



Street Impact

Stories from the street –
holistic approaches to lasting recovery



St Mungo's
Broadway

Rebuilding lives, day by day



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My life was just like a broken watch St Mungo's placed the parts together with slow integrity and honest care now I hear the ticking with delight.

Emile

Working for the SIB team provided me with the best working experience I have had. It allowed me to work with my clients with them in the driving seat, using my knowledge amassed over 10 years in the sector, with autonomy, freedom and creativity in partnership with them. It allowed me to walk with them on their journey toward recovery, health and well being and it was a privilege.

Nathan Rosier
Former Street Impact Outreach Worker



Acknowledgements

When St Mungo's ventured into the brave new world of social finance and payment by results, it gave us as an organisation time to do things differently – from the way we set up the team to the way in which we delivered the service.

First and foremost, the people we would like to thank are our clients. The novel funding arrangements have enabled us to invest time and money in our clients and, in return, they have invested in us. We have formed incredible relationships and as professionals have learnt so much from this model of through-care.

We would also like to thank, in particular, our partner organisations: The Passage and Connections at St Martin's, as well as the Westminster St Mungo's Broadway outreach team (as was).

In addition, we need to thank other outreach teams across London, namely Camden CRI Outreach, St Mungo's Broadway Ealing, Islington, Kensington and Chelsea and Hammersmith and Fulham outreach teams, Richmond Spear and London Street Rescue. We also wish to

thank commissioning teams in Westminster; Camden, Kensington and Chelsea and Hammersmith and Fulham who embraced our team from the start and have been receptive to our input into some of their most complex and difficult rough sleepers; Mental Health teams – especially the Joint Homelessness Team (JHT), EASL and local Community Mental Health Teams (CMHTs) – and primary healthcare teams including Dr Hickey's surgery, Homeless Healthcare, as well as the Home Office and Met Police.

Digital inclusion and creating independence has been a main focus when moving people into long term accommodation and our joint work with Wavelength has been invaluable.

Thanks also to the wider St Mungo's Broadway family, from Finance to the Recovery College and the Communications team. The network of support, resources and opportunities offered to our workers and clients have made so many more outcomes possible. We have been given the freedom by the St Mungo's

Broadway management team to work creatively and innovatively, which has been hugely important in any successes we have had. In particular, Adam Rees has set the tone for the whole project from the start, and David Evans and Mike McCall have been encouraging and supportive throughout.

Finally, we would like to thank our staff team, past and present. Without their enthusiasm, expertise and compassion and, above all, their belief in 'recovery', this project would never have made the impact that it has on our clients' lives. They all embraced the payment by results methodology with a business head but a social heart.

***Confidentiality:** The stories in this book are all from St Mungo's Broadway Street Impact clients. The stories are real, however, names have been altered to protect client confidentiality, other than where the client has agreed for their name to appear.*

***Pictures:** St Mungo's Broadway and Elizabeth Dalton*

Welcome message

It has been a real pleasure for us to manage a team that has worked tirelessly, with huge passion and expertise, in a way that we think has been genuinely innovative in the sector. We hope that the relatively brief nature of our intervention in our clients' lives will have a long lasting impact not only for them, but in the way that commissioners and service providers approach the delivery of support for entrenched rough sleepers.

We have numerous examples where a slow, carefully built relationship with a worker given the freedom to use their own initiative to work towards the best outcome for a client, even when that requires an element of tough love, has led to incredibly transformative results for people who have been failed by the system for years and sometimes decades.

Although this sort of approach is clearly not applicable to work with all those who end up on the streets, there are undoubtedly a proportion of complex individuals who will only be helped sustainably by a combination of experienced, well resourced outreach work and the freedom to work slowly towards a long term goal.

It has been a pleasure and, to be honest, really easy, to manage a team of such talented and diverse people. Our project was funded 100% by payment by results, and our team were mature enough to realise at an early stage that this model could be used positively, when many others in the sector would have been cynical.



Alastair Reeves and Kathleen Sims,
Co managers of the Street Impact team

Introduction

Street Impact was established by St Mungo's, now St Mungo's Broadway, in 2012 to deliver the Social Investment Bond (SIB) contract. The funding arrangements are groundbreaking in the homelessness sector: Social investors put up a proportion of the funds to meet the scheme's running costs and are reimbursed on a payment by results basis by the Greater London Authority. This is an initiative backed by the Department for Communities and Local Government and is the first use of a 'social impact bond' to tackle rough sleeping.

Street Impact was tasked with supporting a fixed cohort of 415 rough sleepers at the start of the project. All of these people had histories involving prolonged or repeat episodes of rough sleeping as well as complex issues around alcohol, drug use, mental illness and/or physical health issues.

Street Impact only receives payments when specific outcome measures are reached:

- Rough sleeping – reduction below a specific target
- Accommodation – tenancies held for over 12 months
- Sustained reconnections (to home countries) – six months minimum
- Health – reduction in A&E visits
- Work and training – sustained volunteering, part time, full time work, certain training qualifications

There is no basic funding for the team – we operate on a 100% payment by results basis.

Essentially, the project succeeds or fails according to how well the team are able to deliver a through-care service in a way that does not simply replicate, or add to, that which has clearly not succeeded before, but which provides a new way of working with entrenched clients.

In our view, this meant recruiting an experienced, skilled team of staff who were given the freedom to develop a long term relationship with their clients. For some people this would involve exploring routes off the street that did not necessarily fit within existing pathways. However, for most it was an innovative use of existing resources that has made the difference. The way in which the contract was structured lent itself, we felt, to allowing worker/client relationships to develop slowly, engendering trust that might not have been present in relationships with other teams who were understandably under pressure to deal with a constant flow of individuals onto the streets in their areas.

We wanted to showcase the diversity of this cohort, and through the case studies in this book we hope that we have been able to demonstrate some of the exceptionally innovative approaches that have helped individuals off the streets after many years – decades in some cases. They reflect the complexity of needs of those individuals and the amount of time and flexibility that is required of a staff team working in this area.

However, as often as not, there has been no mystery to our success. There are numerous examples of our workers supporting their clients to move off the street into hostels or supported accommodation, and then into flats, in exactly the way in which traditional pathways have long been designed. The two differences that have enabled us to sustain long term outcomes for some of London's most entrenched rough sleepers have been:

- **Consistency** – we have been a consistent presence. A client/worker relationship that sustains from street to home is unusual, but vital for such a complex, damaged client group. Staff turnover has been very low – the team are relatively well compensated and we have tried to make the team a rewarding one in which to work.
- **Freedom to innovate** – Because of the focus on the outcome, we have greater freedom to individually tailor our approach to achieve the end goal. This has been really important in enabling us to take creative steps that carry risks of failure, but which have often succeeded in unlocking long-held issues with some very challenging clients. This kind of approach is harder to take in more traditionally commissioned services, where costs and time spent with each client is more directly influenced by commissioning frameworks and contractual expectations.

Working with this degree of freedom has also allowed us to invest in supporting clients to make their accommodation into a home. This is a simple but very significant factor in encouraging and helping clients to sustain their accommodation when they have no resources of their own and when the type of accommodation they can access is usually offered bare, empty and unfurnished. For some long term rough sleepers, this can make the difference in them choosing to stay in accommodation rather than return to the streets.

Chapter 1

Complex needs

Before joining Street Impact I had worked for 10 years on various London outreach teams. I always enjoyed my job but it was not until I moved to the SIB team that I realised what a massive difference time and resources make, in terms of being able to be creative in how you work with a client. This role has enabled me to fully employ a 'holistic approach'. This is a phrase we as practitioners hear so often in the homelessness sector, but sadly the reality for most outreach teams is that they have neither the time nor the budget to work in this way.

My particular interest is rough sleepers with severe and ongoing mental health problems, often termed 'complex needs' and I was fortunate enough to be given a client list which reflected this. It has been a fascinating opportunity to work with hardcore entrenched clients, some of whom had been rough sleeping for several decades when our project began. In order to gain people's trust I had to tread carefully, often spending day upon day just observing their routines, to get a sense of the person, to get to know them without speaking to them and without risking alienating them by revealing that I was

an outreach worker. In some cases this enabled me to gain vital evidence of self neglect.

This approach may seem unconventional, but it's true that there are no limits to what we do. The sentence "It's not in my job description" does not apply to the SIB worker role. We do whatever it takes, whatever is necessary to help the client to live safely. This is a very unique opportunity which other services, because of various constraints, simply do not have.

In relation to complex needs, this project has confirmed my belief that entrenched rough sleeping is never purely a 'lifestyle choice'. This conviction has driven me on, not to give up, when faced with barriers and closed doors from various services. The glaring need for liaison between homelessness specialists and mental health practitioners has been revealed by Street Impact's outcomes in this area. With persistence and patience we have led several very entrenched

clients away from the streets and into their own homes. This has definitely been the proudest experience of my time in homelessness. The SIB team is something I feel very fortunate to have been part of.

Ivana McFarlane
Street Impact Outreach Worker



Steve

Steve had been sleeping rough for five years. He was a victim of childhood sexual abuse and violence, both at home and when taken into care. This was the root of his distrust of support services, which led to isolation on the street and inability to engage.

Tentative steps into hostels compounded the problems as he was bullied and his possessions stolen. He became stuck on the street, self medicating with drugs and alcohol, refusing all offers of help.

Steve was referred to Housing First but early attempts to engage him were, in hindsight, not flexible enough and quickly a conflict developed in that working relationship. He was offered accommodation that did not fit with his, admittedly narrow, requirements and this led him to disengage from that service.

He showed insight into his own coping strategies and behaviours, but felt that no one would be able to help him. He was deeply resentful of the fact he had not received the help he needed as a young man, as this had been a chance missed to avoid the following years of struggle, emotional turmoil, homelessness and isolation.

Street Impact first met with Steve in January 2013. He described the kind of support he needed – a flat in a small area of central London and dual diagnosis support around his substance use and mental health, as he knew that these were intrinsically linked. He wanted to engage with support, but had tried regular prescribing substitutions for his substance dependencies and found them unhelpful. As he was unable to access support in these schemes he was considered a non engager and it was felt in these services that he was unwilling to seek support. However, he felt that they were unwilling to listen to his problems and understand why his psychological issues made this impossible for him. The client agreed to give us a chance to work together.

From the beginning, I wanted to look at what had not been previously successful and try and see how we could move on with the client. I identified that the client felt that decisions had been removed from his control in the past and so when things did not work, felt resentful. I wanted to treat him as the expert in his own recovery.

He had no ID or benefits, no GP and was not engaged in support around his drug and alcohol use, or mental health. The focus had always been primarily on his substance use issues. There is a long history of clients with dual diagnosis struggling to identify what is the primary issue, as substance use can lead to mental health issues and mental health issues, particularly those based around anxiety and trauma, often lead to substance use. He agreed that I could try to get a psychological assessment conducted to understand how his mental health affected his ability to engage with services. The psychologist had to be prepared to conduct this assessment in an outreach capacity on the street.

This report revealed that he displayed symptoms of high anxiety and post traumatic stress disorder. He avoids situations in which he feels under threat or trapped. The report changed the general view which saw him as someone who didn't want to engage, to someone who wanted to seek help, but found it very difficult due to his previous traumas.

The upshot of our work together is that Steve is now housed in his 'dream' one bedroom flat, having been in accommodation since December 2013. He is a changed man. He has given a speech at a Ramadan festival. He has ID and has sustained a benefit claim, something he had not done for some years and involved attending interviews that were filled with fear for him. He engages with a GP, who sees him with me in an outreach capacity. He now accesses general healthcare and medication to help deal with his anxiety and mood problems. He has registered with a substance use team.

It is our ability to work in a long term setting with the client, with a stable well resourced staff team providing continuity, that has enabled us to succeed where numerous other teams have failed. The ability to provide long term support and the incentives (through the payment

by results contract) to demand a long term resolution will mean this client stands a much better chance of sustaining this move away from street life.

Nathan Rosier



Amira

Amira, an Asian lady in her mid 40s, had been sleeping rough in central London for three years when Street Impact first met her. Her demographic profile was untypical and her lack of shoes, sleeping bag and refusal to engage with services raised serious concerns for her wellbeing. She would repeat the same story to outreach teams: that she has a place to stay and a job. The outreach team referred her to the borough mental health team who decided that she was not a danger to anyone, including herself, based on the fact that outreach reported Amira to be generally polite and friendly, and her own assertion that she was not homeless.

When outreach requested a new assessment, the mental health team said that this would only be possible if new evidence came to light.

Seeing as Amira had yet to meet her Street Impact worker, Ivana, it seemed appropriate for us to now get involved to help gather new evidence. Given the client's history of not engaging with services Ivana decided to approach Amira, not as an outreach worker, but as a concerned passerby. During their initial conversations she felt that some of what Amira said made little sense. For example, she would talk of travelling and would claim to be looking for work, but when Ivana asked how she was going about that she could not give an intelligible answer. She also claimed to be engaged to be married. Street Impact got the impression that Amira was stuck in her situation and could not see a way forward.

