Crisis' response to the ministerial working group on homelessness- call for evidence on complex needs and improving services for vulnerable homeless people.

Crisis is the national charity for single homeless people. We are dedicated to ending homelessness by delivering life-changing services and campaigning for change.

Our innovative education, employment, housing and well-being services address individual needs and help homeless people to transform their lives. We measure our success and can demonstrate tangible results and value for money. We are determined campaigners, working to prevent people from becoming homeless and advocating solutions informed by research and our direct experience.

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

Low mental health issues	X
Medium mental health issues	X
Severe mental health issues	X
Physical health problems	X
Offending history	X
Drug addiction	X
Alcohol addiction	X
Unemployment	X
Low educational attainment	X
None	
Other, please specify	Autism, learning difficulties, domestic violence

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

Homeless people, including a significant proportion of Crisis' clients, have multiple and complex needs. Recent research from Lankelly Chase and Heriot-Watt University sought to provide a statistical profile of severe and multiple disadvantages (SMD) in England.[1] The study looked specifically at the experiences of people who were experiencing homelessness, substance misuse problems and or contact with the criminal justice system. They found that there are approximately 58,000 who experience problems with all three of these issues and 99,000 people who experience a combination of two of these issues. Within the homelessness data, only 34 per cent of people were classed as homeless-only, and the majority had some form of additional needs.

The Making Every Adult Matter (MEAM) coalition, representing organisations working in the criminal justice, drug and alcohol treatment, homelessness and mental health sectors, has estimated that there are approximately 60,000 adults experiencing issues such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown at any one time in England, with others constantly moving in and out of the group.

[1] Lankelly Chase Foundation (2015), *Hard Edges- Mapping severe and multiple disadvantage*

Our Crisis Skylight staff have reported that for the proportion of our clients who have complex and multiple needs, they often have difficulties referring them for statutory services if no one of their individual needs is severe enough to meet the statutory thresholds for treatment or support on its own.

Crisis Skylight centres have reported that the de-ring fencing and subsequent cuts to the Supporting People programme has made it much more difficult for people with lower, but multiple support needs, to access services and hostels. There is also evidence that people are being refused places in accommodation projects because their needs are too complex. Evidence from Homeless Link's 2015 annual survey of support for single homeless people found that 55per cent of accommodation services refused clients because their needs were too complex.[2] When they asked accommodation services in more detail over the telephone about the reasons behind this, the most common reason was to keep the right balance of client needs and staff. Staff resources and insufficient training were also cited as reasons for not taking these types of clients. They also found that 26 per cent of accommodation projects were only commissioned to work with people with low level needs.

Many of our clients have a dual diagnosis of both a mental health and substance misuse or alcohol problem. Around a third of all mental health service users across England will also have a substance misuse or alcohol problem.[3] Historically, however the provision of mental health and drug and alcohol services has evolved separately, presenting providers and commissioners with challenges when it comes to providing appropriate and effective services for this group of people. Our clients have difficulties accessing either mental health and drug and alcohol services because often mental health services will not accept a referral of someone with a drug and alcohol problem and vice versa. Dual diagnosis from a statutory service perspective generally requires the individual to have a 'severe and enduring' mental health problem, which is an extremely high threshold to meet. Even then, they might require the substance misuse to be treated in order to enable people to function well enough to engage in assessments. In addition, access to talking therapies for lower level mental health issues often requires people not to be dependent on drugs or intoxicated in order for them to engage in treatment.

Better joint commissioning of services would significantly help improve the outcomes for our clients who have complex and multiple needs. Too often commissioners fail to work collaboratively with different services and this leads to projects being commissioned in silos. As a result someone might have to visit multiple services and receive help from multiple support workers in order to address their different needs. This is particularly difficult for vulnerable people. We believe that people with complex and multiple needs should have their treatment and support coordinated by a single key worker.

Any new commissioning framework should allow communication and sharing of resources across local authority boundaries. For some specialised services, budgets could be pooled and services jointly commissioned on a regional or sub-regional basis. This is particularly important in large cities such as London where people frequently move between boroughs and can find it hard to access support. It also provides an efficient way for commissioners to invest in higher cost services for a relatively small number of patients without risking either duplication or gaps in provision. In addition, commissioning must be carried out based on specialist knowledge of the needs of the local population.

