10. Access to, or developing through partnership, counselling services with a homelessness insight.
11. Risk and needs assessments to include experiences, past or present, of surviving rape and sexual violence, survival sex/sex work.

⁶⁰ "Homeless Women: Still Being Failed Yet Trying to Survive" Crisis 2006

⁶¹ A Woman's Place: Women and Hostel Provision in London www.eaves4women.co.uk

12. Ensuring women are not placed in hostels where former or current abusers or attackers may be residing, by sharing of information between agencies (with women's consent) and using a more inclusive risk assessment format.
13. Scoping the need for a city-wide protocol that works to protect/support homeless women who have experienced abuse, assault and rape.
14. Accessible health and support services via SU Handbooks, posters etc.
15. Service users supported to identify exploitation- as the person experiencing it or as a witness.
16. 'Pimping' recognised within 'Safeguarding Vulnerable Adults'-related policies and procedures.
17. Working with local police to increase the safety of women in hostels e.g. W/PCs attending service user meetings, and to raise the issue of homeless women who survive rape and sexual violence.
18. Regular on-site sexual health service.
19. Supporting service users to not engage in any form of exploitation.
20. Incident reporting procedures in hostels specify suspected or actual sexual violence/rape.
21. Zero tolerance of perpetrators of sexual violence on hostel premises.

Being a Parent

1. Trained and informed support staff able to identify, support and facilitate the parental role of service users, including issues around having a child in care.
2. Pro active policies that ensure service users are supported to, for example, make phone calls to their close family members, especially children (where there are no legal constraints).
3. Safe space in the hostel for children to visit, or knowledge of alternative off-site safe spaces.
4. Awareness of and liaison with Children and Young Adult Services, and other support services.
5. Awareness of dates or events that are family-related and could be risk triggers, or that may just require more support for the service user.

Relationships

1. Implementation of 'Couples' or 'Supporting Relationships' policy that includes same sex relationships.
2. Training for staff and service users on developing healthy relationships and exiting unhealthy ones.
3. Access to sexual health promotion resources including condoms, health checks and support groups.
4. Staff trained to recognise and act on suspected or actual domestic violence.
5. Hostel representation on Domestic Violence fora.

Mental Health

1. Training on mental ill health as standard for support staff.
2. Each hostel to have a mental health specialist/champion trained and resourced accordingly.
3. Peer group support in all hostels.

4. More structured and thought-through support for service users with mental ill health, especially those with long term diagnoses.
5. Increase provision of dedicated hostel accommodation for those with mental ill health.
6. Adapting support approach to the needs of those with mental ill health in consultation with service users and mental health specialists.

Prison

1. 'Tracking'- mapping the service users at risk from being evicted and re-offending, and being street homeless on release from prison.
2. Putting multi-agency support packages into place, including targeted specialist and key worker support in hostels to sustain accommodation.
3. Rethink Fridays as day of release.
4. Hostels to be able to carry out their assessment in prison instead of after release.

Bereavement

1. The development of a holistic Fatality Policy and Procedure
Aspects that will need to be included:
 - Supporting service users through past bereavement experiences
 - How to inform service users including those who had a significant relationship with the person who died.
 - 'Marking' the loss by some kind of shared acknowledgement/ritual
 - Risk assessments should be referred to and reviewed for those who may find such experiences a trigger.
 - Informing agencies working with a service user of the potential impact of bereavement on their wellbeing.
2. Staff to be informed and trained in this area.
3. Identify external specialist support and make this accessible e.g. via handbooks, notice-boards so that service users can take their own initiative.
4. Awareness of mental ill-health in relation to bereavement.
5. Needs/Risk Assessments/Support Plans should highlight experience of bereavement, and significant dates, as potential triggers for behaviour that may impact on e.g. drug/alcohol use, mental wellbeing.
6. Liaising with previous hostel and/or current agencies to be aware of previous support for bereavement and it's effectiveness.
7. Service users who have experienced bereavement in hostels- acknowledge that returning to the same hostel may bring up issues for them, and identify how to work with this.