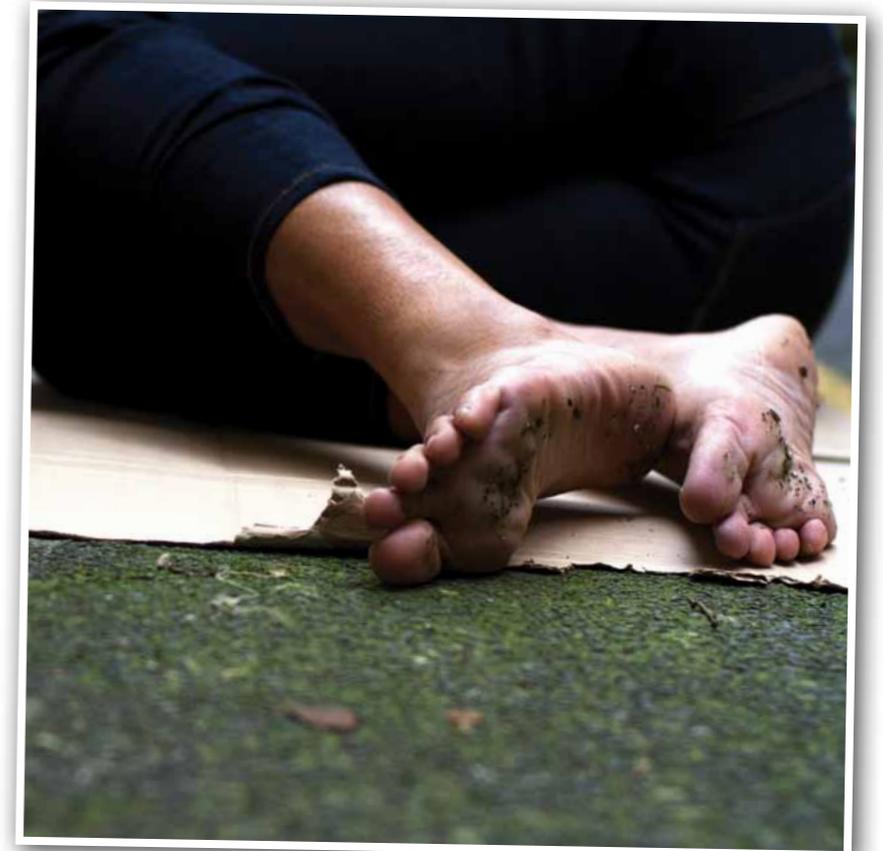
On other occasions Ivana would not engage directly with Amira but would just follow her, sometimes for a few hours, sometimes the whole day, to ascertain her daily routine.

It turned out that Amira spent all day, every day, moving between two churches in different parts of the borough. Ivana also noted that she never seemed to eat and it was not clear how she was getting food.

Increasingly concerned for Amira's mental health and safety on the streets, Ivana asked an approved mental health professional to come out and meet her. They approached her a few times together but this time as outreach workers. Amira was predictably furious and refused to engage, but her behaviour on these occasions provided the evidence they needed. She became aggressive, shouting and running away from them in the street. She told them to speak to her boyfriend and would point to the empty space beside her; a sign of potential psychosis.

This was enough evidence for a new mental health assessment, which resulted in Amira being hospitalised and allocated a care manager for the first time. While in hospital she made contact with her family. She was diagnosed with schizophrenia, placed on medication and given a long term admission. She is now housed in a women's project, where she initially claimed she would not stay for long. After about one and a half months in the project she did abandon for two nights, but ultimately returned of her own accord, perhaps because she has now become accustomed to being indoors.

While Amira still needs a lot of support, she is indoors and has an official diagnosis and care package in place. This means that, should her mental health deteriorate again, the process of getting the treatment she needs should be much easier in future.



Jonathan

Jonathan had a council tenancy for more than 11 years before receiving a possession order on the grounds that he had been producing and selling class A drugs. Police had received complaints about the flat being used as a drug den and drugs paraphernalia were found there. They felt this was evidence of producing and selling drugs there. Drugs were never found and Jonathan was not officially charged with anything, but still lost his flat.

The local council found Jonathan to be intentionally homeless and refused to house him. He slept rough for about one year before being referred to a hostel by the local outreach team. Although he stayed at the hostel for more than two years, little was done to progress his case. He had lost his birth certificate, but no new ID was applied for. He expressed a desire to start a catering course but was not given any help to arrange this.

Jonathan's Street Impact worker, Weronika, first met him when he was living in a training flat in the hostel. They had several chats, during which he told her he had been stupid to let other people stay at his flat and showed much remorse. Although he was still using drugs a few times a week, Weronika was impressed by his ability to engage, to prioritise tasks and to get things done. He had also been a drinker but had managed to stop drinking himself. He was, however, begging outside the council building, which was not the wisest activity given that the hostel was still endeavouring to house him via the same council. The council wanted him to follow a set 12 week programme with a drug and alcohol service, but Jonathan knew that he would see people he used to take drugs with there and did not want to fall back into their company. However, the council were rigid with their requirement that he follow this particular programme and refused to house him otherwise.



Weronika referred Jonathan to a housing association which houses former rough sleepers in their own flats. The application was rejected on the grounds that his drug use was still too high to maintain his own accommodation. When Weronika explained to him the reason for the refusal, Jonathan immediately self referred to a drug and alcohol service of his own choosing. He also registered with Thames Reach's Employment Academy.

A few months later Weronika submitted another housing association referral with an update about Jonathan's engagement with the drug and alcohol service. This referral was accepted and shortly afterwards Jonathan was nominated to a property. Weronika asked the hostel for Jonathan's ID but found out at this stage that there was none. Since he had been born in Jamaica it was not straightforward to procure, but Weronika managed to find an email contact on the government's website who emailed her back with the registration number she could use to apply for his birth certificate.

The next stage, an initial tenancy sustainment assessment, went well, but the assessment with the housing officer and lead support worker was very different. The lead worker stated that Jonathan's drug use was still too high and even brought up the possession order, some three years previously. There was no acknowledgement of the efforts Jonathan had made to help himself since then. The housing officer applied pressure, saying that the flat was ready and she would contact Weronika to give notice of how long she could wait for the ID to arrive.

However, Weronika was never contacted and when she herself contacted the housing officer to ask for the outcome of the assessment the reply was that, as Jonathan's ID was insufficient they had decided to request a new client for the property.

Weronika appealed straightaway. It happened that Jonathan's birth certificate had arrived by that point anyway, but Weronika copied the referral agency staff into her reply and

quoted from the Housing Benefit website page which verified that the documents Jonathan had produced at the assessment i.e. medical card, bank statement and benefits letter should be sufficient to claim Housing Benefit. One week later the referral agency replied confirming that there should not be an issue with Jonathan's benefit and instructing the housing officer to go ahead with a viewing.

Although Weronika had been told the flat was ready, it still had no doors when Jonathan viewed it. She advocated for the tenancy to only start once the doors had been fitted, which was agreed. It is a lovely flat and Jonathan is happy. Weronika applied for a Local Support Payment for him which has provided furniture and the Street Impact team has paid for carpets. He is still engaging with the drug and alcohol service and still plans to work in catering one day. Jonathan says he's gone "from zero to hero".

Martin

When Street Impact started working with Martin in early 2013, he had been evicted from a hostel for aggressive behaviour and slept practically every day outside the hostel shouting at the staff from the street. The neighbours were complaining and the police were regularly called and started gathering evidence for an ASBO.

His Street Impact worker, Michael, made it a practice to speak to him every day. He noticed that he made his sleep site outside the hostel and marked out his territory with pieces of furniture.

The usual homeless pathway demands that single homeless people go through the hostel system. Yet the Street Impact team recognised the significant difficulty Martin had with being around other people. We felt that supported housing would not have worked for him. What he really needed was a flat of his own.

Despite the misgivings of the local outreach team, Michael made a homeless application to the borough council and tried to prove Martin's

vulnerability by arranging a mental health assessment. Michael backed this up with supporting evidence and examples of his delusions of grandeur. As the client had grown up in the borough, we argued a strong local connection and a council responsibility to house him. The advocacy worked and we succeeded in proving that Martin had priority need.

Martin was pleased when Michael met with him and told him the plan. Michael phoned him every day and arranged for him to join a mentor scheme. While in prison for 12 weeks he arranged his own Housing Benefit. Although the relationship remained good and Martin kept engaging with Michael, he found it difficult to cope with the long bidding process and became frustrated and angry when things went wrong. He was nominated to a lovely flat in his home area, but the council rescinded their offer when they discovered a restraining offer regarding a girl who lived close to the flat. Eventually Martin was withdrawn from the bidding process and allowed a direct offer on a flat in Covent Garden.



Martin caused Michael a lot of stress at several points during the eight months of working with him. He was prosecuted for vandalising the hostel where Michael was based and on the day of his court appearance he was arrested for shoplifting and arrived at court in a police car. He was frequently arrested and constantly found trouble keeping his benefits. While Martin still struggles with relationships, he has maintained the tenancy in his flat for over a year and is happy. It is a stable foundation for the future of this young man.

Scott

Scott has, unfortunately, a typical background. Placed into care as a child, he moved between different institutions. When he turned 18 there was no longer a provision of care required to him, and he was given his own flat on a large council estate in Woolwich. Unfortunately there was a large drug dealing gang on the estate, who quite quickly began to victimise Scott, realising that he was extremely vulnerable with no family or other support to turn to. Scott's flat was taken over, he was beaten regularly and forced to sell drugs, and made to sleep in the stairwell of the estate as they were using his flat. Eventually Scott deliberately sold drugs when he knew there were police watching, and was sent to prison, the only way he could see out of the situation. Sadly the gang had a presence in the prison, and he continued to be victimised by them until he was moved to a prison outside of London for this reason.

On release from prison he moved around the country, eventually ending up sleeping rough in Westminster. When I first met him he was practically a mute, would barely say anything and was extremely isolated, spending all his time on his own. After moving into his hostel accommodation, he slowly began to build trust with myself and staff in the hostel, although still did not build any relationships with the other residents. Scott's main motivation was to work, and he continually applied for apprenticeships and courses in the building trade. He was largely unsuccessful due to his lack of education and poor literacy, but eventually was accepted for and completed a painting and decorating course. After this he managed to gain a job as a labourer, working long hours on minimum wage, but very happy just to have the job. However, he began to have regular days off sick but would not say why, and was eventually fired.

Scott eventually disclosed to me that he had a problem with his feet, and this caused him great pain if he had to stand or walk for prolonged periods. It transpired that his feet were deformed, his toes permanently curled up, which had affected his balance and caused pain all the way up his legs and into his back. Scott stated that this was due to having shoes that were too small when in care, which was confirmed by the podiatric surgeon. Scott has now had surgery whereby a number of bones were broken, straightened and metal pins inserted. This has healed well and he is now on the waiting list to have surgery on his other foot. After the surgery the first thing he said was, "now I will be able to go back to work".

Fiona

Despite having slept rough in the same spot in an outer London borough for three and a half years, very little was actually known about Fiona. The local outreach team had been visiting her but still did not know her name. They had sent a counsellor and organised for a social worker to visit, but Fiona declined to engage with either.

Her Street Impact worker, Ivana, began visiting Fiona in early May 2013. Sensing a very private and reluctant lady, Ivana didn't try to formally assess her straight away, but dedicated time to gaining the client's trust, chatting to her on her territory, not pushing her too much for information and eventually taking her on shopping trips. This early stage involved twice weekly visits.

Ivana sensed that Fiona was using a different name and began to make investigations in the local area to uncover her real identity. It transpired that the police knew Fiona by a different name.



Ivana involved a mental health team, which specifically targets entrenched, female rough sleepers. Knowing Fiona's reluctance to engage with services, Ivana introduced the mental health nurse to her as a colleague during a shopping trip where an initial mental health assessment was carried out.

Fiona began to reveal snippets of information about her past, and an address was mentioned repeatedly.

Ivana visited and found it to be a council property where Fiona had lived. This opened up housing options through that borough.

Ivana organised a case conference involving the police, the church in whose yard she had been sleeping, the Community Mental Health team and the borough Housing Options team. The latter provided further information about Fiona, including a third name, that she had been

mentally unwell in the past but had not had a full assessment, and thus had lost her accommodation.

A council place was then secured for Fiona. Her refusal to accept it was the final piece of evidence required to make a referral to the Community Mental Health team.

A mental health assessment was carried out, from which Fiona was hospitalised under Section 2 of the Mental Health Act 1983. Fiona lacked capacity and was suffering from psychosis. On admission to hospital she had collapsed and it transpired that she had dangerously low levels of haemoglobin. Had she not been admitted, she would have died on the streets within a few days due to heavy menstrual bleeding from fibroids. She was given a blood transfusion.

After a few days on the general ward, Fiona was transferred back to the secure unit, diagnosed with simple schizophrenia and, as she refused medication, was put on a Section 3.

Faced with being forced, Fiona agreed to take her medication voluntarily.

Fiona spent five months in the secure unit voluntarily. She still does not acknowledge her mental health problems and maintains that her hospital admission was due to anaemia, but still takes her psychiatric medication voluntarily.

While in hospital, Fiona signed a consent form so Ivana could help with her housing application. She was placed initially in a B&B and shortly after offered her own studio flat. Ivana had already applied for a passport and started an ESA claim while Fiona was in hospital so everything was in place on discharge.

Fiona is now housed in a quiet part of the borough near green space. She enjoys the peace and quiet and is happy with her flat and enjoys watching TV. Fiona made contact with her daughter, who visited her in hospital. They are still in touch and some of her friends from the church where she slept rough for so long also came to visit.

A key factor in Fiona's recovery was that we were able to persuade the hospital to keep her until her condition was stable. Furthermore, Ivana visited her throughout her hospital stay and attended ward rounds weekly as well as meetings with the psychiatrist and nurses. It was largely due to Ivana and the Street Impact team's input that Fiona was put on a Section 3 at all.