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[2] Homeless Link, Annual Survey of Support for Single Homeless People (2015), http://www.homeless.org.uk/sites/default/files/site-attachments/Fullper cent20reportper cent20-per cent20Singleper cent20homelessnessper cent20supportper cent20inper cent20Englandper cent202015.pdf

[3] NHS confederation http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Seeing_double-briefing.pdf

2. a) If possible, please provide an estimate of the number of homeless individuals with complex needs in your area.
There are seven crisis centres that operate across England.

	Complex needs	
Location	No	Yes
Birmingham	307	665
Coventry	194	387
London	1163	1393
Merseyside	310	713
Newcastle	380	673
Oxford	165	628
South Yorkshire	230	558

b) Please define the area that your local estimate refers to.
Crisis Skylight centres in Birmingham, Coventry, London, Merseyside, Newcastle, Oxford and South Yorkshire.

c) Please define the needs of the individuals included in your local estimate.
This figure relates to the number of our clients in the individual Crisis Skylights who have one or more of the following needs: any health problem or disability; mental health issues; a criminal record; or a drug or alcohol addiction.

d) Please provide the data source or an explanation of how you came to your local estimate.
The figures above has been taken from the Crisis client data base, and are based on the number of clients who have used Crisis Skylight services between 1st April 2015 and 30th April 2015

3. a) If your organisation operates nationally, please provide an estimate of the number of homeless individuals with complex needs across England.

	Complex need	
Location	No	Yes
Birmingham, Coventry, London, Merseyside, Newcastle, Oxford and South Yorkshire Crisis Skylights.	2749	5271

b) Please define the needs of the individuals included in your national estimate.

This figure relates to the number of our clients in the individual Crisis Skylights who have one or more of the following needs: any health problem or disability; mental health issues; a criminal record; or a drug or alcohol addiction.

c) Please provide the data source or an explanation of how you came to your national estimate.

The figures above has been taken from the Crisis client data base, and are based on the number of clients who have used Crisis Skylight services between 1st April 2015 and 30th April 2015.

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

If yes, please tick all that apply. If no, please tick 'None'

Access to accommodation	x
Access to mental health services	x
Access to physical health services	x
Access to drug treatment services	x
Access to alcohol treatment services	x
Access to employment support services	
Access to education and skills training	x
None	
N/A – I do not work directly with this group	
Other, please specify	

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

Our Crisis Skylights centres offer people who are homeless or at risk of homelessness practical and creative workshops in a supportive and inspiring environment together with formal learning opportunities that lead to qualifications and finding work. To improve physical health and wellbeing we run workshops such as Yoga, Karate, Tai Chi and Pilates and counselling services. We hold Health Days at our Crisis Skylight centres, and at Christmas offer our guests a full range of medical services. We also run a range of more formal qualification classes equipping people with IT, literacy and numeracy skills to help move them closer to employment and financial stability and cope better with everyday life, budgeting and paying the bills. Our employment teams provide on the job training in our Crisis Skylight Cafés and help people achieve their career goals through Crisis Changing Lives grants scheme.

Whilst this is an extremely successful model, there are a number of external barriers that prevent our clients from achieving their long term outcomes.

Access to accommodation

Crisis has long been concerned that single homeless people are being failed by the current homelessness legislation. The vast majority of people who are found to be homeless and owed a duty by the local authority to find them settled accommodation are families with dependent children. For single homeless people you have to demonstrate that you are vulnerable as a result of: a mental or physical health problem; learning difficulties; time spent in care, the army or prison; or because you are fleeing violence. Local authorities have until very recently been assessing the vulnerability of people presenting as homeless compared to the ordinary homeless person, creating a very high threshold to access housing. As a result the proportion of people being accepted as priority need because they are vulnerable has dropped from 38 per cent in 2004 to 27 per cent in

2014[4]. A recent Supreme Court judgment on the test regarding vulnerability has ruled that the comparator should be the average person facing homelessness, rather than someone who is already homeless. This ruling should mean that more single people are owed a duty by the local authority to find them settled accommodation, but there will still be a significant proportion of single homeless people who are not.