Boredom

This list of Do's and Don'ts is reproduced from the Homeless Link website⁶² and serves as Recommendations:

Do's and Don'ts

Do

- have a lead person in the team who takes responsibility for activities and shares the workload with others so all have specialism

⁶² With thanks-Homeless Link:<http://www.homeless.org.uk/developyourservice/moving/meaning>

- make sure that activities are embedded in the work you do and forms part of key working and staff are clear what is expected from them
- allow flexible rota patterns so staff can run activities
- have activities rotated so there is a regular programme
- set aside a budget for activities and if there is none, get creative and fundraise!
- involve people: seek views from residents and get feedback afterwards so activities can evolve
- keep trying new ideas and keep up the activity as more people may come to try it and pass on the word
- think about how you promote activities: pictures can get the message across to people who can't read
- learn from others and see what works elsewhere

Don't

- write off groups with stereotypes, like saying drug users are not motivated and using this as a reason not to provide activities
- say you are too busy with other things - what's more important in breaking the cycle of homelessness than equipping people with skills and confidence?

Moving On

1. Scoping of a Band '2 ½' for those with a longer history of hostel use
2. Scoping of specialist hostel for older street homeless women and men that has a 'care' element - a 'place to be'.
3. Scoping of a specialist service for those with long-term mental ill health.
4. Pre-Tenancy programme in all hostels, and dedicated areas in hostels.
5. Clarity to all hostel service users, and staff about RSI move on criteria to access Band 3.
6. More flexibility for service users to move to hostels that suit their needs
7. Resettlement champion/specialist in each hostel who is informed, resourced and pro active around re-housing options for all service users.
8. Band 3 housing that accepts service users with dogs.
9. Hostel 'references' that confirm dog's behaviour and benefits to service user as part of referral process for Band 3.
10. Move on targets to acknowledge the difficulties for dog owners, and provide flexibility e.g. having to move to another hostel when their nine months 'is up'.
11. Residential treatment to accept service users who have had long-term ownership of dogs.
12. Developing a 'dog buddy' project for dog-owners to board out their dog to a sympathetic individual or kennels whilst going through treatment.

Possessions

1. A city-wide policy so service users are not confused about storage periods and procedures in hostels.

2. Policy to include supporting the exiting service user to put a bag aside of personal and important possessions that can easily be stored for a longer period than the general belongings.
3. Where this has not been possible, policy to include that support staff remove obvious personal and important possessions and keeping them safe for a longer period whilst making every effort to contact the service user or find out where they are (e.g. prison, street homeless).
4. Hostels to support collection of belongings by sharing transport costs when service user moves from one hostel to another.

Organisational Issues

1. Ensuring the values of respect and trust are 'embedded' in the culture of the organisation, especially in its approach to working with service users.
2. Hostels to share best practice, *"get a chance to see what's working, what isn't and maybe what ...has been really positive and worked well that other hostels haven't thought of yet. I think it would be sort of team building as well."* Key Worker 1
3. Hostels to look at ways they can share resources, more partnership working.
4. Space for providers and service users to get together more often for feedback.

Appendices

Appendix a. Service User Profiles

Gender

- Ten women
- Ten men

Average Age

- Women - 36 yrs
- Men - 35 yrs

Ethnicity

- Women 9 white British; 1 Irish
- Men 9 white British; 1 Scottish

Sexual orientation

This was not monitored. Anecdotally two women indicated in their interviews that they had had same-sex relationships.

Mental Wellbeing

Nine men and eight women identified as suffering with mental ill health. Data showed that;

- Women Three had been in hospital with mental ill health;
One diagnosed bi-polar.
Three women self harm.
- Men One man had been sectioned four times.
Two men diagnosed paranoid schizophrenic.
One man self harmer.

Disability

- Women One woman was registered disabled;
One self-identified with health related disability.
One woman cited mental ill health as their disability.
- Men Three men cited mental ill health as their disability

Prison

Nine out of twenty service users had been to prison. Data showed that

- Women Four women had been in prison once
- Men Two men had been once,
One man twice,
One man four times

Substance/Alcohol Misuse:

Nine women and ten men used alcohol and/or drugs.