The advocacy work that Ivana did with the council while Fiona was in hospital ensured that she was housed in a way that supported her recovery. Ivana continues to support Fiona in her flat, a trusting relationship has developed and Fiona always thanks Ivana and the team for not giving up on her.

Bill

Bill had been sleeping in a church doorway for over 15 years when Street Impact first started to engage with him. Given the remote and inaccessible location of his sleep site, he had rarely been visited previously and he had always refused to engage.

He likewise refused to accept any assistance from Street Impact initially, but his worker continued to visit and monitor him regularly, noting obvious signs of psychosis, such as picking at trees relentlessly for long periods of time, responding to voices and talking to himself, walking around in only a T shirt in temperatures of -5c. The staff at the church where he slept were unwilling to help and the only other service Bill accessed was his GP who had been prescribing anti anxiety medication for years. Bill was only taking one part of the medication, which he had become addicted to, hence his consistent engagement with his GP.

With this information a referral was made to Enabling Assessment South London, a team that carries out community mental health assessments. It became clear that Bill was known to mental health services and had been sectioned

several times, but had never been officially diagnosed. On his last admission he had been discharged after just three days with notes that he was suffering from anxiety and was making a 'lifestyle choice' to sleep rough. At the new assessment Bill was sectioned and admitted to hospital. The consultant psychiatrist and ward nurse read his medical file, which only mentioned anxiety, and that he was medicated through his GP. He was, once again, recommended for discharge after three days.

This is where the involvement of Bill's Street Impact worker, Ivana, was key. She made persistent calls to ward staff, stressing that he was entitled to at least 28 days assessment and expressing shock that the hospital team could not see the signs of psychotic illness.

Only after Ivana's relentless involvement, did hospital staff start to devote more attention to Bill and to spot signs of psychosis. Bill was eventually given a diagnosis of simple schizophrenia, his first official diagnosis. He agreed to stay in hospital and take medication voluntarily.

Once on medication, Bill stabilised and Ivana was able to visit him, to bring him clothes and tobacco and slowly to build a relationship. Ivana also started engaging with Bill's family. A traumatic history came to light involving abuse, family tragedy, further abuse within the care system and ultimately a court case at which Bill was awarded significant compensation. Bill will not accept any of this money, nor does he show any desire to talk about the past, however, these facts are important evidence of his vulnerability. Services were now aware of what he has experienced and the behavioural and medical consequences of his childhood trauma.



Ivana's advocacy helped to keep Bill in hospital for nearly two months. She applied for a birth certificate and made an Employment and Support Allowance (ESA) claim – his first for years. Bill also started expressing a wish to go into accommodation. A hostel was not appropriate, nor was accommodation outside the area of London that he knew. However, neither the borough where he had slept rough for so many years, nor the borough of his GP and previous tenancies would accept a duty to house him.

In the end Street Impact paid for a B&B in north west London where he stayed for a few nights. Bill received his ESA money and Street Impact supplied him with a mobile phone. As the B&B only had vacancies for three nights, another one was found in a part of London the client knew less well. Unfortunately he abandoned this second B&B. He had stopped taking his medication and his mental health quickly started to deteriorate.

Bill stopped answering his phone. Ivana maintained communication

with his family, who continued to have some contact with him. Through them it was possible for us to meet him again and to move him into a room in a St Mungo's semi independent project in north London. He stayed there for two hours before abandoning. He has changed his sleep site now to somewhere within a parkland in north London. We are working together with Bill's social worker to persuade his family to request a new mental health assessment (MHA) based on their, and our, renewed concerns for his safety. It's a delicate situation because they are scared of alienating Bill and losing contact with him altogether.

Although Bill is sleeping out again, Street Impact's intervention over the last couple of years has helped his case to progress, slowly but significantly, and much has been learned which will help services



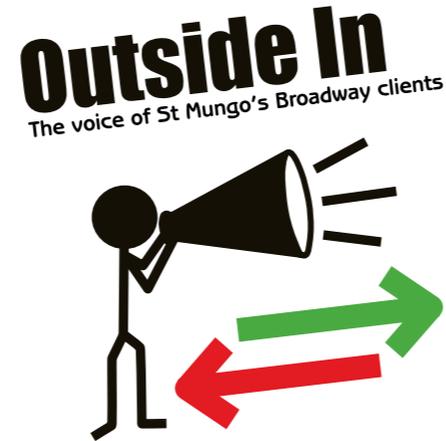
to help him in future. A man who had not spent a night indoors for some 15 years stayed in hospital for nearly two months and a few nights in a B&B of his own volition.

He received an official diagnosis and effective medication for the first time. If a new MHA is carried out and Bill is hospitalised again, hospital staff will see his diagnosis and should keep him in for a long admission to stabilise him. Had a Community Treatment Order been in place, Bill could have been readmitted if he refused to take his medication. His social worker is now in a position to push for this as a condition of future hospital discharge.

Sarah

Sarah, 46, was diagnosed with Borderline Personality Disorder at the age of 13. This affects her ability to make positive relationships. She has had many partners, some of whom were abusive. She has given birth to six children but has no contact with any – the youngest five have all been adopted. Feeling rejected by her family, Sarah left home at a young age and has lived all over the country. She often feels depressed and unstable and has suffered repeated episodes of self harm and suicide attempts. She has furthermore developed a compulsion to make hoax phone calls with the sole intention of getting herself arrested. She feels safer in prison, with a structure to her day and a support system. As such she has spent much of her adult life in prisons, returning to rough sleeping on release.

We first started working with Sarah early in 2014 when she was serving a lengthy custodial sentence for her 36th offence in two decades. Our approach since her release has been to try and support her in the community, arranging hostel accommodation and linking her with treatment for her personality disorder. Sarah was accepted for a 10 week Dialectical Behaviour Therapy taster course, to be followed by a course of therapy over 1.5 years. Unfortunately, probably due to a long wait for the first appointment, Sarah did not turn up to this first session. We found out that she had been arrested the next day in the north west and was back in prison, having made several very high profile hoax bomb threats over the course of one night.



In trying to understand Sarah's latest relapse, we considered the pressures she had been under. She had felt frustrated in the hostel and expressed a desire to move into independent accommodation. We referred her to a project which houses former rough sleepers in their own flats with tenancy sustainment support. She was allocated a property extremely quickly and moved in within weeks. At the same time, she began volunteering for our organisation most weekdays.

We encouraged Sarah to focus on the move and limit her volunteering until she was settled, but she enjoyed the volunteering and companionship of the group so much that she found it difficult to say no to the many opportunities she was being offered. This, combined with a first appointment looming for her DBT, an intensive and often emotionally painful type of therapy, may have all contributed to her feeling under pressure.

Sarah describes her offending as an extension of her self harming compulsion and shows a great deal of remorse about the disruption to services and distress she causes. She feels institutionalised and struggles to cope with independent living for more than a few months. In the light of this we tried to persuade the courts to impose a community order rather than send her back to prison again. We wrote supporting statements and gathered statements from her volunteering group.

The judge was sympathetic and ordered a psychological assessment, which recommended mental health treatment, specifically DBT, in the community. He was, however, unwilling to release Sarah on the day of sentencing unless someone could escort her back to her flat in London. As there was no statutory provision for this, we were told that the judge would impose a sentence of two to four years in prison unless we agreed to come and pick Sarah up from court. This was a very unusual request but one we agreed to comply with to try and give Sarah the best chance possible to continue her recovery.

We returned Sarah to her flat and she is again engaging with her support workers and the probation service. She is volunteering, but recognises that she was doing too much before and has decided to limit her volunteering to two days per week for now. We will ensure Sarah receives mental health treatment as soon as possible. For the first time on leaving prison, Sarah has found her life much as she left it. She has not had to 'start all over again' – a fear she expressed to me in her letters from prison. The progress she had made since her last sentence is still there and ready to be built upon.

Although a relatively new member to the Street Impact team, it became immediately apparent how game changing their approach to the task has been. During introductions I have been genuinely surprised by the positive feedback I have received from clients. Even those that are still fighting any form of support can still seem to muster a few good words to say about their experience of the SIB model.

One initial benefit for me was how specific, catered and person centred I was encouraged to be in all aspects of my work. When supporting clients with complex needs, it is crucial that as a worker I have the ability to respond quickly and personally to issues that are raised, often needing to think on my feet and show initiative; SIB gives me the

absolute freedom to do that. I feel that while this is often a goal for client based work the realities fall far short through no fault of the worker. Often it can be down to borough limitations or something as simple as restrictive hours. Because SIB is pan London and entirely flexible within its approach it has drawn on a wealth of diverse experience and it is this vibrant dynamic that has become a pool of valuable resources. Being outcome orientated allows me to be entirely future focused while working within the present in a way that will sustain our clients for long term recovery.

I for one love the creative atmosphere that enables me to deal with challenges with an entirely fresh perspective. So far this has been an opportunity that has

allowed me to thrive in a professional but also personal capacity within only a matter of months. I am very much looking forward to seeing what the future brings.

Esther Rosenblatt
Street Impact Outreach Worker



In joining the Street Impact team at a later stage, I have not only been lucky enough to contribute to the SIB project, but also witness firsthand the innovative approach taken to tackling homelessness.

It has been hugely refreshing to work in a project with the autonomy to respond and adapt so creatively to each client's circumstances. For me, this is underlined by the project's understanding that many clients' lives do not fit into a support plan or risk assessment, that support should not be restricted to the transfer of knowledge from worker to client, but collaboration between the two.

In creating an environment in which both client and support worker are freed from the constraints of traditional practice, the SIB project has successfully managed to secure results, while building long term, constructive and positive relationships with people on a journey towards recovery and independence.

Harry Smith
Street Impact Outreach Worker



Chapter 2

Couples

Many women who find themselves street homeless have become homeless with their partners, or end up in a couple on the streets. Homeless couples generally have both dependency issues and/or mental health needs. Traditionally homeless services have been set up to work with 'single homeless people' and hostel provision is generally same sex. Whether the couple living on the street have recently got together or are in a long term relationship, they generally do not want to be separated. This leads to further resistance towards services as they feel that their needs are not being met and that their relationship is not being taken into account.

For services it is difficult to balance all the different risk management factors when supporting homeless couples, from safeguarding and domestic violence to disclosure and confidentiality, as well as working on the individual's recovery plan. The window of opportunity for each party in the relationship to be ready to start their recovery journey can be at very different times and for workers this can mean adapting recovery goals on a near daily basis.

The main ethos our team adheres to when working with couples is to be completely transparent, giving responsibility to the individual, but also accepting the relationship and ensuring they are recognised as a couple in their own right. It is important to note that building healthy relationships is the key to sustaining recovery for any person, and so supporting a homeless couple to have a healthy relationship will aid both in their recovery.

Kathleen Sims
Street Impact Outreach
Manager

Tania and Daniel

Tania and Daniel had experienced a lot of instability in their lives and each suffered drug addictions since their teenage years. They met while in rehab together in 2007 and began living in West Oxfordshire with Tania's mother. Soon after their arrival her mother passed away. They lost the right to reside in the property and were evicted. The bereavement and dislocation affected them both and their drug use increased.

The accessibility of drugs and lucrative begging opportunities brought them to London in 2008 and on to the streets of Victoria. Over the following few years they became a very high profile couple since they were bedding down, begging and selling the Big Issue in extremely visible public places.

Outreach teams worked with them for several years, and in 2011 they had a short spell in a hostel. They found it difficult to cope with being around other drug users 24/7. This not only increased their drug use but also got them involved in running drugs for other people. They were asked to leave the hostel and returned to the streets.

Over time they had developed a reputation as a chaotic, unworkable couple. The police, council and voluntary sector didn't know what to do and neither Tania nor Daniel would engage with plans about going into a hostel again.

When Kathleen first introduced herself to them it was on the street. At the very first meeting it was explained that the S.I. team was a different kind of outreach team and we would not continue to meet with them on the street as this clearly had not worked in the past. Kathleen asked them where and when they would like to meet and a meeting point in a coffee shop was arranged.

Kathleen used this meeting to really understand what they wanted and what their motivations were. Both Tania and Daniel felt that they were stuck in a rut that they wanted to get out of, but they didn't believe in themselves, let alone trust that anyone would believe in them.

Their dreams were to have their own front door, a sofa and a TV and to be together. This at times is something that we take for granted, but they said that in the seven years they had been together they had never had normal quality time together. They ultimately wanted to be treated as a couple, they wanted support to move indoors and they wanted to not be judged.

We worked through a plan, clearly marking out everyone's responsibilities. From the very first meeting it was made clear that their housing options were not all down to services and that the key to their success would lie with them.

Although they were adamant that they were not going to go to a hostel, I explained that with the amount of belongings they had on the street and their current physical appearance they would need to have a bit of a respite indoors before meeting with any landlords so they agreed to go into a hostel.

By explaining the Street Impact contract fully, Kathleen could reassure them that she was not going to leave them in the hostel (which was their biggest fear). Two weeks after my initial meeting, they moved into No Living On The Streets (NLOS). By this point both of them were on methadone scripts and were actively engaging with all the services.

At our initial meetings it was explained that housing couples together had always been a challenge and that the pathways were still not mapped. Their needs would be deemed too high for Clearing House and we did not have the luxury of waiting for a vacancy as they were in a project that had a maximum 28 day stay.

We looked into the private rented sector and even went to some viewings but the landlords refused to take them. The main reasons I could establish were:

1. Their appearance
2. The fact that they were a couple and most landlords who accept housing benefit either have studio flats (as it is the same local housing allowance as a one bed property) or they will only rent two bed properties to couples with dependents

Due to legislation on Housing Benefit for couples, they needed to be in a one bed or smaller property. However private landlords know that the studio flats they are renting out on the private market are so small that they risk being prosecuted for overcrowding.

