



A literature review

Access to mainstream
public services for
homeless people

**A report for Crisis prepared by
the Centre for Economic & Social *Inclusion***

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Terminology

The following groups of services are referred to throughout this report:

Education services

Adult and community learning provision, further education (FE) colleges, Learn Direct, family learning, work based learning (provided by either FE colleges or work based learning providers funded by learning and skills council or European Social Fund), and voluntary sector education provision.

Employment services

Jobcentre Plus and private and voluntary providers of mainstream employment services.

Housing services

Housing advice, homelessness support services, temporary accommodation provision, Supporting People accommodation, women's refuges, local authority or registered social landlord provided housing.

Health services

Primary care (GPs, dentists, opticians, mental health services, alcohol and substance dependency services, NHS walk in centres and direct payments) and acute care (hospital services).

KEY FINDINGS

1.1 This report was commissioned by Crisis to consider both homeless people's access to public services, and how well public services perform for homeless people. The review considers literature relating to the following four groups of public services:

- Education and training
- Work and employment
- Health
- Housing

Education services

Evidence base

- Limited information is available on homeless people's participation in mainstream education and skills training
- Few government evaluations of education and skills provision mention homeless people
- The limited literature base, and low volume of data collected by services, mean that it is not possible to assess the extent to which homeless people are using mainstream education services, or if services are meeting homeless people's needs

Research findings

- Around half of homeless people have no qualifications
- There are significant minorities of homeless people who are well qualified
- Homeless people facing additional problems are more likely to have low skills
- Flexible service delivery models, continued support during and after learning and partnerships between voluntary and statutory providers are all likely to increase service effectiveness

Recommendations for policy

- Improved monitoring information is required to enable services to assess how well they are serving homeless people
- Quality provision needs to take account of the heterogeneity of the homeless population
- Closer collaboration between statutory and voluntary providers is needed to increase educational access for homeless people

- Further investment is needed to support homeless people throughout and after learning, and to support homeless people's ongoing progression in education

Employment services

Evidence base

- Limited research has been undertaken on issues relating to homelessness and employment
- Official sources are extremely limited. There are no publicly available monitoring statistics documenting the housing status of employment programme participants
- There are no national studies of homeless people's experiences of accessing employment services
- It is not therefore possible to determine which groups of homeless people are accessing employment services, or how effectively such services are meeting homeless people's needs

Research findings

- Most homeless people have experience of Jobcentre Plus and about a third have experience of New Deal. There is however no information on the impact and effectiveness of these services for homeless people
- People with problems with substance misuse, and those who have been homeless for long periods of time, are particularly unlikely to be engaged with employment services
- Several recent reports conclude that Jobcentre Plus are not providing services that are flexible enough to meet homeless people's varied and specific needs
- Key barriers to service access are:
 - Poor quality advice and guidance regarding appropriate services
 - Lack of adequate 'in work' benefit calculations (accurate information regarding the precise amounts by which homeless people would be better off in work than on benefits)
- The best services integrate areas including mental health, substance misuse and crime with employment support, are tailored to homeless people's pre-existing skills and experiences and are flexible in the types of provision that they can offer

Recommendations for policy

- Improved availability and analysis of monitoring information is required to determine whether homeless people are accessing employment services, and how effective they are for homeless people

- The next development of welfare to work policy should give specific consideration to how programmes can be adapted to better respond to homeless people's needs
- Consideration should be given to how the provision of advice and guidance regarding appropriate services, and of 'in work' benefit calculations can be improved
- Flexible, integrated services serve homeless people best. Further development of such models is likely to require closer integration between voluntary and mainstream service providers
- An overarching strategy for increasing homeless people's employment should be developed by Jobcentre Plus in collaboration with all the key players

Housing services

Evidence base

- A large proportion of the UK evidence base on homeless people's access to housing services was developed prior to a range of recent government initiatives
- ODPM publish regular statistics on homeless priority need acceptances, but not on rejections or on advice provided to those considered not to be in priority need
- There are no survey data of the specific nature of homeless people's unmet housing and advice needs, or on the extent to which they are being met
- There is a long history of work in this field. However housing agencies have seldom had the resources to evaluate their projects and there is little hard evidence available to share or disseminate good practice

Research findings

- Lone female parents are the largest group of people assessed to be in priority need
- Although the Rough Sleepers Initiative has increased access to direct facilities it is likely that some shortages in direct access beds remain
- There is a particular shortage of suitable accommodation for women
- The numbers of people in long term temporary accommodation are increasing
- Most hostels have a shortfall of move-on supply: around 45% of hostel bed spaces in England and Wales are occupied by people waiting to move on
- Homeless people also have an inadequate choice of move on accommodation
- Large scale supported accommodation services are unsuitable for homeless people. They can be more prone to housing management problems. They also have a more institutional atmosphere. The human scale of smaller projects is more conducive to effective, personalised support