Type of Main Substance

Gender	Drugs Only	Alcohol Only	Drugs & Alc	Not app
Female	3	3	3	1
Male	8	0	2	0

Specific Substances

Gender	Heroin	Crack	H/Cr	H/Benzo's	Ben/Cr	H/Alc	H/Cr/Alc
Female	0	0	2	0	1	1	2
Male	5	1	0	2	0	2	0

Two men and three women were prescribed Valium.

Residential Treatment (Detox/Rehab)

Sixteen out of twenty service users interviewed had previously attended a detox or residential rehabilitation programme.

Frequency of attempts;

- Women Four had been once
 Two had been twice,
 Two had been four times

One woman had completed a treatment programme.

- Men Two men once,
 Two men twice,
 One for three times, and
 Three men four times

- **Additionally**

Thirteen out of twenty service users had previously lived in their own accommodation (*5 men and 8 women*).

Appendix b.

Case Study- One Woman's Journey

This has been included to give an insight into the challenges that all service users have coped with. Obviously details will be different but there are significant trauma/s and crises that many have survived and are living with. As one manager stated earlier in this report, one case history could be written to reflect nearly all clients. This woman articulates in brief detail her homelessness history, what caused it and what prolongs it.

"Yeah my mum she injected me with heroin when I was 10 years old. I've got scars where she injected me. My dad was an alcoholic and he hated the drugs thing. I'd be throwing up everywhere and then he comes back and he'd beat me up and beat my mum up. I had to leave home at 13 because of all that. It was grim- that's all I can say really."

Maz first used a hostel when she was 15 years old, *"and using a different name. I lost my birth certificate, and the council put me in the (B&B) - it was like a hostel I think. They kicked me out and I had some time on the streets then. It was frightening. So I was on the streets for a while then I went to a B&B- so they kept putting me into bed and breakfast accommodation. The one on the seafront, I've been there, and (B&B), the other, for young people..."* She lists the hostels she has lived in, *"It has always been hostel accommodation; I think I've lived in most hostels around...I haven't been in (hostel); I've been in (hostel); and yeah (hostel) and (hostel) yeah. I've been to a lot."*

Maz talks about being residential treatment- *"They brought up my childhood stuff, they wanted me to visualise my house when I was a child and ours was a sight. There was needles everywhere and things. They wanted me to close my eyes and visualise it. I just stormed out, I couldn't handle it. I bought a can of beer- it took me an hour to drink it."*

Maz currently lives somewhere where she has to provide her own meals which she finds a challenge. *"I asked to move to (hostel) because I'm quite ill, and I need to eat and they don't do meals here. I was thinking they do meals there, and at (hostel). It would be useful if I could get into somewhere like that. But I don't want to live in hostels all my life. It's been a long time- ten years now."*

She describes her shortest stay in a hostel- *"A couple of days. The hostel (name), I was in there a very short time. Well it was mainly me actually. I was in my room, and there was a spider, and it was like a tarantula. I had to leave my room, I was too scared to go back; the staff wouldn't go and get it. They had a look at it and said they can't touch it, so I left."*

She is very clear about the type of accommodation that she feels would support her mental ill health, *"They've got this housing agency called (housing assoc) and it's for people with mental health issues. I think it would be a perfect place for me to live. They've got staff there in the day, and a computer room and everything. My friend lives there and I go to visit him and say "you*

don't know how lucky you are". He really doesn't know how lucky he is. It's a lovely place."

"I feel like I'm old now- its knackered me out this life. From the age of 13 I've had to fend for myself. I haven't had parents or people or anything. I'm not saying I'm different or anything. I've had to make the decisions."

Appendix c. Examples of Revolving Door Journeys

From what service users told us about their housing history and supplemented in part by the data available from one hostel, we are able to give snapshots of people moving through the revolving door. This gives an idea of how unsettled people's lives are. All of the women and men had been homeless and in the hostel system for five years and over, averaging ten years. Hostel accommodation alternated with treatment and street homelessness. Less than 50% remained in the same hostel after the six months interview-analysis period.

Of the six who had left the hostel they were interviewed at, three had gone on to residential treatment, one of whom later left and was street homeless. One man and two women had gone to prison, one of which then left prison becoming street homeless before accessing a hostel.