Westminster Council Rough Sleeping Team supported my application to a supported housing scheme in the north of their borough. It was for single homeless people which meant that the service commissioning needed to change, but this was arranged via Westminster Council.

The process of moving them from NLOS into their flat took just over three months, and moving them into the flat was only the beginning in many ways. Unaccustomed to living indoors, there were many rocky moments in the first few months. The Street Impact team was able to react to crises as they arose and take a long term view, reassuring the housing provider that they were not going to be left to deal with the couple on their own and arguing for flexibility from the commissioners.

At one point the Street Impact team had to visit the property to remove a group of young drug dealers from the flat after they had taken it over; and the team took responsibility for making the flat liveable again and equipping it with enough furniture to make it feel like a home, helping them to clean the flat and supporting them to take responsibility for taking charge of their own environment.

We paid for the clients to stay in a B&B briefly before returning to the flat. Rebuilding the confidence of the couple so that they could return to the flat took a long time and is in many ways an ongoing process. This couple, for years a permanent presence on the streets in Westminster, are now virtually never seen in central London. We would argue that this would not have been achieved by any other commissioned service. We would not have been able to act flexibly, across boroughs, while incurring significant initial costs in the expectation that we would be



able to sustain them in their accommodation eventually and thus recoup some of that expenditure through the PBR contract. More importantly, the approach we have been able to take has helped the two clients into stable accommodation for the first time in many years.

Jane and Bill

Jane and Bill, from Liverpool, first started sleeping rough together in April 2012 in the Piccadilly area. As they had no connection to Westminster they were offered reconnection back to Liverpool. Both refused any support with this and continued to drink heavily and beg on the streets. Jane was just 22 and extremely vulnerable. She had never been street homeless before and had come to the streets after leaving her family, who did not support her relationship with Bill.

Several attempts were made by outreach to get them into hostel accommodation after it became clear they were not interested in reconnection. It was evident that their health was deteriorating rapidly due to their heavy alcohol consumption. Over the space of three years several attempts were made for them to go into hostel accommodation but each time they would only manage to stay a few weeks. Eventually their behaviour became unmanageable due to their drinking and they would return to the street.



Begging for Jane was very lucrative and she could make as much £300 per day. This was more money than she had ever seen, and led to an increase in her drinking and her behaviour becoming more erratic. It was evident that their alcohol intake was fuelling violence in the relationship.

Westminster Council received a large number of complaints from businesses in the area about their street behaviour and ASBO proceedings were initiated.

Jane and Bill continued to state that all they needed was to be housed

together. However, when appointments were made to discuss options they would either turn up heavily under the influence or refuse to leave their begging/sleep site, or engage with their Street Impact worker, Kathleen.

Kathleen continued to work in a transparent way and worked with the council to support the creation of Anti Social Behaviour contracts. Jane and Bill were informed about the process and understood that their begging and street behaviour would not be tolerated and could lead to an ASBO banning them from entering certain parts of London.

At the end of August 2014 both Jane and Bill realised their street life was having a very negative impact on their health and their relationship. Jane was now only 24, but her health was very poor. She was underweight and her skin, hair and teeth were neglected. She was very unwell, suffering signs of liver damage due to the excessive drinking. Both asked for support to return to their home town.

Knowing the couple as we do, we knew that if we didn't support them back to the north of England that day they might have lost motivation. Bus tickets were arranged and they had sourced accommodation for a few weeks with family. Street Impact provided them with a mobile phone and continued to support them over the phone when they got back up to the Liverpool area. Kathleen linked them in with alcohol services and arranged for an assessment with the housing team.

They attempted to return to London on two occasions in the first couple of weeks, being drawn by the money that they were making from begging. However, through continued

engagement and Kathleen liaising with services in the north, both Jane and Bill were able to be resettled permanently.

They are now living in their own flat in the Liverpool area; they have been alcohol free since September 2014. Since being sober they have regained contact with their families and are enjoying each other's company and a healthy relationship. Kathleen continued to support them when they moved into the property and helped organise furniture, buying an oven and fridge for the flat. Jane was always honest that her lack of motivation to move away from the street was

due to the amount of money she could make begging. Jane is very proud of what she has been able to achieve since moving away from the street. With support from Street Impact,

they had their first Christmas in their own flat and Jane cooked Christmas dinner for them both.

None of the money that Jane or Bill made through begging went towards accommodation or anything meaningful for their lives, and both now agree that it hindered their lives and delayed their recovery. Street Impact's role as a critical friend, offering help but also making clear our support for enforcement action, was important and meant that we have maintained an ongoing relationship that has helped to sustain their return to Liverpool.



Chapter 3

Client stories



Emile

Just over two years ago I was sleeping rough in Bond Street London and two girls asked me if I was OK, it was very late in the evening. They said that they were working for a homeless charity called St Mungo's, they walk around the West End looking for rough sleepers, that was the first time I was introduced into the friendly family of St Mungo's.

Later I was introduced to George from the Street Impact Team we would have long talks about my needs plus the situation that needed to be changed for my benefit, only I could achieve this change I needed but my attitude towards charities was quite sceptical and stubborn for help. George was very kind and reassuring towards my concerns! I had been previously knocked about by the system but George's perseverance in me was very reassuring St Mungo's have a very understandable approach towards homeless people.

When I would meet up with George he would be so concerned about my welfare! Trying to put me in a much better and comfortable place than where I was. The whole team I had connection with were friendly and they had honest and caring attitudes towards me and fellow homeless. It was totally appreciated by me at all times, I would at this time like to say that its not a service but a pure commitment by St Mungo's for the homeless also there is no timetable they use or manual.

My life was just like a broken watch St Mungo's placed the parts together with slow integrity and honest care now I hear the ticking with delight.

Whatever the weather conditions, St Mungo's are always there with concern and to give their help totally sincerely. Now thanks to St Mungo's I have my passport returning to me, but most incredible happening to me is that I am living in my own apartment safe from the weather.

Since I have this amazing chance to move on with my life thanks to St Mungo's and the work of George he's a star plus a good friend. St Mungo's are the day/night Angels of the street.

Written by Emile Blake

in St mungo's they
you side. "St mungo's

When I would meet
would be so concerned
trying to put me in a
comfortable place than
had connection with car
are purely honest and
me and fellow home
by me at all times,
to say that its not a
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timetable they use
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" Just over two years ago I was sleeping rough in Bond Street London and (2) Girls asked me if I was OK, it was very late in the evening, they said that they are working for a Homeless Charity called St Mungo's, they walk around the West End looking for rough sleepers, that was the first time I was introduced into the friendly family of St Mungo's. later on I was introduced to George from St Mungo's we would have long talks about my needs plus the situation that needed to be changed for my benefit, only I could achieve the change I need but my attitude towards Charities was quite Skeptical and Stubborn for help. George was very kind and reassuring towards my concerns. I had been previously knock about the system in the past but George's perseverance in me was very reassuring St Mungo's have a very understand approach towards homeless professional St Mungo's as displayed through the meeting I thoroughly enjoyed with George

Chris

During my stay at rehab I received a call from a person who told me he could help me with accommodation upon leaving. Until this point I was quite concerned about maybe ending up homeless again or having to return to my previous hostel, which wouldn't have been any good for my recovery nor my hopes for a better future for myself.

My Street Impact worker met me and explained how it came to be that I now had him as a worker to help me plan for my future. I had an idea that upon entering rehab that was it and it was my responsibility to find somewhere to live.

Over a short period he applied to a couple of places and arranged interviews for me to have a look and have assessments.

During this time he had also told me if I was interested he could get me a part time volunteering job, to help fill some time and gain some experience in the field I was always interested in exploring further.

I moved in straight from rehab and was very happy.

Soon after this I had an interview and was booked in to start with Street Buddies, working with rough sleepers in Westminster.

But it never ended there...

At my new accommodation we kept in touch and by this time was completing forms for a flat of my own (through Clearing House).

And still he kept in touch very regularly via telephone and email to keep me updated on the position I was on this list, I remember it was just before Christmas I got the email and text message saying I had got a flat to look at.

We visited and I accepted it...

He helped me to get all my furniture for my home and still kept in touch up to now. Not only had he helped me stop worrying in the rehab about temporary accommodation but this fantastic man had got me a home and furnished it for me.

When volunteering for street buddies I had applied for a GROW position and after a short time, I was working in the hostel which I was living in prior to rehab and dreading moving back into sometime before. OMG I have even met the homeless MP and visited the Houses of Parliament for a cup of tea and a chat.

To top this off my worker also tells me he can assist me to get access to my child and has put me in touch with a solicitor to help me prepare my case.

I have since been offered a full time permanent position at a night centre and am looking forward to starting this job very soon.

If it wasn't for this worker I have no idea where I would be right now, maybe living in a hostel, maybe on the streets again or even dead who knows? But I am happy that I was given the opportunity and a second chance, and am actually enjoying life again.

Rachid

My name Rachid Kaci, age 53 years. Been homeless since January 2011, sleeping rough around Kings Cross area. Having an immigration issue and been told by different services that not much can be done except to apply for voluntary return back to my country.

In January 2013 when the area became really rough and unsafe, I moved to sleeping rough outside Marylebone church door. Been approached few times by police, immigration officers and St Mungo's outreach teams. I was not expecting much except keep warm and have a good sleep.

During all that period I developed severe depression which resulted in anxiety, loss of weight and lack of self esteem. I was feeling helpless, hopeless and careless about my wellbeing.

In September 2013 late at night I was in my sleeping bag outside Marylebone church, a visit from St Mungo's outreach team inviting me to meet Michael Ferguson in Victoria providing me with the travelling cost. The meeting with Michael has changed my whole life (HOPE),

starting by been referred to a night shelter which was a big relief.

Then it was weekly meetings concentrating on gathering evidence for my immigration case. During my homelessness I lost all my documents, and because of the complexity of my case things have not been straightforward. Michael has used every effort to get evidence from previous landlords, employers, GPs, dentists, Inland Revenue and tax office, banks, library and a lot other places to cover my time in the UK since 1991. Michael has successfully reached some contacts by using tracing agents.

From the day of the first meeting until the present day Michael has supported me with providing travelling tickets when is needed, food parcels, mobile top ups.

Also Michael has applied for hardship allowances and the cost of the Home Office application which were granted (I am getting an allowance of £37 a week and weekly food parcels from Croydon food bank).



On 14 January 2014 Michael with the great contribution from Alastair Reeves has referred me to a spacious, brand new accommodation in a beautiful house in south London, where they allowed me to stay rent free. Michael has assisted me with all the needs and checking for my wellbeing by referring me to various schemes (volunteering, socialising and courses).

Michael has finally forwarded the application covering my time in the UK on 15 December 2014 (the day I never thought it would come due to the complexity of my situation), and we are waiting for the decision. I could not thank the Street Impact team enough for all the hard efforts and the contribution towards this great achievement.

Amy

I remember the night that Kathleen came aboard the bus that I was on with another woman, and I was informed that I could have a bed that night. I had met Kathleen before. I was helped off the bus that I was on at nighttimes. I was driven to a hostel. In the morning Kathleen came and we went to the Church Army hostel where I am now two years.

Kathleen sat with me through the interview, helped me and made arrangements for me. Considering the homeless situation the Church Army had sandwiches delivered daily and a food bank, with cans of food, rice and some toiletries. Kathleen got me some tea, milk, sugar, food and mug and plate. I felt all this was a godsend.

It has been great and a blessing, to have had Kathleen Sims, and others, that I do not know, in the past two years, and the help and support offered and given.

I have been very fatigued and still am and rather slow in reacting and very down, and not always been able to react. I remember that Kathleen noted my hands, that had been bleeding and are always dry from the weather and she got me some special gloves. Thank you, Kathleen.

It would have been very hard to go to places including Church Army many of which require referrals and for me to fight my way through when I felt and was and have been helpless. I appreciate this help very much.

I was encouraged along the way. When the time of a tribunal (for my benefits) came up and she came with me Kathleen was very optimistic, and I was not. That was a very important time for me and I was so glad to have someone.



It was good to have someone to call on, and say something is wrong with my benefits, or anything, and she was there, whenever I called and helped me resolve issues.

I think that the Street Impact team has an important and humanitarian role and is needed. Some things are achieved and it is definitely not redundant.

Written by Amy.

Amy is in her 50s and had been homeless about eight years before she started to work with the Street Impact Team.

She had suffered a nervous breakdown in the late 1990s after being dismissed from her employment. Amy owned her own home in London and was unable to keep up with mortgage repayments. The house was repossessed in 2001. Amy was severely depressed at this point and removed herself from society. She had always been a quiet person and she did not want to be a burden on society. She started to spend most of her days in libraries and at night would ride bendy buses around London sleeping when she could.