Single homeless people also face great difficulties accessing accommodation in the private rented sector. Changes to benefits, including changes to uprating, caps to local housing allowance and the extension of the shared accommodation rate (SAR) for all single people under the age of 35 have significantly limited the number of homes that are affordable for our client group. The extension of the SAR has made it extremely difficult for under 35s to rent even a room in a cheap shared house. The government's intention is that a third of shared properties should be affordable within the SAR.[5] Yet research conducted by Crisis found that just 13 per cent of advertised rooms are affordable within the rate.[6] Even the Government's own figures show that the SAR falls short of local rents: a fifth of SARs fall 5 per cent or more below the 30th percentile of local rents.[7] The government must conduct a wide-ranging review of the affordability, availability and suitability of shared accommodation for single under 35s. This must look at how the SAR is calculated, to ensure it covers the true cost of renting. At a minimum, those for whom shared accommodation is unsuitable– including pregnant women, those fleeing domestic violence and parents with non-resident children– should be exempt. In the meantime the Government should encourage an increase in supply of shared accommodation to meet the housing needs of younger adults who are limited to this lower rate of housing benefit. The link between housing benefit rates and local market rents should also be reinstated to avoid the gap widening further between rents and the support available (especially in areas of higher rent inflation).

In addition to welfare reform, the private rented sector also presents a number of other barriers for our clients. Letting agents fees, tenancy deposits and holding deposits are hugely prohibitive factors in helping single homeless people into the private rented sector. A recent longitudinal study undertaken jointly by Shelter and Crisis into the experiences of homeless people moving into the private rented sector found that it was an expensive tenure, with many costs associated with moving into and maintaining a home.[8] People were sometimes moved into tenancies without furniture or adequate household supplies, which they then had to take out loans to pay for. Poor conditions made homes cold and increased heating costs. People struggled with household costs such as energy and food. To manage them they went without food, lighting and heating on a regular basis. The majority of people had no savings and many got into debt, some when they were desperate or had a one-off cost such as replacing white goods. In addition to the problem of affordability, only 1 in 5 landlords are prepared to let to tenants on housing benefit, further limiting the supply of available accommodation to our clients.[9]

Cuts to the Supporting People programme have also limited the ability of our clients to access supported accommodation. Since 2003, funding for accommodation-related homelessness services has largely been provided through the Supporting People programme. The programme was ring-fenced within local authority funding to provide housing-related support services for vulnerable adults, including single homeless people. In 2009, the ring-fence around the Supporting People

[4] DCLG live tables on homelessness
[5] All Local Housing Allowance rates, including the Shared Accommodation Rate, were reduced from the 50th to the 30th percentile of local market rents in 2011
[6] Crisis (2012), No room available: study of the availability of shared accommodation
[7] Crisis analysis of 2015/16 Local Housing Allowance rates for England, Scotland and Wales
[8] Crisis and Shelter, (2014), Sustain.
[9] NLA (2013) Landlords exit LHA market

funding stream was removed and from 2011-12, Supporting People rolled into the Formula Grant rather than paid as a specific funding stream. A recent report from Homeless Link showed that in some areas cuts to the Supporting People budget had resulted in a reduction in the amount of supported accommodation available.[10] A Freedom of Information request from Inside Housing to 30 local authorities revealed that 17 councils had cut back the amount they spent on Supporting People contracts by a total of £56 million between 2008/09 and 2012/13. This represents a 24 per cent cut from £232 million in 2008/09 to £176 million in 2012/13.[11] Floating support has also been reduced in some areas, and was felt to be a significant gap in terms of preventing people from moving back into homelessness**.**

The Crisis and Joseph Rowntree Foundation commissioned Homelessness Monitor 2015 also found that cuts to the Supporting People programme was identified by local authorities as a contributory factor to the upward trend in rough sleeping. In particular, this was attributed to the increase in people returning to rough sleeping as identified by the 2013/14 annual CHAIN statistics on rough sleeping in London.