- Continued support after re-housing, tolerant approaches to alcohol and substance misuse, and strong links between housing and specialist services are important to effective service delivery

Policy recommendations

- There is a need for more national research to draw together the wide-ranging impacts of new government initiatives upon housing provision for homeless people
- There is a need for more move on accommodation and for increased choice in the types of provision available
- Action needs to be taken to reduce the numbers of homeless people in temporary accommodation
- More support should be available for homeless people following re-housing
- Joint working between housing and other specialist services is key to ensuring more effective delivery
- Services need to consider how they can better address the needs of particular groups of homeless people including women, people from ethnic minorities and people with mental health problems

Health services

Evidence base

- The evidence base regarding the healthcare needs of rough sleepers and single homeless people in emergency accommodation is relatively well developed
- However, less is known about the needs of particular vulnerable groups of homeless people
- The evidence base on the effectiveness of health care interventions for homeless people in the UK is poor
- Data recording homeless people's patterns of service access is not routinely collected

Research findings

- The NHS bureaucracy, which is in part dependent on patients having a permanent address, can pose a barrier to homeless people's access to healthcare
- Homeless people experience difficulties registering with GPs. Most GPs believe that it is more difficult than average for a homeless person to register. There may also be some reluctance to register single homeless people because of assumed associated problems such as drug dependency

- Consequently, a substantial number of homeless people use hospital A&E departments as their primary care facility
- There is however some evidence that informal arrangements to help homeless people access mainstream services are not uncommon. Examples include GPs allowing homeless people to use their practice's address for the purposes of permanent registration, or the decision by an individual doctor to register and/or provide treatment for homeless people in a local hostel
- Development of appropriate discharge arrangements, outreach work and joint working between health, housing and social services would improve service delivery for homeless people

Policy recommendations

- More research is needed on the health needs of vulnerable homeless groups such as homeless young people, homeless families, homeless people from ethnic minority groups, gay, lesbian and transgender homeless people and women who are homeless.
- Current developments in primary care provide strong opportunities to improve GP access for homeless people
- Increased funding for substance misuse services and mental health services would considerably improve provision for homeless people.
- Improved support following discharge, flexible delivery models and improved staff training would also improve health services for homeless people

Cross cutting issues¹

Evidence base

- There is a small but significant literature base promoting the importance of increasing multi-agency working within the homeless sector
- There is also an important set of research that considers how mainstream services tackle the issue of substance misuse

Research findings

- A range of mainstream services fail to identify homeless people, as they do not have a duty to seek out vulnerable people, only to support those who present
- Bureaucracy and inflexible service boundaries can prevent homeless people from accessing services

¹ These are issues, identified from the literature that impact upon all four areas of service delivery discussed in this review.

- Recent reports by the National Audit Office and the Audit Commission highlight that more could be done to coordinate services for homeless people
- Multi-agency delivery models are likely to be more effective at achieving better outcomes for homeless people
- Homeless people with problems with substance abuse have particularly complex needs regarding service access, which should be considered separately from those of the general population of homeless people

Emerging themes

- **Multi-agency working:** Traditional service models can be inflexible to the varied needs of homeless people
- **Constraining administrative and bureaucratic systems:** Administrative barriers can discourage service use by homeless people
- **Low access to preventative services:** Within each policy area less attention has been given to how to enable homeless people to access mainstream forms of preventative provision
- **Information provision:** Across service areas limited information about the types of services available, the impacts that services may have and service eligibility criteria limit homeless people's service use. There is also a clear need for more support for homeless people to enable them to better understand service pathways, and to facilitate ongoing participation
- **Knowledge of substance misuse:** A poor knowledge of issues relating to substance misuse limits the effectiveness of mainstream services for a significant proportion of homeless people
- **Knowledge of homeless people's different needs:** The available evidence suggests a tendency within mainstream services to consider homeless people as an homogenous group
- **Flexibility:** Meeting the diverse needs of homeless people requires service flexibility and responsiveness
- **Quality of the evidence base:** Whilst a reasonable amount of information is available on each of the main services much of it is small scale. There is little by way of comprehensive or robust analysis. Monitoring data of homeless people's use of mainstream services is particularly poor
- **Strategic coordination:** There are few overarching strategies for improving homeless people's service use, and improving outcomes for homeless people