Outreach teams had seen Amy a few times but it was sporadic contact. She started to get seen more in 2011 when the bendy buses were taken out of action. When Street Impact started work, Kathleen made contact with TfL to find out if her description matched anyone who regularly used the buses. After much investigation a driver from the 453 route made

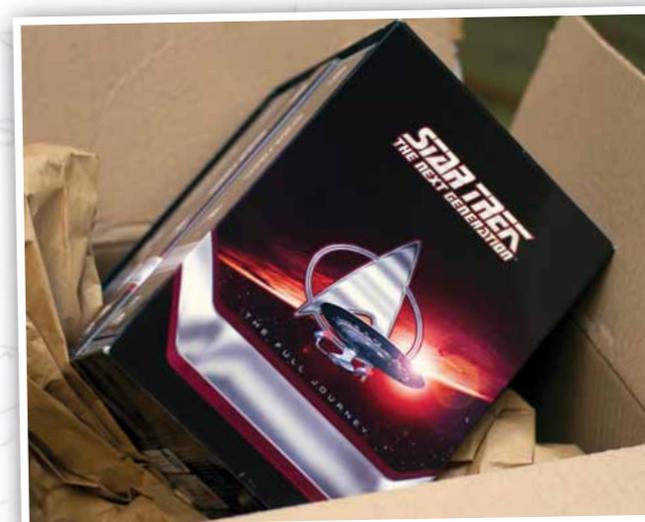
contact to say that he knew the lady. Kathleen then waited at the bus stop where the route starts and ends, after four hours the bus finally came in that had Amy asleep on the back. Amy had met Kathleen once before and agreed to go with her to a safe place as it was below freezing that night. Kathleen arranged to meet her the next day to talk through some longer term options.

Amy had never claimed benefits and did not know her National Insurance number. Kathleen negotiated a hostel space for Amy that was free at the point of entry in order to give her time to arrange benefits and ID.

Amy suffered with severe anxiety and depression and the therapeutic style that Kathleen used has helped Amy to understand some of the

traumas that she had been through and to seek additional support. She is now linked in with a GP and receiving medication both for depression, and her physical health which was very poor after eight years of sleeping on buses.

Amy is much more positive about life. She has started to take an interest in things that she was passionate about in the past and has been supported to get a TV. She has invested in a boxset of her favourite programme Star Trek.



Zoya

My first experience of homelessness was on 3 December 2011 when a member of my family kicked me out. I came to Victoria not knowing what I was going to do or where I was going to sleep. I met a bunch of homeless people in Victoria who I got talking to. They invited me to sleep next to them, which I did with one eye open and one eye shut.

In the morning I was approached by the outreach team and they directed me to go to The Passage day centre. It was the first time in my life that I was really scared. It took me a while to settle. People would give me donations of food or money. Night time was the worst, laying down with your thoughts and feelings and wanting a way out. I would cry myself to sleep at night.

I was not the easiest person to find accommodation for as I wanted affordable accommodation as I had always worked and wanted desperately to go back to work. I would not go into a night shelter nor a hostel. I was introduced to my Street Impact worker, Michael, in February 2013. At that time my



partner lived in Chelmsford so I discussed the possibility of making an application to the council. Michael wrote an application based on my health and circumstances and came with me to Chelmsford to make the application.

They offered me a B&B but it was miles away and I decided not to go as I knew how lonely I would be. Michael was really good about it and said that we could look for something else. I remained on the street. I started drinking and hanging around with the wrong people. My health suffered.

Michael said that he had found an option with a housing association and we completed an application form and then I viewed a flat. However, after the viewing, the housing association withdrew the offer as they had not appreciated that I was coming straight from the street and thought I would not be able to cope. Michael advocated on my behalf and they were persuaded to change their minds and offer me a flat, but that one had gone so I was still on the street. While I waited,

Michael persuaded me to go into some supported studio flats. I felt that Michael and others were really fighting my corner:

A few more months went by and then I did get my offer of a lovely housing association flat in Stockwell. Michael helped to obtain everything that I needed.

I have now been in the flat for over 18 months and even after all this time I am still adjusting to being back indoors, and sometimes sleep in my sleeping bag.

I am grateful that Michael still keeps in contact and visits me, helping to sort out any problems. I have returned to

work as a bus conductor:

That's my story and I am so grateful for all the help that I received.



Chapter 4

Homelessness in older age

Prior to the SIB, I had 10 years' experience of housing advice for homeless clients of The Passage day centre. Although I greatly enjoyed that time, I would say that the SIB project has been the best experience of my professional life in the homeless sector in terms of outcomes achieved and job satisfaction. I was already very outcomes focused in my work as a Housing Advisor and thus did not feel any additional pressure to achieve outcomes for clients due to the payment by results funding. Having said that, the way we monitored our outcomes did provide an additional

stimulus to ensuring that clients' needs were being met, and we were doing all we could to assist them to achieve their goals.

I have been privileged to be involved in some amazing client stories – the homeless young man who was always in trouble who we funded through a digger driving licence course and who now has a good job and no longer works for the minimum wage, and the old man who rough slept in London for many years and who now lives happily with his cats by the sea in Cornwall for example.



Inevitably clients' support networks will change as they move off the streets into a hostel or other temporary accommodation and then on to independent or semi independent living arrangements. With this in mind, rather than PBR pressures, to my mind what was crucial for the success of the SIB was that clients had the same worker available to support them throughout the project, no matter that their other support networks may have been in a state of flux. The ability to act as a navigator through a changing landscape of services and to work with a defined

cohort of clients over a prolonged period was a revelation. As an aid to this work, I also noticed quite quickly that the fact that we had time and funds available to allocate to our clients, meant that our ability to say 'yes' as a default position was greatly increased. I think that the sustainable outcomes that we have achieved are a real example of the 'invest to save' ethos being successful.

Michael Ferguson
Street Impact Outreach Worker
– The Passage

Eric

Eric is a British man in his late 70s who has been homeless for most of his adult life. Eric has a diagnosis of schizophrenia – his main symptom being the hearing of voices. Eric no longer takes medication as he does not like the side effects, preferring to manage the illness himself, which he does quite successfully.

Eric was first seen rough sleeping in 1997, but he had been homeless for many years, often in seaside areas. When he did come to London, he would sleep in parks and hidden locations meaning he was not seen by street outreach teams. Over the years Eric had been offered several accommodation options. However, always preferring his own company, as he got older he found that he could not cope in the chaotic environment of homelessness hostels. He did have two long periods in supported housing in London, but abandoned the accommodation on both occasions. He also lived in sheltered housing in Farnborough for a time, but left there when he became unwell and his cats died.



When he met his Street Impact worker, Michael, in early 2013, Eric was again rough sleeping in St James's Park. He caught pneumonia – doctors at the hospital told Eric that he was lucky to be alive – and this episode contributed to persuading Eric that he was too old to be sleeping rough. He refused to go into a hostel again and Eric and Michael agreed a plan to try and find him accommodation by the coast.

Eric was very specific about what he wanted – somewhere by the sea where he could go for long walks, it had to be quiet and they had to accept pets.

In February 2014, a housing association got in touch to say that there was a vacancy in a sheltered bungalow in St Austell, Cornwall. Eric and Michael travelled down to St Austell by train and viewed the

property. Over many years Eric had saved up his pension money and he used this to furnish the flat. Michael organised a local support worker, and was linked to local services.

A year on, Eric is still happy in his flat and his new life in Cornwall. He has had a few ups and downs. Local kids pelted eggs at his windows thinking he was the previous tenant. Eric packed his bags but his support worker persuaded him to stay and informed the police who made the children explain and apologise to Eric in person. Eric likes his new life very much. He spends his time pottering in his flat or garden, and takes long walks by the sea. He now has two cats and plans on getting a dog too. His local support worker visits Eric about once a month for a catch up and to help with anything needed, and Michael also keeps in occasional contact by telephone. Eric sometimes visits London. Michael has to persuade him to book into a B&B and leave his tent at home!



Peter

Peter is a 72 year old British man who was rough sleeping continuously in Victoria from June 2010 to June 2013. He became homeless due to a disastrous set of circumstances involving relationship breakdown, divorce, and the sale of a jointly owned property, from which Peter did not benefit financially. These circumstances, combined with long term alcohol addiction meant he finished his working life with no savings or property.

Having run out of money to pay for B&Bs in 2010, Peter rough slept in Westminster over the next three years. In this time, he was a regular user of The Passage day centre for primary services. Peter is a frail, slight man and it was painful for outreach and day centre staff to see him suffering on the streets.

Peter has a reasonable pension from many years of employment with BT and before that as a civil servant, so his income is above the threshold for welfare benefits, including Housing Benefit. Therefore, he has to cover all of his housing and other living costs. In addition Peter was, and still is,

under the influence of a 'lady friend' whom many workers suspected of exploiting him financially. However, he loves her and is generous financially to her, often even going without basic necessities himself, and leaving himself unable to afford to pay rent.

For a long time, Peter was convinced that they were going to move to the south of France together. Often he would set off with his luggage, only to return days or even hours later, often in a drunken state and with a heartbreaking story of how she had let him down again or something had gone wrong with their plans.

The Passage arranged a meeting between Peter and Michael, who was to be Peter's Street Impact worker. At this point Peter was really unwell on the streets and physically frail. He was often intoxicated and had many falls. The Street Impact team agreed to fund the first few weeks of his stay in a hostel. He had never been in a hostel before and Peter took some persuasion but eventually agreed and he was booked in, with the agreement that Peter could leave the hostel at any time but could stay

while he planned his life in France. Staff in the hostel took this line for a number of months. However, gradually he came to like being indoors again. Peter and Michael developed a good relationship and he began to teach Michael chess.

After a number of weeks Peter agreed that Street Impact would pay only a contribution to his rent rather than the full amount. Michael also agreed to look for suitable and affordable accommodation for him, again on the understanding that he could still leave for France at any point. An application was made to Westminster for sheltered council housing. As part of this deal Michael also agreed to help Peter's lady friend to find suitable accommodation since she was also suffering periods of homelessness.

In mid December 2013, Peter bid successfully on a sheltered flat through the Council. The rent was affordable and he agreed to accept. Michael ensured that the flat was adequately furnished from a combination of Street Impact and statutory resources and Peter moved

in December 2013. He is happy in his flat and although he sometimes gets into trouble with his rent, due to over generosity towards his lady friend, and ongoing problems with alcohol, which he feels he is too old to address and that affects his ability to budget, he no longer talks of leaving and going abroad.

A few months after Peter obtained his flat, Michael successfully assisted Peter's lady friend to apply and obtain a sheltered housing association flat in a nearby borough, and provided her with resettlement support – about which they were both delighted. Peter has now been in his flat for just over a year. He attends a Home for Good social club every Sunday and is being allocated a befriending volunteer.

Peter and Michael still meet up every Thursday for a game of chess – Michael has improved but he never wins, although he did manage a draw on the one occasion that Peter turned up drunk for the game!



Sandor

Sandor arrived in the UK alone at the age of 13 as a child refugee, leaving behind his family in Hungary. He lived with foster families until he left school, when he set up his own antiques shop. Although he wouldn't necessarily admit this, he gradually began to lose control of the business. With a great insight into his own eccentricities Sandor turned to self help and spiritualism in an attempt to improve his mental health. This worked for a while and allowed him to maintain sanity and control. However, it is likely that his untreated personality disorder led, 20 years ago, to him starting to sleep on the streets, an act which he himself describes as a conscious decision to step out of mainstream society.

On the streets Sandor's mental health deteriorated; he refused to engage and was so verbally abusive and aggressive that the local outreach team referred him to the mental health team. A social worker spent two hours with him, ultimately reporting him to be an 'eccentric' with no signs of psychosis. No mental health disorder was diagnosed.

Sandor refused to engage for many, many years. Things ultimately progressed when the owners of the business upon whose land Sandor rough slept changed, from ones who were sympathetic to this elderly gentleman, to ones who called the police to have him removed from his sleep site. It was at this point he realised he needed help and accepted an emergency council place in a B&B.

Street Impact met him on his first day at the B&B. Although he still swore at the outreach workers, he was better behaved and cooperated with his S.I. worker, Ivana. The outreach team had tried to obtain a passport for him but the Hungarian Embassy claimed to have no record. Ivana got in touch with the Home Office who replied to say that, although they had a record of his name, the files themselves had been destroyed as they were so old. The turning point came via the involvement of a multilingual Street Impact volunteer who had worked at the House of Lords. He had connections to a Lord with a special interest and wrote to the Hungarian

Embassy. Two months later his records were found and a passport could be applied for. It was through the Embassy that Ivana also managed to get hold of contact details for Sandor's brother in Hungary. A week later Sandor called Ivana with the news that he had just spoken to his brother for the first time in 56 years.

No pension or Housing Benefit claim could be made without his ID, so in order to buy time while the Hungarian Embassy were processing his passport, Ivana moved Sandor temporarily to a void in a St Mungo's Broadway unsupported housing project in west London where he could live free of charge.

Sandor admitted that on arriving in the UK as a child, he gave his date of birth as one year earlier than fact. His passport from the Hungarian Embassy of course had his correct date of birth which caused some complications with his benefit claims, but Ivana successfully advocated for the date to be changed on his DWP records.



Since he had been rough sleeping in the same west London borough for some 20 years he was a high profile case and they accepted a duty to house him, at first in a B&B for two months, during which time he was awarded £16,000 back payment of pension credit, and ultimately a one

bedroom flat with a secure tenancy.

Sandor's mental health is something we will continue to monitor, but as he is now living in a far less harmful way and still engaged with self help and Buddhism, we hope this is something which will remain under

control without the need for a mental health intervention. He continues to engage with his Street Impact worker and is managing his flat well. Sandor now spends much of his time rebuilding bikes which has always been a passion of his.

June

June came to the UK from Ghana in 2002 on a three month tourist visa fleeing an abusive ex husband. She had left behind four grown up children hoping she would make some money to send back to them. She worked as an au pair for her brother's children until her relationship with her sister-in-law broke down and June was asked to leave their home. June overstayed her visa and worked informally as a live in cleaner and babysitter and borrowed friends' documents in order to gain 'official' employment with a supermarket.

