

A Report Concerning the Society's Southampton Homelessness Services

1. Our Clients

People who become homeless lack resources, not just financial but personal. Most don't have families and friends on whom they can call for positive, effective support, and most are inclined to act impulsively, lacking the skills or motivation to make – and then stick to – plans to secure their future wellbeing. So it is no surprise that many homeless people have grown up in unstable environments characterised by abuse, neglect, poverty and the involvement of social care and other statutory agencies. Like their parents, many have issues with alcohol and drugs, mental and physical health and/or offending behaviour. Many are vulnerable and some have personal care needs, physical or learning disabilities.

The homelessness sector in Southampton has got better and better at enabling clients to make sustainable progress so that they achieve independence and are no longer reliant on services. We have also got better at diverting clients away from supported residential services altogether, and rationing these services to ensure that we only provide supported housing – including hostels – to those that need it the most. This means that our client group is increasingly comprised of the most chaotic clients with the most complex needs, many having spent years in and out of prisons, psychiatric units, local authority care (as children) and social services. Many of our clients are regular users of A & E departments and psychiatric hospital inpatients or persistent ambulance callers. Many also spend a great deal of time behaving antisocially, in police custody or prisons.

2. Our Approach

The Society's Homelessness Services deliver housing-related support to clients. "Support" means that we empower and enable clients to do things for themselves (rather than doing it for them) whenever possible. "Housing-related" means that our work has a pragmatic focus on building the skills and networks that clients need to live independently and sustain independent accommodation, addressing the issues that stand in the way of such progress. Areas covered include: -

- Providing the basics (accommodation, usually utilities, sometimes food),
- Addressing alcohol and drug use,
- Stabilising mental and physical health,
- Debt management and maximising income, help with benefits and jobsearch,
- Finding meaningful constructive ways of spending time,
- Reducing offending and antisocial behaviour,
- Building links with other agencies, support services and families, to help make progress and sustain it after they leave our services.

We do not provide counselling or psychotherapy, but our approach is grounded in the motivational interviewing approach. This involves finding out what is important to each individual and using this as a starting point, helping the client to identify their goals and then dividing the path towards these goals into small, achievable steps. Each client has a keyworker (caseloads are around 6 to 9) responsible for working with the client to assess needs and risks and devise and review action plans.

A key challenge for our services is to develop trusting professional relationships with individuals who are very wary of authority; people involved in illegal activities who may have a great deal of negative experience in their dealing with social workers, teachers, police etc. The residential nature of our services helps to overcome this: unlike other agencies we do not rely on clients keeping appointments because we work where they live! We have also designed our service delivery around our clients by, for example, allowing clients to drink alcohol on the premises (rather than on the streets) and providing in-house needle exchange services, as a first step in engaging drug users with more therapeutic drug treatment services.

Another example of our pragmatic approach is encouraging clients to enter into “Managed Drinking Contracts”, reducing the harm caused by alcohol use by agreeing a daily limit and restricting access to their personal money until they get used to a less destructive pattern of alcohol use.

Our role is to provide environments in which clients have as many opportunities as possible to make positive choices. For many of our clients, the motivation to change is triggered by something personal to them such as a health scare or the opportunity to have some contact with their estranged children. On such occasions we respond quickly and effectively – before the motivation fades – to support the client to change their lives for the better.

In addition to housing-related support we provide “intensive” housing management, funded by rents and service charges, including an out of hours security service that manages antisocial behaviour in services without 24-hour staff cover.

3. Our Services

The following Society of St James SP services are those most central to homelessness provision in Southampton¹. Each contract was awarded by SCC following competitive tendering exercises: -

| | | |
|---|---|--|
| Southampton Street Intensive and Resettlement Homelessness Service | <ul style="list-style-type: none"> • 26-bed hostel (full board) with 24-hour staffing • 10-bed shared house/hostel without 24-hour staffing (St Theresa’s House) • 12 supported flats at 2 locations | Funded from SP contract with associated rent. |
| Jordan House Intensive-Lifeskills and Resettlement Homelessness Service | <ul style="list-style-type: none"> • 26-flats, Millbrook Road East • 3 single and 2x2-bed flats at Denzil Avenue | Funded from SP contract with associated rent. |
| The Alcohol Service | <ul style="list-style-type: none"> • A 9-bed shared house with 7-day staff cover and meals provided. • Two 5-bed self-catering houses with daily staff support. | Funded from SP contract with associated rent and SCC Care Contract. ² |

¹ The Society manages several other SCC SP contracts including two mental health contracts.

² The Alcohol Service has a block domiciliary care contract because of the high number with personal care needs (e.g. incontinence). In other services, where appropriate, we will assist clients to access individual domiciliary care packages spot purchased by Social Care.

4. Needs and Outcomes

SP services are, in essence, preventative services: they have been described as “the fence at the top of the cliff – which means you don’t need a fleet of ambulances at the bottom”³. In 2009 DCLG research commissioned by the Department of Communities and Local Government demonstrated that the £1.6 billion spent nationally on Supporting People resulted in a net saving of £3.4 billion⁴.

When clients stay in our services their mental and physical health improves, substance use reduces, and there is a reduction in their use of expensive emergency services. Their antisocial and offending behaviours reduce, as do the associated costs of police, prisons, the criminal justice and offender management services. A significant proportion of clients make more sustained progress whilst being supported by our services, achieving a degree of independence and a more settled lifestyle that they manage to sustain after leaving our services.

92 clients moved on from the Society’s homelessness services in 2013⁵. Of these, 73 (79%) moved on in a positive, planned way, 25 of whom (27%) moved into independent accommodation: -

| 92 clients | % with needs in this area | % of those with a need who made progress | Of the 25 who moved on to independent accommodation | % still in the accommodation |
|-------------------------------|---------------------------|--|---|------------------------------|
| Physical Health | 61% | 78% | After 2 months | 96% |
| Mental Health | 50% | 78% | After 3 months | 96% |
| Substance Misuse ⁶ | 84% | 61% | After 6 months | 85% |
| Manage Self Harm | 26% | 81% | After 9 months | 62% |
| Avoid harm from others | 20% | 94% | After 12 months | 58% |

5. Future Challenges

- There is a general need for more move-on accommodation, particularly self-contained flats.
- Our clients are amongst those that are “furthest from the employment market” and as such most vulnerable to the stricter sanctions regime which can leave them without personal benefits for up to 3 years. We need to work more closely with Job Centre Plus to increase their understanding of how best to help our clients make progress.
- We also need to find new ways of working with “revolving door” clients – those with the most complex needs, who make the least progress and are most costly to the public purse. Two such approaches are “Housing First” and “Making Every Adult Matter”.⁷

³ Michael Patterson – Director, Support Solutions

⁴ The research was carried out by Cap Gemini. It can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

⁵ Most of these figures have been downloaded from the SP Client Record and Outcomes Office hosted by the University of St Andrews. Unfortunately these figures do not include the Alcohol Service as there was a technical problem in accessing information for this service.

⁶ Heroin, crack or severely dependent alcohol use. Often all three.

⁷ I will go into more detail on these on 20th March. If you can’t wait, go to <http://meam.org.uk/> and <http://www.shp.org.uk/story/housing-first-provides-stability-chronically-homeless-people>