Gender	Length of time using hostels	Pre-interview (not always in order)	Interview Stage	Post interview (up to 6 months later)
F	10 yrs	H, T, SH, H, T, SH, T, H	H	P, SH, H
F	10 years	All H alternating with SH and D.	H	same H, D, same H
F	9 years	8 x H, SS, 2 x detox,	H	Diff H
F	8 yrs	Lived in all H, alternating with SH. 2 x T	H	P
F	7 years	B&B, H, H	H	T, OA
F	unknown	H, H, H, H, B&B, H	H	Same H
M	15 yrs	HS, OI, H, H, H, H, NSH, T, T, SH	H	Same H
M	9 yrs	SH, H, T, SH, H, T, SH, H, T, SH, H, H	H	Same H
M	8 yrs	H, T, H, T, H, T, H	H	T, SH
M	8 years	4 x P, all H, 5 x T,	H	NSH, NSM, P
M	6 yrs	H, SH, H, H	H	Same H
M	5 yrs	H, T, SH, H, T, SH, H	H	T, SH

Codes:

P- prison
 SH- street homeless
 OA- own accommodation
 T- residential treatment (incomplete)
 HS- hospital
 OI- other institution
 SS- sofa surfing
 NSH- Nightshester
 D- DeTox

Appendix d. My First Month's Support Plan

Your Name:

Key Worker Name:

Room No.

Date Completed:

Review Date (within four weeks):

In the first instance we need to ensure your Benefits are set up to prevent any risk of arrears, so this first part is compulsory

Goal: BENEFITS

In order to ensure I am getting the correct benefits, and avoiding arrears.

Tick when completed

- The benefit I currently receive:
- Does this need reviewing?

- I am aware of what I am expected to pay in rent in service charge and what my payments are for

- I am aware that my Housing Benefit claim is in payment, and have a letter of confirmation

- I am aware that DWP is deducted from my Benefit, and have a letter of confirmation

- I have signed a 'confidentiality waiver' to allow my landlord to pursue any benefit issues on my behalf if I am unable to do so

So that you are getting the health support you need, or might need

Goal: HEALTH

This is to make sure I am registered with a GP and dentist. I also want to make sure that the support team are aware of any prescribed medication I am using, and any dietary needs.

- I have a local GP
- I need to register with a GP

- I have a dentist
- I need to register with a dentist

- Both have been informed of my new address

- I have informed my key worker about all prescribed medication I am using
- I have informed my key worker of any health concerns that need attention

- I have informed my key worker of any allergies and dietary needs

HOW I OCCUPY MY TIME

Goal: To make sure my key worker is aware of any regular commitments I have, and also when I might be available for any activities, and includes times when I like to be left alone

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

- What hobbies I have had before:
- What activities I think I would find interesting
- The kind of things that I have a good time doing
- I would like to do the following:
 - Cooking
 - Shopping
 - Art/Photography
 - Writing
 - Being involved in organising activities
 - Getting involved in how the hostel runs
 - Or try this:

I am not interested in:

We operate a Harm Reduction Policy, and it is important to us that you work towards reducing any risk to yourself, and that we work with you to get on to treatment programmes. This is your first Harm Reduction Action Plan.

SUBSTANCE MISUSE

Goal: I understand the Harm Reduction Policy, and I know where the specialists service are and how to access them

- I have been given a copy of the Harm Reduction Policy, and feel I understand it
- I do have some questions:
- I would like to get specialist support and I am aware of where to get it. Namely:
- I plan to make an appointment for this by
- I am aware of what support there is in the hostel to support me in minimising harm or reducing use, and I plan to use this support by
- I have been using substances for years and I understand my key worker will work with me at the pace I set, and towards the goals I set

'Housekeeping'

Goal: to make sure I am aware of what the hostel and support service has to offer, and that I that it feels a safe space.