In 2010, June was diagnosed with HIV. Simultaneously her accommodation and social networks started to break down. She spent about a year sleeping on sofas and buses and ended up rough sleeping in central London. Shortly after the Street Impact project had begun, June disappeared from outreach services. Some six months later the team was informed by UKBA that she had been picked up rough sleeping in Victoria station and placed into a detention centre. We contacted the detention centre to be told that she had just been released but they could

not give us any more information. Almost one year later a contact at the Home Office supplied Street Impact with an address in north London. We wrote her a letter explaining the work we do and how to contact us. She called straightaway.

June was depressed, withdrawn, clearly isolated and in need of assistance. While in detention she had been diagnosed with terminal cancer, but was still living on just £35 vouchers per week and sharing a room with a lady suffering from post traumatic stress who would wail throughout the night, meaning that June was getting very little sleep.

June had a pro bono solicitor who had made an asylum appeal on medical grounds and a court hearing was set. I pointed out that June was on the incorrect NASS support. Although the monetary difference was only £1, Section 95 support would have been paid to her in cash, which made a huge difference to June. I made an application and took over the relocation request from her solicitor for her to be moved to a single room so the solicitor could focus on the immigration case. In the meantime

I visited June several times a week to check on her welfare, top up her oyster card and mobile phone credit to enable her to access and contact her solicitor and medical staff, and bought her fresh fruit and vegetables.

A few days before the asylum hearing was due to take place, the Home Office agreed to grant June Exceptional Leave to Remain on medical grounds. This meant her NASS accommodation support would come to an end. I started a pension credit application, applied for a freedom pass and supported June with an application to the local borough council for housing.

My manager accompanied June to her council assessment and pressured them for a decision, yet we only received confirmation that she would receive housing on the morning she had to leave her NASS accommodation. At 5pm on that Friday we were given the address of an estate agent several miles away to pick up the keys to June's emergency accommodation. Street Impact paid for a taxi to take her and some of her suitcases to pick up the keys and then on to the accommodation,

some miles further from the estate agents. June would never have managed this move in her condition at such short notice without our assistance.

Despite being made aware of her medical condition at every stage of the process, the council took no account of it in allocating her accommodation out of borough, which was entirely inappropriate and far from the hospital where she was receiving chemotherapy treatment. Street Impact paid for taxis because June still had no income (a pension credit application been made two months earlier, but a national insurance number had to be generated first which could take up to six months). She had to register with a new GP and her district nursing and palliative care teams had to change.

I made a referral to the Council 'Supported Housing for Older People' team. Despite initially being told she would be approved, they wrote two months later to say that June would be moved from emergency accommodation to temporary accommodation back

in her old borough within a matter of days. Faced with yet further disruptions we coordinated an appeal from all interested parties, pushing for a specialist worker to be allocated, backed up by medical evidence from everyone involved in the case.

We highlighted the risks for a client whose needs straddle the homelessness team, the supported housing team and social services, when these teams did not share information about the case with each other. Social Services contacted me the very next day with a date for June's assessment. I also received an email from the Supporting Housing Assessment Officer confirming that June had been approved and would be sent a viewing date within the next few days.

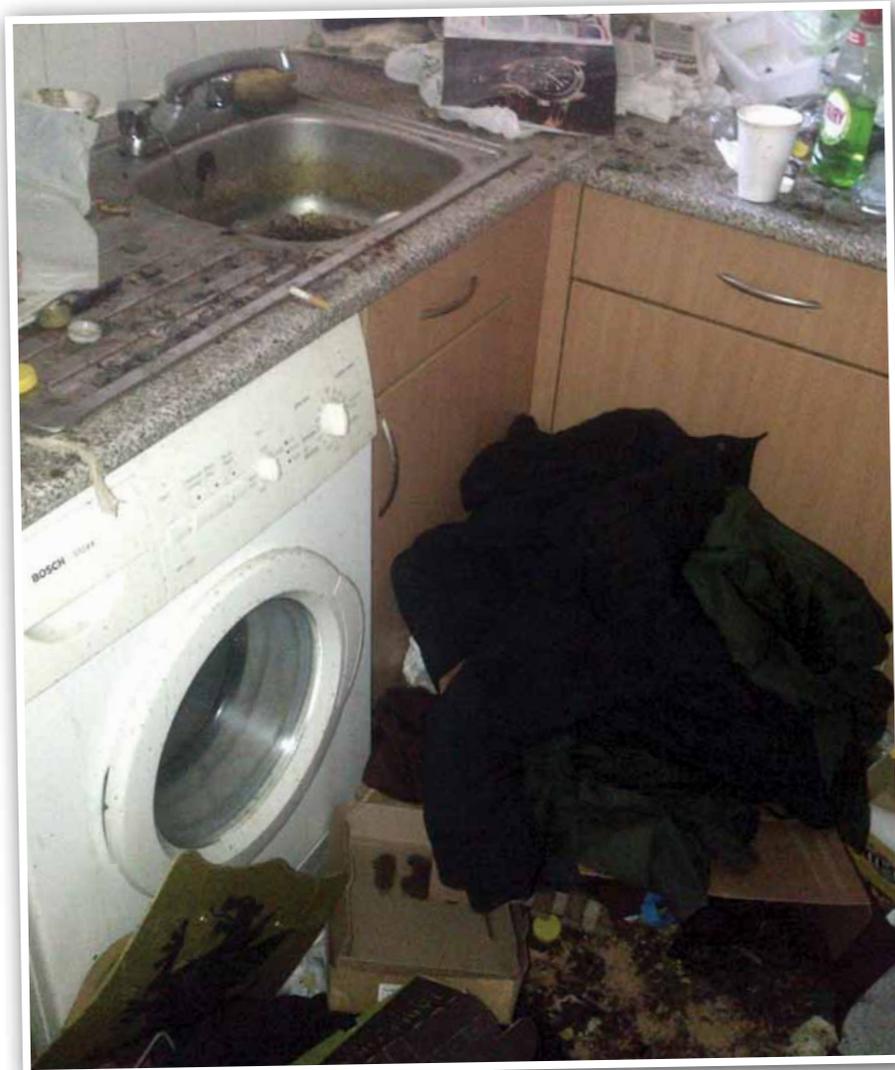
June is now housed in a sheltered housing scheme in her local borough. She is back under the care of her old GP and within easy reach of the hospital. I ensured carpets, curtains and an electric bed were bought and delivered in advance of her move. My manager also provided donations of furniture and I applied for a Local Support Payment for other essential



items, and, with the hospital's support, successfully applied for Attendance Allowance, meaning that June is able to pay for taxis to hospital and to contribute financially to the Social Services care she receives several times a week. The St Mungo's Broadway Palliative Care team has organised a befriending volunteer who visits weekly. I will continue to visit fortnightly. Despite all June has been through she has managed to trust me and my colleagues and has allowed us to help her. Although sadly we cannot cure her, she is now less isolated and more comfortable. I believe June takes great solace in the love and care she has received from our team.

*Shayeena Mamujee
Street Impact Outcomes Officer*

Alfie



Alfie, a 73 year old man with a 50 year history of homelessness started working with the Street Impact team at the point where he was already living in temporary accommodation through the council. He had spent the past year rough sleeping in Camden and the local outreach team had supported him to approach a local authority (due to a long standing connection there). He was deemed to have priority and housed in his own accommodation in a ground floor studio flat. He had an allocated social worker and was informed that an occupational health assessment would be completed in the flat to assess need.

Alfie was offered floating support by the council. However, once he was in the flat it was very clear that he was unable to cope, had no independent living skills and needed significant adaptations in the bedroom and bathroom to use the facilities properly.

Neither his floating support nor his social worker visited him in the first month and the flat deteriorated quickly. Alfie was unkempt and had not bathed in over a year. He had no control over his bowels and was covered in his own faeces and urine, as was his flat. Due to the deterioration of the flat his floating support services, property manager and social worker would not enter. His Street Impact worker Kathleen was the only person meeting him. He was resistant towards any services and although he did not want to stay in that flat as, in his own words, he felt 'like he was being treated like an animal', he was scared of change.

Alfie's allocated social worker did not appear to understand his support needs or moods. Over his long history of homelessness he had built up defences by rejecting help, which his social worker would take at face value and would document as evidence he was 'not willing to engage'. The social worker claimed an occupational health assessment had been completed and that all he required was a commode, although there was no way of emptying it. He was offered meals on wheels but declined (although Alfie didn't even understand what they were when he was offered them). No care package was put in place in the property.

The flat was owned by the council but managed by a letting agent who was unwilling to come and fix the boiler due to health and safety issues in the flat. For the eight months that Alfie resided in the property he had no access to hot water.

Kathleen visited Alfie at least twice a week to build up trust with him and document the state of both him and the flat. They worked alongside the StreetMed homeless healthcare team to get him registered with a GP and obtain medication for his untreated diabetes. With regular photo documentation of the flat and continued correspondence to social services about his case, an assessment for sheltered accommodation was finally arranged.

Eventually, after a prolonged dialogue, Kathleen was able to persuade the council that he required a more supportive environment and he was accepted for a specialist homeless supported housing project in Islington that caters for older men with a history of homelessness. Alfie has been living there for the last year – healthier, cleaner and happier.

Pawel

Pawel, a 68 year old Polish client, was rough sleeping in west London and using the services of a local Methodist church. Pawel had clear mental health issues stemming from an anxiety disorder and was very suspicious of people. Anyone trying to help needed to gain his trust before he would respond.

The borough outreach team had tried to help him but Pawel was very cynical about services. He had been banned from the winter shelter a few times because of his behaviour. A talented pianist and accordion player, his behavioural issues stemmed to a certain extent from a grandiose self image, which made Pawel believe he should be above the rules of any project. He had a lack of insight into his anxiety disorder and an explosive temper. Pawel also drank a lot of vodka with other rough sleepers who would use him for money. He had never managed to cut loose from these negative relationships.



The outreach service managed to refer him to a quiet hostel for older men. This is when the Street Impact team started working with him. He was cynical and suspicious of his Street Impact worker, Dobrochna, at first and often under the influence of alcohol.

Pawel would become angry when Dobrochna suggested a mental health assessment. She persevered with regular visits and tried to bond with him over music by sitting and singing Polish songs with him. It changed his view of Dobrochna from someone he felt suspicious of, to someone he felt comfortable with. He gradually started to open up about the childhood abuse he had suffered and how he had used music as an escape and travelled to Europe with his band. He was very upset that he didn't have contact with his children. He started to open up about painful, unresolved issues.

Owing to Pawel's behavioural issues there were many incidents at the hostel. Dobrochna was asked to resolve these because of the language barrier and sensed that Pawel was becoming dependent on her. She encouraged staff to use enforcement against Pawel so that he could learn responsibility for his behaviour. The hostel wrote a Behavioural Agreement, which Dobrochna translated into Polish. Pawel put the Polish version on his door himself to follow. He understood that following this agreement was his key to getting a Clearing House flat, which was identified as his most realistic move on option.

The nomination to Clearing House followed quickly. Pawel was overwhelmed and resorted to drink. It took him three attempts to sign the tenancy. Both the landlord and the TST worker were very good and not too strict. Three staff from the hostel helped Pawel to paint his flat. His alcohol use decreased and his relationship with Polish street drinkers faded.

Pawel busks on Sloane Square and really enjoys that. He also enjoys watching his TV. The loneliness is evident, however; and he still requires emotional support. Dobrochna's plan for the rest of the project is to link him more to the community and to help him establish contact with his sons.

Chapter 5

Reconnection and immigration

My caseload of SIB clients were not only chaotic and difficult to engage but, being mainly EEA nationals, they now also face other restrictions which unable them to access most of the services for homeless people. The SIB model has given us more opportunity to work with clients in a personalised and holistic way and we have been able to deliver the service faster and more effectively. I believe that this approach and the creativeness of our team has made things happen for our clients. We have involved volunteers in the process and, with an open minded approach, built relationships based on trust and compassion, so our clients don't just feel like service users, but individuals whose story can be a lesson for each one of us.

My clients were mainly immigrants with limited access to benefits and other services, either due to lack of entitlement, language barriers or cultural differences. They are from Eastern Europe with poor English and often alcohol dependent, so some distance from legitimate employment and unable to maintain a welfare claim by themselves. They routinely refuse the supported reconnection offer and hide away from the view of enforcement services. However, as the consequences of their housing situation and alcohol take their toll, they become frequent users of medical services including A & E and Primary Care Services targeted at homeless people. Our project has given us the opportunity to help those with serious medical conditions by

reconnecting them safely back to their country of origin, with specialised care in place (see Radek's story, page 60). However, there are many more non SIB rough sleepers who do not have access to such a service.

This gap has also been noticed by my colleagues in St Mungo's Broadway's Southwark SPOT and Hackney Ark teams. So, with the support of St Mungo's Broadway managers we wrote a proposal for a pilot project called METRO (Multidisciplinary Engagement Treatment and Reconnection Offer). Based on SIB experience this project aims to fill the gap in services for EEA clients. Initially METRO would engage with Polish nationals. This is because of our already existing relationship with

services in Poland (MONAR) which has produced excellent examples of successful reconnections. We envisage that the same model of interventions could be rolled out for all non UK clients.

Being a Street Impact worker has enabled me to look at the issues of homelessness not only from a micro, but macro perspective as well. Being able to establish and work alongside services not only from different boroughs, but from different countries to deliver the outcomes, makes that holistic way of recovery possible. It has been a great

experience and learning opportunity for me, not only on professional level but a personal one as well. It has been a pleasure to work within a great team with lots of knowledge and a great approach to clients, from whom I could learn and share experiences and from whom I received a lot of support when it was needed.