Access to education and training

Mainstream adult learning delivery and funding agencies too frequently do not work for homeless people or agencies delivering services for them. They are often too inflexible and not relevant for people who have specific and complex needs and who may have previously had negative experiences of formal education. Too often they are focussed on employment related and level 2 and above qualifications rather than 'softer' skills such as confidence, time keeping and teamwork, which can be equally or even more important. Homeless people often rate the courses provided by voluntary organisations more favourably, due to staff having a greater understanding of their needs and a flexible learning environment.[12]

Access to mental health services and drug treatment services.

Our Skylight services have reported difficulties referring clients to specialist services such drug and alcohol and mental health services because of prohibitively long waiting lists. Funding for NHS trusts to provide mental health services has fallen by more than 8 per cent in real terms since 2010.[13] Drugscope's 'State of the sector' 2013 survey found that 35 per cent of responding drug and alcohol providers said they had experienced a decrease in funding in the previous 12 months, with just 20 per cent reporting an increase and 33 per cent no change. Respondents to the survey also highlighted difficulties and gaps in accessing "recovery capital", particularly housing, employment and support for mental and physical wellbeing.

Moreover, homeless people are much more likely to have difficulties accessing health services. If you are homeless you are far less like to be registered with a GP. Homeless Link's most recent health audit of homeless people found however, that despite the majority of people surveyed reporting that they were registered with a GP, many were not receiving help for their health problems.[14] They found that 15 per cent of respondents with physical health problems were not receiving support, while 17.5 per cent of those with mental health issues and 16.5 per cent with alcohol issues would like support but are not receiving it. Additionally, 7 per cent of respondents had been refused access to a GP or dentist within the past 12 months. The same report found that 36 per cent of homeless

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[10] http://www.homeless.org.uk/sites/default/files/site-attachments/Whoper cent20isper cent20supportingper cent20peopleper cent20nowper cent20Reportper cent20Jan13_0.pdf

[11] http://www.insidehousing.co.uk/councils-cut-millions-from-supporting-people/6527888.article

[12] Crisis (2006) *Homeless People and Learning and Skills – participation, barriers and progression*

[13] http://www.mind.org.uk/news-campaigns/news/mental-health-services-cut-by-8-per-cent/#.VVshTvlVhBc

[14] http://www.homeless.org.uk/sites/default/files/site-attachments/Theper cent20unhealthyper cent20stateper cent20ofper cent20homelessnessper cent20FINAL.pdf

patients had nowhere suitable to go when leaving hospital. A lack of suitable discharge protocols for homeless people has obvious health implications in terms of people's recovery, but also likely deters them from entering hospital in the first place.

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

Central government	
Local authorities	
Statutory organisations	
Voluntary providers	
Other, please specify	Crisis recommends that services are co-commissioned to ensure that the views of clients and services are central in any service delivery model.

6. Who is best placed to coordinate services for the complex needs homeless group?
Please tick more than one, if you feel that a combination of coordinators would work best.

Local authorities	
Statutory organisations	
Voluntary providers	
Central government	
Other, please specify	Crisis recommends that central government play a key oversight role in terms of designing and implementing a national outcomes framework and providing a national budget. Co-ordination of services should take place on local level.

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

Local authorities	X
Statutory organisations	X
Voluntary organisations	X
Central government	
Other, please specify	

8. a) Is there potential for the payment by results model to achieve improved long-term outcomes for the complex needs homeless group?
A payment by results model could potentially help achieve improved long-term outcomes for homeless people, but a number of safeguards would have to be put in place to ensure that specialist organisations, best suited to working with people with complex needs, are able to continue delivering services without significant financial risk.

b) Please substantiate your response.

Crisis has concerns that the proposal to expand payment by results could adversely affect those providers working with more excluded and vulnerable groups for whom results may be less tangible and take longer to achieve.