- I have a copy of the Service User Handbook
- I know how to use the facilities such as the washing machine:
- I need to know where these places are:
- I know my way around the building
- I have some concerns about someone who lives here because:
- I am not sure about:

What my key worker and I are agreeing to do:

- We will meet at a time when I feel most clear-headed, and this will be a weekly commitment
- My key worker will work with other support agencies which I am involved with to make sure I get the best possible support
- To make sure that I am encouraged to contribute as much as I can in all assessments and action plans
- My key worker will make sure I am aware of any other support services that I may find helpful

- We will look at me getting involved in things I enjoy, or used to enjoy
- Reviews of all action plans will take place as agreed
- My key worker will understand when I don't feel so good, or need to be left alone, but will also work with me on motivation, being confident and assertive
- I expect my key worker to treat me with respect, and I aim to do likewise

What I can expect from other support staff

- Good customer service
- Answers to my queries, and to find out if they don't know

Signed Resident: _____

Signed Key Worker:

Signed Manager: _____

Date: _____

Copy of Support Plan given to resident:

Appendix e. Integrated Support Pathway – B&HCC leaflet

What is the Single Homeless Integrated Support Pathway?

The Integrated Support Pathway is a pathway through supported housing services to independent living.

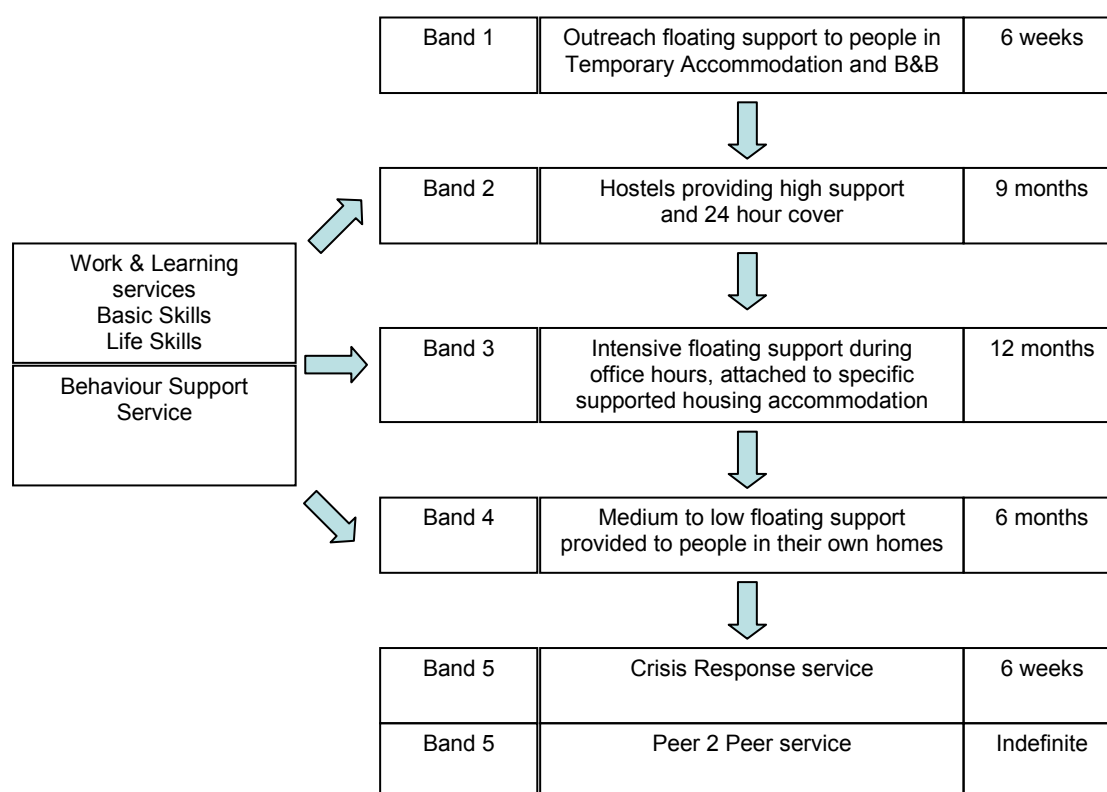
Supported housing services for single homeless, rough sleepers, ex-offenders and young people at risk are all short term services.

They are designed to get you back on your feet, with the support of your keyworker, to a position where you are able to live independently again.

What services are there in the Pathway?

There are five 'bands' in the Pathway, each offering different levels of support.

Service users are expected to move on to the next band within the timeframes shown below:



What support is available to help me prepare to move on?