Dobrochna Zajas
Street Impact Outreach Worker



Amir

Amir was a failed asylum seeker from Iran. After he was refused asylum, he stayed in the UK and found work and accommodation illegally. One day, he was attacked while working as a pizza delivery driver and had to go to hospital. After this incident he lost his job and accommodation and eventually ended up rough sleeping and using drugs. In 2009 he was seen by outreach teams in London rough sleeping.

He was housed temporarily on several occasions when he expressed interest in going back to his home country, but became homeless again when he changed his mind. This affected the way he interacted with services. He became isolated and depressed. Furthermore, Amir felt unable to disclose to services that he was 'a drug user' as he thought that he would be judged due to his own cultural beliefs around drugs. This in turn meant he tried to hide his substance misuse from services making it seem on the surface that the main reason for him living on the streets was his unresolved immigration issues.

When he was first met by the Street Impact team in 2013, Amir insisted that he wanted to return to Iran with his family because his mum was very ill. However, the Iranian Consulate had been closed for several months and, as he had started the process of returning home many times before, both services and his family had lost faith in him. We took a two pronged approach: to facilitate voluntary return and simultaneously explore other available options in case he decided again that he did not want to return.

Amir became more open and trusting. We worked with him in a proactive way – accompanied him to the Iranian Consulate on several occasions, linked him with the Embassy worker from a voluntary return programme and facilitated contact with his family in Iran. We supported him to access mental and physical health services alongside a drug treatment programme. We helped him to access interim accommodation. We also supported him to get immigration advice to understand what his options were and enable him to make an informed decision. We supported him

to prepare for the return: having regular contacts with his family, addressing his fears in a personalised way, following a specific programme to reduce his methadone use.

Amir returned voluntarily to Iran in March 2014. He received £500 from the Home Office voluntary return programme and was assigned a reintegration worker. Amir is currently in Iran living with his family. He now feels stronger physically and is happy to have made the decision to return home as he realised that there was no viable future for him on the streets of the UK. Some of the elements that have made the difference in his recovery are: personalised support, empowering the client by ensuring he had access to all relevant information, and taking creative measures such as pushing the Iranian Embassy to contact Amir's family directly and broker the reconnection.



Samuel

Samuel is an asylum seeker from the Congo, who came to the UK in the late 90s fleeing persecution. In the Congo he had been politically active and was captured and tortured. His arm had been amputated and he was left to bleed to death. He managed to escape and travelled to the UK in the back of a lorry, leaving all of his family behind.

When he came to the UK he was diagnosed with post traumatic stress syndrome and placed in asylum support accommodation in Glasgow. He was granted status to remain in the UK. However, by this time he had developed a severe delusional mental illness.

In 2010, suffering from delusions of persecution, he abandoned his accommodation in Scotland and travelled to London. From mid 2010 until the start of 2014, he slept rough on the streets of Westminster every night, refusing all offers of assistance. His prosthetic arm was stolen and Samuel fell into self neglect.

He was extremely difficult to engage with and would barely speak to outreach workers as he did not believe anyone could solve his problems. Nervous of others, he refused to go into day centres. Engaging was additionally difficult as his English was poor. He had no income and was dependent on handouts from passing strangers. Apart from a once weekly visit to a church hall in Lambeth, where he travelled with his huge rucksack, and where he had a shower and spent the morning, he spent all of his time outdoors in Westminster.

Samuel was introduced to his Street Impact worker, Michael, who had been seconded from The Passage into the team. Michael has a legal background and Samuel was persuaded to talk with him as someone who could solve his complex problems. They initially met on the streets twice per week. Gradually a relationship of trust began to form and Michael suggested they meet at the church in Lambeth.

For the next six months, Michael would meet with Samuel there each Wednesday, accompanied by a volunteer French interpreter. Samuel says that because of this he came to trust that Michael would be there and over the weeks he actually began to look forward to Michael coming and to making progress on his case.

Samuel had lost his ID while on the streets so Michael had to establish his status in the UK and applied for a replacement residence permit. As a good relationship was forming, Samuel told Michael his life story and gradually let himself be helped further. He was assisted to engage with a GP and a mental health team, who diagnosed a psychotic illness but did not consider that Samuel needed to be in hospital. By mid 2013, Samuel had been assisted by Michael to re-establish a claim for welfare benefits and to obtain a freedom pass.

Samuel was also referred to the 'Street Buddy' scheme, a pilot scheme in Westminster whereby rough sleepers can be paired up for support with a former service user in a befriending type arrangement. Between Michael and Dave, Samuel's 'Street Buddy', Samuel was persuaded to move into a hostel. After a shaky start, when he often had to be persuaded from abandoning, Samuel progressed well. After six months in the hostel it became apparent that Samuel's living skills were high enough to consider nominating him to a Clearing House flat.

Samuel moved into a flat in Westminster in September 2014. Working with a tenancy sustainment team, and the housing association, Michael has assisted Samuel in furnishing his flat with everything he needs and to set up payment arrangements for his rent and utilities. Michael continues to visit. Samuel now describes himself as happy and his progress has been truly astounding.



Radek

When Street Impact first met Radek in February 2013 he had been sleeping rough continuously for at least two years, having failed in his attempts to find work. While rough sleeping he had suffered from TB and pneumonia. His Street Impact worker, Weronika, focused on getting him indoors and found him a bed in a project for clients without recourse to public funds.

Once Radek's benefits were in payment he could be referred to a hostel in the borough where he had been rough sleeping. However, the hostel staff could not speak Polish and did not employ translators. Weronika was able to provide translation services between the hostel staff and Radek; she also encouraged Radek to engage with drug and alcohol services, accompanied him to Job Centre appointments and helped him look for work.

Radek's Jobseeker's Allowance (JSA) claim was wrongly stopped one time when he should only have been sanctioned. As this occurred after welfare changes for EEA nationals were introduced in April 2014, any new JSA claim could be for six months only. Weronika appealed the initial closure but the appeal was rejected. The work he had done in the UK previously was informal, so he had no claim to regular worker status. He had never really managed to engage with drug and alcohol services fully enough for them to refer him to a detox programme. Likewise he had started English classes, but only went twice.

In October 2014 the client suffered a horrific car accident. While intoxicated, he was knocked over by a lorry which drove over both of his legs. After a couple of weeks in hospital he lost his entitlement to JSA and with the new welfare rules had no entitlement to Employment and Support Allowance (ESA). Weronika called a case conference with the hospital physiotherapist, the ward nurse and Radek's hostel worker.

The hostel stated that they could not offer him the required level of support, even in the unlikely event of a successful Housing Benefit claim. The hospital said he would only need to stay in hospital for another six weeks and they would then discharge him. The only remaining option to prevent a discharge of a highly vulnerable client to the streets was a supported reconnection. Since the client refused to engage with any other service this reconnection would have to be managed and paid for by the Street Impact team.

Weronika contacted a hospital in Poland. They confirmed they would require evidence of health insurance and a Polish translation of Radek's hospital discharge notes in order to admit him on arrival in Poland. We contacted the hospital social worker to provide information on the case. The hospital eventually confirmed that they were happy to take Radek.



We booked flights to Warsaw for Radek and Weronika, plus appropriate transport in both countries between the hospitals and the airports. We tried to procure a wheelchair for the client but he was ineligible for anything so we had to purchase one ourselves. Weronika arranged full support for a

wheelchair using passenger from check in desk to arrival in Poland. Finally, she contacted Radek's father. He was extremely worried as he had not heard from his son since his admission to hospital and knew nothing of the accident. He confirmed that Radek could stay with him on discharge from the Polish hospital.

Weronika travelled to Poland with Radek to ensure everything went smoothly with the journey. The hospital discharged him dressed only in a hospital gown and overcoat, and without socks or shoes. It was 6am on a winter's morning just before Christmas. Weronika had to take him into the bathroom and assisted him in putting on underwear, trousers and socks and shoes. On arrival in Poland Weronika gave all the relevant documents to the paramedic and called the hospital to check that there was definitely a bed space for Radek. In the end he was only in the Polish hospital for a few days, but that was an important step in ensuring he was linked in with medical services in Poland. He receives outpatient treatment and is living back with his father at present. He has been sober for a few months.

I was seconded to the St Mungo's Broadway Street Impact team to ensure that there was a worker who already had established relationships with partner agencies and a significant number of the individuals on the SIB list. Prior to joining the SIB team I had worked in the social sector in London for twelve years, within homeless hostels, supported housing projects, support teams for council tenants facing eviction, substance misuse services, day centres and street outreach teams.

What has impressed me most about the SIB team is the flexibility of remit combined with the consistency to keep working with our clients, whatever their circumstances and wherever they are. Being able to continually work with and coordinate services for our clients, regardless of local housing connection and without the need to keep going through a bureaucratic process, has assisted many of the people I have been allocated to quickly access a

range of services and housing options. In a number of cases, without our team clients would have been passed around many different workers and had an administrative obstacle course to get through.

What I have enjoyed the most about the SIB team though is not the flexibility to work with the standard given services in relation to their problems, but the flexibility to assist them with their interests in any way. During the course of the SIB I have taken people to museums, exhibitions, art classes, volunteering centres, colleges, boxing clubs, running clubs, gyms, rock climbing centres, the list goes on... I believe being able to build positive relationships and dialogues around the clients aspirations and interests as well as the problems of an individual is key to them staying housed for the long term.

Overall it has been a very good team and model team to work in. What stands out for me to signify the success

of the SIB approach is the fact that people who had been stuck on the streets or within hostels and worked with by a range of services (there were a number of SIB clients allocated to me that I had previously housed on a number of occasions) over many years have finally been able to move into their own stable accommodation and begin to have positive independent lifestyles.

Niall McAskie
Street Impact Outreach Worker – The Connection at St Martin's-in-the-Fields



I have been working for Street Impact for about 1.5 years now. My background work is mostly hostels and TST work.

Work for a payment by results team might be challenging at times but very rewarding. It has been a breath of fresh air to move from endless paperwork, unnecessarily lengthy support plans and risk assessments that nobody looks at again, to really focus on clients and their goals.

Flexibility as a SIB worker gives me the time and opportunity to get to know clients. We work together as a team, with the approach that it is the client who's the expert about their own life and the support they require.

Quite often I advocate for clients who were stigmatised as 'too high needs' because of their history, to show different services that they can indeed be worked with. I have clients who have been accepted by hostels or have moved to independent accommodation after appealing decisions made by Housing Officers or TST workers.

At Street Impact we always put the client first and make real changes in other people's views about how to work with the 'most challenging' clients.

I also work with European Economic Area (EEA) clients and supported one very sick client with his reconnection. Under very difficult circumstances, we made sure that the process was as comfortable as possible. Together with the help of my colleagues we made sure that the medical services in his home country were in place and ready to accept him. I assisted the client throughout the entire journey to make sure that he was well and suffered the least distress possible.



I can honestly say that working for Street Impact has been the best job I ever had and I hope that a similar approach will be adopted in future by services working with the most vulnerable.

Weronika Markowska
Street Impact Outreach Worker

Chapter 6

Employment and training

The time spent with Street Impact was an amazing opportunity to work creatively with a challenging client group. Being able to witness the most amazing transformations and seeing our clients recover was the biggest motivation in achieving our outcomes as a team. That said our journey would have been impossible without an outstanding management and ultimately, my colleagues, who were at the heart of making this innovative approach in tackling homelessness work.

Svetlana Lopotenco
Former Street Impact Outreach Worker



Although we are paid for our outcomes under five separate metrics (rough sleeping, accommodation, reconnection, health and work) these are not mutually exclusive categories. Each is broad enough to influence, and benefit from, our success in another area. For example, clients with access to their own flats are less likely to sleep on the streets; clients who sustain their own accommodation are more likely to hold down a job or training course, and vice versa.

The overriding importance of linking clients with an appropriate, healthy living space, and supporting them to maintain it in the long term, is reflected in the larger payments we receive for those clients sustaining their accommodation to 12 and 18 months.

After 18 months of the project more and more clients were in their own flats and the importance of encouraging meaningful activity, whether a college course, volunteering or work experience placement, or in some cases a job, became more apparent, in order to foster confidence and self worth and to prevent clients becoming bored, isolated and potentially returning to the streets. In some cases full time employment has been the pathway away from services to independence.

We employed a Meaningful Occupation worker specifically to support clients who might be ready to take this step. She worked closely with the St Mungo's Broadway Employment team and partner organisations offering work,



volunteering and training opportunities to our clients such as Crisis Skylight and CSTM's Workspace. The St Mungo's Broadway Client Involvement team has also been integral to our success in this area. The Recovery College, Outside In and skills based initiatives such as Putting Down Roots gardening project and Bricks and Mortar have embraced some of our clients and allowed them to discover and develop talents and capabilities they would not have dared to dream they had a few years ago.

Shayeena Mamujee
Street Impact Outcomes Officer

Petr

Petr, a Latvian man, came to the UK looking for work in 2009. Accompanied by friends, he initially settled in Scotland and found a job in construction. However, as in many similar cases he was paid cash in hand far below the legal minimum wage. All went well until his employer refused to pay his wages, which subsequently made Petr homeless as he couldn't afford his rent.

He came to London and was picked up by outreach while sleeping rough. He stayed in Cromwell Road Hostel and became a SIB client while living there and tackling alcohol use. Despite being able to maintain long periods of sobriety Petr was struggling to cope with the fact that he came here for a better life, but ended up destitute on the street. He felt ashamed to contact his family back home to admit that he was now homeless.