Whilst we understand the need to measure outcomes, the indicators used must be flexible enough to account for the experience of everyone engaging with services. For our homeless client group, success cannot only be measured in terms of the number of people achieving an outcome such as entering employment, for example. Soft outcomes like increased confidence and improved motivation are harder to measure but equally important as they help to map the distance travelled by clients who may be much further from achieving a hard outcome than others but are still benefitting significantly from a service. In addition it is essential that incremental outcomes such as completing a course, volunteering and C.V writing should be measured. It is these 'hardest to reach' clients who may lose out if more services are commissioned on a payment by results basis, as this could mean providers 'cherry pick' clients who are closest to achieving targets or outcomes.

Joined up services are essential in helping to support someone who is homeless and has complex needs. These types of services are often delivered by smaller specialist organisations. Evidence has also shown that better coordinated interventions from statutory and voluntary agencies can reduce the cost of wider service use for people with multiple and complex needs by up to 26.4 per cent over two years.[15] It's critical therefore that any new commissioning framework ensure that a payment by results model is financially viable for these types of organisations. Commissioners should ensure that a significant proportion of the funding is provided upfront.

The payment by results element of the Work Programme comprises between roughly 90 per cent and 95 per cent of potential provider income per individual.[16] The relatively small up-front payment to the provider that is made when a person joins the programme has made it very difficult for smaller specialist organisations who cannot take the financial risk to participate in the delivery of the Work Programme. Furthermore, evidence from the 2013 Crisis report, 'Dashed hopes, lives on hold'[17] supported the Work and Pensions Committee's[18] concerns that some jobseekers, including those who are homeless, are being 'parked' by advisors in favour of those who are relatively more work-ready.

DCLG should also look at the 2014 Evaluation of the Drugs and Alcohol Recovery Payment by Results Pilot Programme commissioned by the Department of Health.[19] Whilst the payment by results funding models were seen as a way of incentivising providers to achieve recovery outcomes, there was an acknowledgement that larger organisations are much better placed to manage and respond to the risks associated with some payment by results contracts. Furthermore, treatment services

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[15] Battrick, T et al (2014) In February 2014, FTI Consulting and Pro Bono Economics published the results of a two-year evaluation of the MEAM pilots. The results show statistically significant improvements in wellbeing and a reduction in wider service use costs of up to 26.4per cent as individuals engage with better-coordinated interventions.

[16] http://www.crisis.org.uk/data/files/publications/TheProgrammesNotWorkingper cent20finalper cent2023-11-2012per cent20PDF.pdf

[17] http://www.crisis.org.uk/data/files/publications/06_13_WorkProgramme_FullReport.pdf During the period April–May 2013 we undertook qualitative interviews with twenty-seven people who use Crisis' own education, training and employment services in four areas across the UK. Twenty-five of the participants we interviewed were receiving JSA with the remaining two claiming ESA. Prior to joining the Work Programme, participants had spent varying amounts of time on JSA or ESA. Eight participants were referred within their first six months on JSA. The majority (twelve) were referred within six months to two years while the remainder had been unemployed for more than two years.

[18] Work and Pensions Committee (2013) Can the Work Programme work for all user groups?, First Report Session 2013-14: House of Commons, London. Available at http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/publications/

[19] University of Manchester, (2014, Evaluation of the Drugs and Alcohol Recovery Payment by Results Pilot Programme, http://www.population-health.manchester.ac.uk/epidemiology/NDEC/newsandevents/news/PbRDR_Summary.pdf

expressed concerns that funding models were not consistent with their understanding of the nature of dependency, particularly given that a person might relapse several times and that recovery is not always a linear process.

There are also important learnings to be taken from the Fair Chance Fund, designed to help young people with complex needs move into accommodation with regards to payment by results structures. Whilst the Fair Chance Fund has been successful outside of London, it has been very difficult to deliver financially in London due to high housing costs. The government should consider how payments could be weighted regionally in order to better reflect the cost of services in achieving outcomes e.g. accessing housing.

9. Do you have any experience of commissioning a payment by results scheme?
No.

10.Do you have any experience of delivering a payment by results scheme?
The Private Rented Access Development Programme began in 2010 and was devised by Crisis, working with and funded by DCLG. The Programme has aimed to increase the number and geographic spread of access work and to encourage the creation of sustainable tenancies. The Programme has also aimed to create sustainable schemes, well networked in their locality and better able to secure alternative funding when the Programme came to an end. In Rounds 1 and 2 of programme, an element of the funding was delivered via payment by results.

