**APPENDIX 3**

## ISSUES AFFECTING ACCESS TO SERVICES FOR THE SINGLE HOMELESS

Although there are many areas in which there is a lack of fair access to services across social, housing and health provision I intend to focus on three in particular. These are the sanctions process, individuals who are entrenched in homelessness and failures in joined up service delivery.

### Sanctions

It is well documented that there is a significant correlation between anxiety and irrational beliefs and behaviour (see Bridges and Harnish 2010 for a review of papers in this field). Equally well established is the preponderance of mental health problems amongst the homeless population (reviewed by Fazel et al 2008) and homelessness is itself anxiogenic.

Given these factors it is reasonable to conclude that there will be a larger proportion of irrational decisions made by the homeless group than for a similar number of people in housing after controlling for other factors. This means that individuals struggling with significant life challenges who are often highly anxious are exposed to the same sanction regime as those in conditions that are more conducive to rational responses.

Sanctions are clearly devised in harmony with an economic theory that relies on people as rational actors who seek to maximise their economic good. Although this has been challenged in general it is clearly suspect for a group that can be shown to have a greater predisposition towards irrationality. I submit, therefore that the application of sanctions to the homeless in the same way as to the general population is inherently unfair and presents a further bar to their progress through homelessness readiness programmes.

The solution to this problem would be for all local DWP staff to consult with Homelessness providers *before* issuing sanctions. There are more creative and positive methods to meaningfully engage our clients with seeking work, which can be utilised in a multiagency approach. It would be ideal if there was an agreed protocol between all local providers and local DWP staff

### Entrenched Homelessness

There are amongst the Homeless group in Southampton a number of clients who move from one provider to another multiple times and have had no success in moving towards independent accommodation in the current model.

The Southampton model is one of ‘Housing Readiness’ which means that clients are prepared for housing by receiving help with addictions and mental health issues and are given input to build the skills of daily living. This approach has marked success with a large section of the people we support. However this is evidently not true of the Entrenched group.

Another approach that has been pioneered over the past decade, originally in North America, is that of ‘Housing First’. This model is targeted specifically at the most vulnerable and seeks to initially provide stable accommodation and once this is in place support is then provided, often primarily at the place of residence. This method has been demonstrated in terms of viability and success rate (see Rynearson, Barrett and Clark 2010 for a review)

I propose that the Entrenched group in Southampton is among our most vulnerable clients and the most excluded, but also the group most likely to respond positively to a ‘Housing First’ approach. To this end, I believe there would be significant value in a pilot programme in Southampton to test the efficacy and cost benefit that this approach could provide.

**Failures in Joined up Service Delivery**

However systems are structured for the provision of services there are always criteria for access. Furthermore there is always a ‘gap’ somewhere in the overarching structure where a clearly vulnerable person does not hit the criteria of any particular service. For example an individual may have addiction issues, mental health problems and learning disabilities and clearly in need of support but may not be severe enough on any individual axis to access services that would help them.

This problem is exacerbated by cuts in public spending and the greater need for managers to protect their budgets. This can lead to interagency wrangling which can take significant time to resolve. Meanwhile the client may be experiencing increasing difficulties with no assistance.

My proposal for this problem is to appoint a ‘Gaps Officer’ for Southampton who’s role would be to adjudicate on these fringe situations and decide which agency would take lead responsibility for each individual in a ‘gap’. This could be added to a role that already exists or jointly funded by Social Services and Health.

**References**

Bridges, K. and Harnish, R. (2010) Role of irrational beliefs in depression and anxiety: a review. *Health*, **2**, 862-877. doi: 10.4236/health.2010.28130.

Fazel S, Khosla V, Doll H, Geddes J (2008) The Prevalence of Mental Disorders among the Homeless in Western Countries: Systematic Review and Meta-Regression Analysis. PLoS Med 5(12): e225. doi:10.1371/journal.pmed.0050225

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Rynearson, S., Barrett, B., Clark, C.(2010). *Housing First: A review of the literature.* Prepared for the National Center on Homelessness among Veterans. Tampa, Florida: Louis de la Parte Florida Mental Health Institute.