Svetlana from the Street Impact team helped Petr move into his Clearing House studio flat and visited him on a regular basis to support him with his bills and help him to address his alcohol dependency. We supported him to register with the local drug and alcohol service; however, not being able to speak English, he did not find those services useful and chose to deal with his issues on his own. Our work was mainly based around motivational interviewing and long conversations about Petr's past, as well as looking into employment options as a way forward.

Unfortunately in November 2013 Petr received heartbreaking news from home. His younger sister committed suicide leaving a son and husband. Petr decided he needed to go to his sister's funeral to be with his family but most of all with his grieving mother. He was only able to afford half of the price of the plane ticket, so we helped him with the rest. His emotional struggle and shame to return was visible and the least we could do was to make sure that he looked presentable (he was offered a small budget to buy shoes and jacket).

Once back, we helped Petr to get a part time job as a cleaner. He only managed to hold his job a couple of weeks but this was a major step forward and we made sure that Petr was aware that this was a great achievement, especially given his recent loss. We bought him a laptop and from his own savings he paid for an internet connection, which helped him to apply for jobs and send emails to keep in touch with his family. Eventually Petr found a part time job. He was able to sign off from Job Seekers Allowance and pay towards his Housing Benefit. Petr is more than six months into his employment and this proved to be the best encouragement for him to stay sober. He has recently moved into a one bedroom affordable flat via LOCATA and we are helping him to settle in his new accommodation.

Robert

Robert had been known to outreach services and day centres for five years. He had been in more than 40 care homes and following this unsettled early life had ended up travelling around the country surviving on his wits and engaging in petty crime to support himself. This in turn led to an extensive custodial history. Suffering from an antisocial personality disorder and ADHD, he found being locked up for many hours on end intolerable and began self harming.

When I met him, we had been warned not to deal with him as he apparently had a history of being aggressive and was rough sleeping by the canal – considered a high risk sleeping site. Contrary to the reports, I found him to be approachable and friendly and we struck up a rapport. He tended to find it difficult to focus, but was open to engaging when approached with respect and good humour. He had clearly had a traumatic young life, about which he was very open and philosophical. He wanted to move on, but did not

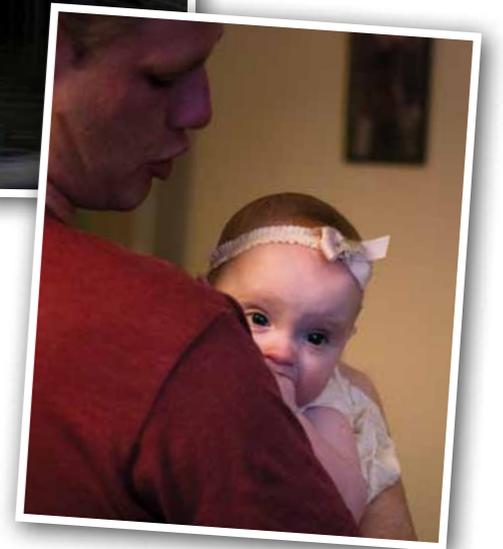
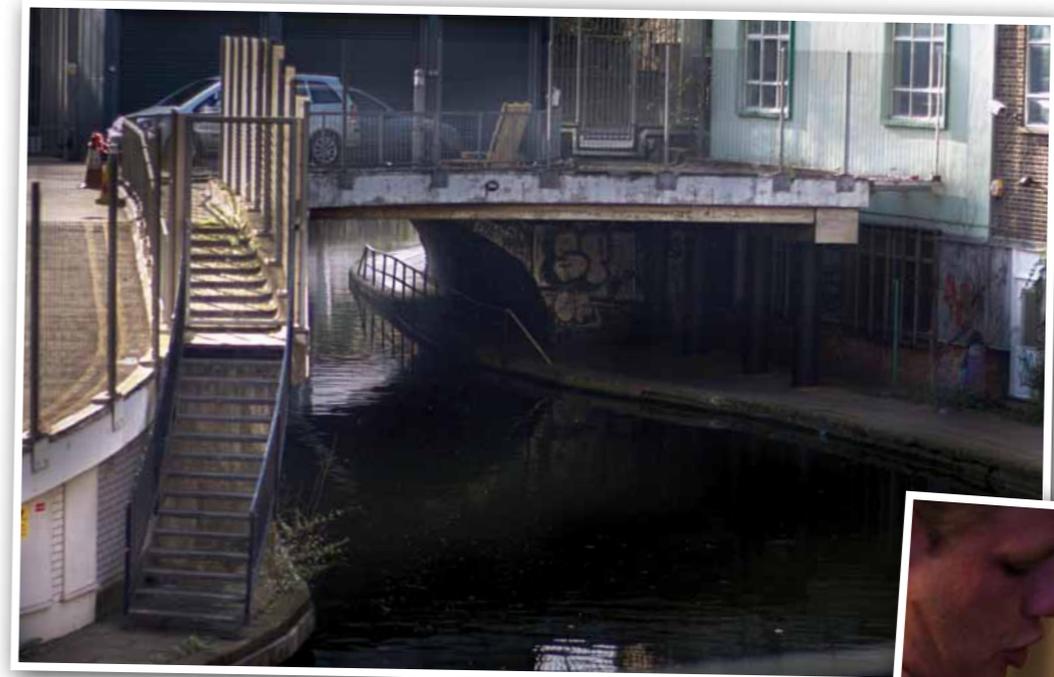
want to move into any hostels. After spending many hours with him on his terms, walking around with his dog, or trying to make ends meet, I began to feel that this young man had immense potential, but had just not had any good role models in his life, or any real good opportunities. When we discussed how he felt he might cope living independently, with ongoing support from the Street Impact team, Robert responded positively. He had been given a flat at 16 with no support, which he had lost after a month, but this was 10 years ago and he was now ready.

We referred him for a Clearing House flat and he was accepted and nominated for a flat within a month. Many clients would have balked at the speed of change, but Robert was not fazed. He moved in and we began looking at what he wanted to do next. He loved anything to do with bikes so I arranged a meeting with a social enterprise that ran bike workshops around the city.

Over the next two years there were various scrapes, but he was always open to constructive criticism and worked hard to improve his life. Along the way his girlfriend became pregnant. Despite his own early life, Robert was determined not just to be a parent, but to be a positive role model in his daughter's life and most of all to be present. We engaged with the child protection process. Both families pulled together and 10 months after her birth, she still lives with mum and dad. Robert has become a qualified bicycle mechanic and works three days a week.

He has done all the hard work himself, but his story illustrates that first impressions should not be taken at face value, and that spending time to understand people's potential is the key to unlocking it.

*Nathan Rosier
Former Street Impact Outreach Worker*



All the work we did added value. Our cohort were already well known to services and often heavily linked in; what they didn't need was another level of bureaucracy – needless risk assessment or support plans that reflected only the needs of the service, ticked a box and were never looked at again. Because of this we were able to build relationships other teams could only aspire to. Where existing services worked well, were established and accepted, we complemented them. Where they didn't work, didn't exist or were shunned we created them. In effect we were able to be all things to all people. This approach meant that we were very much a 'can do' team. We could respond to current circumstances much quicker than

traditionally and we could support and lead outcomes significantly faster than would normally have been the case.

One particular client I worked with had refused services for years, claiming he was happy to be in his current circumstances and we couldn't possibly have anything to offer him. He was very entrenched but presented well and was never highlighted or targeted, he effectively always slipped under the radar. Over many months I slowly ingratiated myself with him, I had little or no agenda at first, I asked very little of him and slowly our relationship grew to a point that he was able to share his past and crucially his plans for the future. No team I know of would have allowed this essentially ad hoc way of



working with clients because typically there has to be an outcome, such as a new document, assessment or application produced. I didn't have that unnecessary pressure and our relationship was allowed to grow organically. After a further six months of supporting him with his plan I

began to offer him my vision for his future. He was initially sceptical and was riven with misconceptions and myths about what was available, how things worked and access to services and resources – layers of protective behaviour built up after years on the streets hearing the same unchanging broken script from traditional outreach teams who he felt had nothing to offer.

In February this year my client signed his tenancy for a Clearing House property. It was one of the proudest, happiest days of my working life, and crowned two years of hard work. Had the SIB not existed this man would still be living in a doorway in Mayfair, still be listening to the same script from services and, crucially, would be even more entrenched.

I have no doubt the SIB, our expertise and work model, made all the difference.

On a separate and more personal level, the dedication and expertise of the team, led by two exceptional managers was unlike anything I have experienced or been part of before. Their in depth knowledge of the client group, services local and national was incredible and I think I've learned more in the last two years than I have in the previous 20. Leaving such a great set up was pretty hard to do but to have had the opportunity in the first place has been an honour.

George Stoddart
Street Impact Outreach Worker

About St Mungo's Broadway

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

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

We support men and women through more than 250 projects including emergency, hostel and supportive housing projects, advice services and specialist physical health, mental health, skills and work services.

Formed in April 2014 by the merger of two long established charities, we currently work across London and the south of England but influence and campaign nationally to help people to rebuild their lives.



www.mungosbroadway.org.uk

Investors and partners



CAF Venturesome is the innovative social investment arm of Charities Aid Foundation, and is one of the most active players in the social investment market. Since being established in 2002, it has offered £36m to 425 charities, social enterprises and community groups. CAF Venturesome's portfolio of funds allows it to support social organisations with low risk or high risk loans.



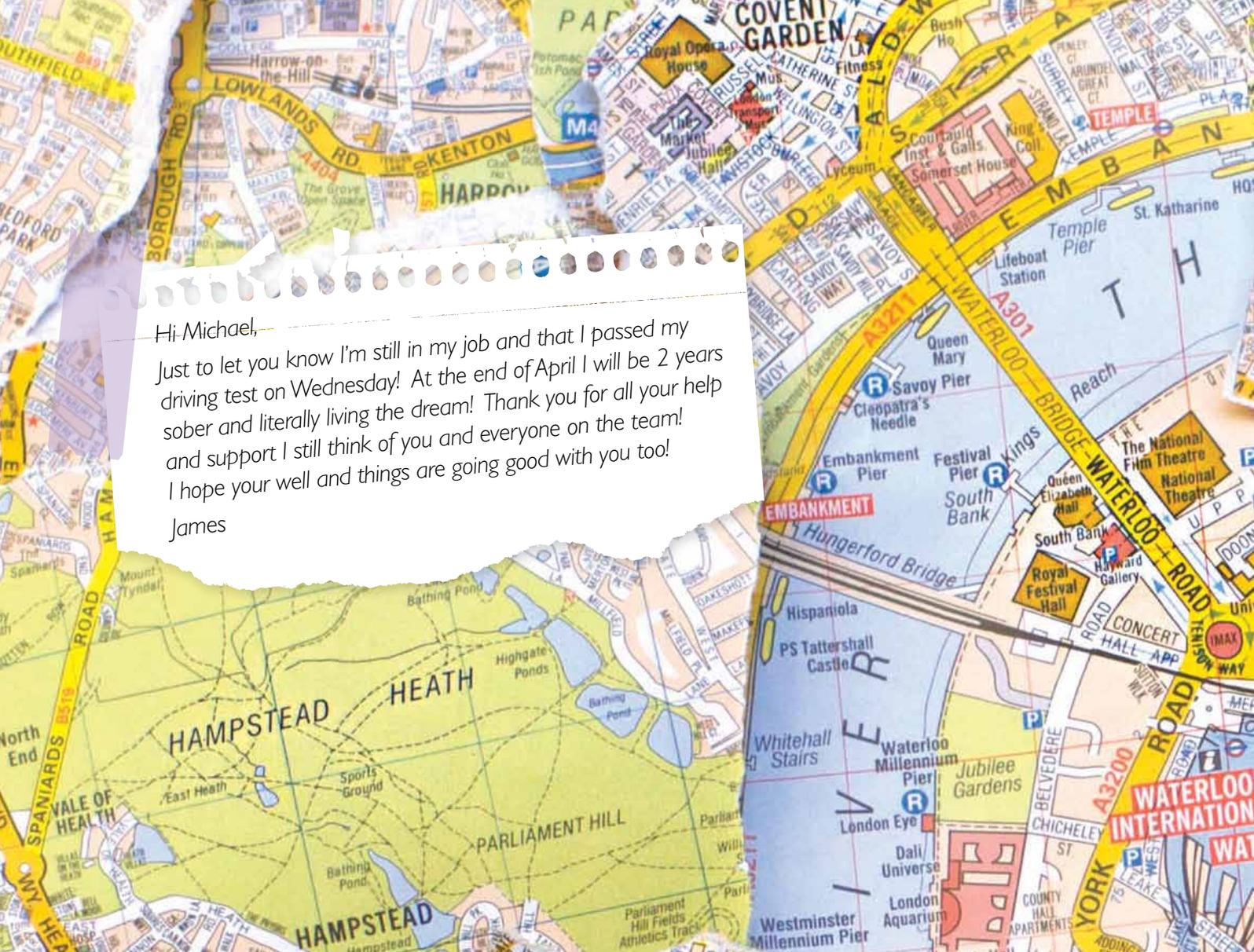
i for change is a social investment consultancy, offering training, financial advice and due diligence services to social investors. i for change works with the voluntary sector and social enterprises on investment readiness and on raising investment money. The consultancy also works with the public sector on social impact bonds and other social investments.

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Hi Michael,

Just to let you know I'm still in my job and that I passed my driving test on Wednesday! At the end of April I will be 2 years sober and literally living the dream! Thank you for all your help and support I still think of you and everyone on the team! I hope your well and things are going good with you too!

James

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Rebuilding lives, day by day