Programme funding would cover the costs of one full-time member of staff for a year's operation of the scheme. A grant of up to £40,000 was made available. Organisations located in London and the South East could apply for up to £50,000 in recognition of higher operational costs. A total of £10,000 (or 25 per cent) from the grant was withheld until the year-end, and its payment contingent on the scheme meeting its targets of tenancy creation and sustainment: £5,000 was assigned to each target. This element of payment by results was to ensure that schemes delivered to target and focussed as much on sustaining tenancies as creating them. The final £5,000 payments were based on achievement against targets and were paid proportionally if schemes did not meet their targets.

Initial upfront payments to the schemes in the first were vital in ensuring their success in and helped the schemes to manage financial risk. For many schemes, and particularly for the smaller charitable organisations, payment by results introduced an unwelcome element of risk. One organisation, with more than one scheme receiving funding, said that they had not met their targets and had been compelled to meet the shortfall in their staffing budget through fundraising. Overall the schemes enabled 153 local housing advice projects help 8,123 single homeless people make a home in the private rented sector. To date 90 per cent managed their tenancies for at least six months.

11.a) What outcomes could best be rewarded through a payment by results model with

More stable accommodation	
Improved physical health	
Improved mental health	
Reduced offending	
Reduced drug misuse	
Reduced alcohol misuse	

Progress towards and entry into employment	
Better educational attainment	
Volunteering and training opportunities	
None	
Other, please specify	x

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

Any of the outcomes listed above could be rewarded through a payment by results model. Any model however, should be flexible enough to ensure that the distance travelled by clients who may be much further from achieving a hard outcome than others is accurately measured.

At Crisis we have designed a Model of Change to show the key outcomes we think are necessary for an individual to achieve in order to transform their life and leave homelessness. The Model allows us to consider a series of outcomes that we think would need to be achieved for this transformation to take place and enables us to show our contribution to the achievement of these outcomes. The Model also allows us to consider those areas where we make less or no contribution to the achievement of an outcome. The Model provides a narrative for what we do and a framework for evaluation, review and planning.

As well as having experienced homelessness, many people we work with are low skilled or have had poor experience of education, they are likely to have been long term unemployed, they may lack social networks and safety nets, they may participate in risky activity and behaviour, experience poor mental and physical health and be at risk of repeat homelessness. The model is constructed by taking the ultimate aim to transform individual lives and then going back a step to the long term outcomes that would substantiate the achievement of that aim. We then worked back from the long term outcomes, to intermediate outcomes and to more immediate outcomes; each linked as part of a flow upwards towards the ultimate goal. Outcomes along the path to transformation are represented by oblongs and the oval shapes contain the general types of intervention that can help bring about the outcome; some we do and these ovals are filled in (light green), those we don't are set against a white background. We know that an individual's progression is not always linear and the route may be cyclical; however the model enables us to demonstrate how interventions and services lead to outcomes that take individuals along a personal progression route out of homelessness.

The key tool we have identified to help us support, monitor and evaluate the progress being made by individual members against these new measures is the Homeless Outcomes Star. This was first developed in 2003 and identifies ten key areas in which people need to function well to leave and avoid future homelessness.

The Homeless Outcomes Star also fits well with Crisis' coaching approach, and is similar to traditional coaching tools such as the wheel of life. We have agreed to adapt our use of the Outcome Star in Crisis Skylight services so we can use it flexibly and in a person centred way to support members' progress.

These guidelines are intended to promote consistency in the use of the Outcome Star across Skylights. However, they cannot cover every eventuality and workers will need to exercise their professional judgement.

A key objective of the guidance notes is to show how the Outcome Star can support one to one work with members by helping recognise, monitor, and build upon their progress– whilst ensuring it does not dictate or distort the focus on our work with individuals.