As well as the support you receive from your key worker, there are a number of other services available to people in Bands 2, 3 and 4. Your key worker can help you find out whether you are eligible and can help you apply.

Work & Learning services

There are three types of service offered:

Basic Skills: A tutor helps people to read and write or learn basic maths on a one to one basis. The tutor also helps people link into other learning, training, volunteering or work they are interested in.

Life Skills: a 6 week life skills programme run at New Steine Mews hostel. The course covers areas such as practical skills in cooking, healthy eating, meal planning, budgeting and shopping, teamwork, reading, writing, maths and computer skills, physical and mental wellbeing, communications skills and anger management, goal setting and housing options.

Work Skills: training and work placement programmes with local businesses, support to find work after the placement and on-going support through a Job Support Network and Job Coaching service.

Working Support service

This is a floating support service (visiting people in their own homes) for those who are working and need support to maintain their employment. They may be having difficulties in areas of their lives that need addressing to enable them to keep working.

Behaviour Support Service

This service provides one-to-one support to people who would like help changing patterns of behaviour that have led to their tenancy breaking down in the past. This team also support key workers to work with service users on these types of issues in key working sessions.

How do I move on through the Pathway?

Moving on from Band 2 to Band 3

A Band 3 service offers either a self contained flat or a room in a shared house. When you join the Pathway at Band 2, your key worker will work through a needs assessment with you to identify the support you need to be ready to move on.

You need to work with your key worker to reach the point when you are ready to move to a Band 3 service. To be ready, you need to show that:

- You are meaningfully occupied during the day, or are actively working towards being meaningfully occupied.
- Any active substance misuse is contained, i.e. that replacement medication is being taken and not topped up or that you are abstinent.
- You have developed pre-tenancy skills such as basic budgeting skills and other skills necessary to maintain a tenancy.

When you are ready, your key worker will help you apply for a Band 3 service. All referrals are managed by a Band 3 Support Co-ordinator who will meet with you and your key worker.

What are my housing options when I leave supported housing?

You can register on the Homemove Scheme in order to bid for a Council or Housing Association owned property. You will join the Scheme at Band C unless you have specific health or housing needs. However, there is limited availability of social housing, with approximately 10,500 households registered and only 1,000 lets a year.

There are Special Scheme Rules, through which service users can apply for a priority banding in the Scheme. These rules are an incentive for service users to attend Life Skills courses and other Work and Learning programmes and to return to work. It is important to remember that priority banding is for exceptional cases, where a person has explored all other options but no other accommodation can meet their needs because of a disability or because it is proven that they would suffer financial hardship in the private sector. Due to the shortage of social housing, these scheme rules can only apply to a small number of people.

Your most likely option will be finding accommodation in the private sector. For this reason it is important that you start saving for a deposit as soon as possible.

You can discuss your move on options with your key worker.

What support is available when I have left supported housing?

Moving from Band 3 to Band 4

If you are ready to move to independent accommodation but still need a certain level of housing related support, you can receive 'floating support' for 6 months. A key worker from a floating support service will visit you in your own home.

Crisis Response

This service works with people in crisis who are at risk of losing their tenancy. Support is offered for 6 weeks, to put together an action plan to tackle the issues that have arisen.

Peer 2 Peer

This service trains a number of service users to become Peer Support Volunteers – developing skills they can use to support others and to gain employment. You can apply to be a Peer Support Volunteer, or you can receive support from people who have been trained and are supervised by the project co-ordinators. This service offers support to those experiencing the problems associated with homelessness. You can use this service for an unlimited period of time.

How do I find out more?

If you have any questions about the Pathway, speak to your key worker. If they cannot answer your questions straight away, they will be able to find out more information for you.

Useful Websites

www.shelter.org.uk
www.homeless.org.uk
www.crisis.org.uk
www.socialexclusionunit.gov.uk
www.revolving-doors.org.uk
www.whb.co.uk/socialissues/mv.htm
www.crash.org
www.mungos.org.uk
www.osw.org.uk
www.safeinthecity.org.uk
www.salvationarmy.org.uk
www.streetlevel.org.uk
www.oasisproject.org.uk
www.crinet.co.uk
www.lorica.org.uk