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

As outlined in more detail above, we support a more significant proportion of overall funding to be provided as an upfront fee and flexible outcomes set by clients and key workers together to allow for more accurate measurement of distance travelled by clients with more complex needs. Moreover, payment by results models should be weighted to reflect the costs of delivery in different markets. It is also essential that central government develops a national outcomes framework and plays a role in ensuring that commissioning does not take place in silos.

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

Better joint commissioning of services would significantly help improve the outcomes for our clients who have complex and multiple needs. Too often commissioners fail to work collaboratively with different services and this leads to projects being commissioned in silos. As a result someone might have to visit multiple services and receive help from multiple support workers in order to address their different needs. This is particularly difficult for vulnerable people. We believe that people with complex and multiple needs should have their treatment and support coordinated by a single key worker. The government should also consider adopting an individual budgets approach, enabling tailored and spot purchased packages. This approach has already proved successful in the DCLG pilots with rough sleepers.

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

Any new commissioning framework should allow for better communication and sharing of resources across local authority boundaries. For some specialised services, budgets could be pooled and services jointly commissioned on a regional or sub-regional basis. This is particularly important in large cities such as London where people frequently move between boroughs and can find it hard to access support. It also provides an efficient way for commissioners to invest in higher cost services for a relatively small number of clients without risking either duplication or gaps in provision. In addition, commissioning must be carried out based on specialist knowledge of the needs of the local population.

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

Crisis has long been concerned that single homeless people are being failed by the current homelessness legislation which does not provide most single homeless people with rights to housing. The Supreme Court handed judgment on 13th May 2015 in three joined appeals - *Hotak v London Borough of Southwark; Kanu v London Borough of Southwark; Johnson v Solihull Metropolitan Borough Council* [2015] UKSC 30 – that ruled that the test of vulnerability should no longer be in comparison to someone who is already actually homeless, but to the ordinary person facing homelessness. This ruling means that a larger number of single homeless people will now be considered priority need and owed the main homelessness duty. National government must ensure that local authorities are properly resourced to adequately house the increased number of people owed the main homelessness duty.

This judgment is a significant step forward in ensuring that single homeless people get the help and support they need. There will still be a significant proportion of single homeless people however, who do not qualify as priority need. For this group of people councils have to provide them with meaningful support and advice as a minimum. Our recent mystery shopping research into the experiences of single homeless people found that local authorities were frequently failing to meet this duty.[20] In 50 of the total 87 visits made to local authorities the support provided was inadequate or insufficient. This was despite the fact that the mystery shoppers were playing a number of extremely vulnerable characters including someone fleeing domestic violence and someone with learning difficulties. In a significant number of visits (29) mystery shoppers did not receive an assessment and were not given the opportunity to make a homelessness application. Many of the problems our mystery shoppers faced stem from the current legislation, which causes confusion and creates barriers to homeless people, often with complex needs, accessing help. The law is being used by some local authorities as a way of gatekeeping, with staff trying to prove people are not eligible for the main homelessness duty.

It is vital that, in addition to effective services for people with complex needs, the housing safety net is strengthened. The support given to single homeless people under the homelessness legislation must be comprehensively reviewed. Crisis is also calling on national government to: properly monitor the performance of local authorities by introducing an inspection regime to ensure that they are complying with the homelessness legislation; improve the collection of data around homelessness; and ensure that adequate funding is available to work with all homeless people.

It should also be noted that successful work with clients with complex needs is reliant on highly skilled staff and experienced services. Cuts to Supporting People programmes however, has resulted in cuts to wages and a reduction in staffing levels. A recent report from Homeless Link (Who's Supporting People Now, 2013), found that cuts to wages meant that good staff were leaving services and experience and judgement was being lost, leading to poor quality and safeguarding issues. To meet their funding targets, providers are reducing staff salaries and terms and conditions, with some now offering low wages to support workers.

Payment by results models of funding focus almost exclusively on intervention measures. The government should ensure that this does not divert resources from preventative services, such as Housing Options and Supporting People funding, which are vital in ensuring that homeless people do not develop complex and entrenched needs, which are ultimately more expensive to resolve in the long term.

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[20] Crisis (2014), Turned Away