Overarching recommendations

- **Multi-agency working:** Closer collaboration is required between the voluntary and statutory sectors to enable homeless people to better access mainstream service provision. Pilots of service passports, or similar delivery

models, could improve knowledge about effective multi-agency working practice

- **Administrative and bureaucratic systems:** As with other equalities groups, the impacts of service delivery systems for homeless people's service access should be given greater consideration
- **Preventative services:** Increased efforts should be made to improve homeless people's access to preventative services, as well as to crisis support interventions
- **Information provision:** Investment should be made in signposting services, and in cross agency training, to improve homeless people's access to information about service opportunities and entitlements. There is a similar need for investment in advice and support services to facilitate homeless people's ongoing engagement with public service provision
- **Substance misuse:** Increased funding for substance misuse services would considerably improve public service provision for homeless people
- **Homeless people's different needs:** Policy developments should give specific consideration to how programmes can be adapted to better respond to homeless people's varied needs
- **Flexibility:** Flexible service delivery, and support to homeless people negotiating complex service pathways, should be improved
- **Quality of the evidence base:** A large scale or national survey should be undertaken to understand levels and variation in homeless people's support needs. Improved monitoring information on homeless people's use of public services is also required
- **Strategic coordination:** There are a number of existing local structures that could be developed to improve strategic coordination of public services for homeless people

2 INTRODUCTION

- 2.1 Homeless people are among the most disadvantaged and excluded in our society.
- 2.2 Working effectively with homeless people requires far more than housing services alone, important though these services clearly are. Without access to other mainstream public services homeless people are far less likely to engage with the wider community and are less able to effectively gain control of their lives.
- 2.3 This report was commissioned to:
- review and summarise existing evidence on the extent to which homeless people are able to access mainstream services
 - consider how well public services are performing for homeless people
 - highlight key findings and policy implications arising from the review
- 2.4 A key focus of various strands of current government policy is to encourage the engagement of the most disadvantaged and excluded people with mainstream public services. The timing of this review is therefore important. Current policy priorities provide important opportunities to improve public service delivery for homeless people:
- At a strategic level a commitment to working with the most disadvantaged people, including homeless people, is integral to the UK National Action Plan (NAP) on social inclusion
 - Recent work from the Social Exclusion Unit (SEU) has prioritised the importance of ensuring mainstream public services meet the needs of people facing the greatest disadvantage
 - A new national Skills Strategy is being developed, aiming to engage all those who do not possess entry-level qualifications with adult education
 - The next phase of welfare to work policy development will place a strong focus on engaging all unemployed people of working age including those on Incapacity Benefit
 - Recent developments within Primary Care mean that the sector is moving towards 'practiced based commissioning' whereby local GPs will lead on identifying which primary care services should be delivered in their communities
 - Housing and wider neighbourhood renewal strategies show a clear commitment to tackling homelessness more effectively. The Supporting People programme is specifically designed to enable homeless people to live independently
- 2.5 However, with the exception of Supporting People these initiatives make limited specific mention of homeless people or of how their needs could be better met

- 2.6 This review focussed upon four areas of service delivery of particular importance for homeless people:
- Education
 - Employment
 - Health
 - Housing
- 2.7 The review discusses each service area separately, followed by two general sections on cross cutting themes and the needs of particular groups of homeless people.
- 2.8 When selecting literature for inclusion in the review homeless people were defined as per the broad legal definition of homelessness for England and Wales (Housing Act 1996)² and Crisis's definition of 'hidden homeless'³ people. Literature published in the UK since 1997 was considered. Full information on the review inclusion criteria, and the search strategy, are provided in the Appendices.
- 2.9 The search and review processes, and the write up of this report, were completed over a six-week period. Although this is therefore not a systematic literature review, it is as comprehensive as possible in scope and detail as was possible within the time period.

² According to the law a person is homeless if there is no accommodation they are entitled to occupy. Entitlement includes having an interest in the accommodation, having an express or implied license to occupy or having some other enactment or rule of law giving the right to remain in occupation or restricting the right of another person to recover possession.

³ This includes people living in temporary accommodation, bed and breakfasts and hostels, people who are staying on friend's floors, people who are squatting and people who are sleeping rough.

3 EDUCATION SERVICES

Policy context

- 3.1 Various recent educational policy developments have implications for service delivery for homeless people:
- The Government Skills White Paper (DfES, 2005) has recently announced plans to further promote the acquisition of skills amongst benefit claimants. These include the trial of a new one to one skills coaching service for low-skilled benefit claimants in eight Jobcentre Plus districts from April 2005. This development will be combined with the introduction of skills passports outlining entitlement to training and related support, and recording progress in achieving relevant employment skills
 - The White Paper also included plans for the introduction of a learning option which, from 2006, will pay £10 a week on top of benefits to encourage take up an entitlement to free tuition (for example to obtain a Level II qualification)
 - In 2004 the National Employment Panel produced recommendations (NEP, 2004) for Jobcentre Plus and the LSC to work more closely in partnership at a local level, to ensure a more strategic and efficient approach to the provision of education and training to benefit claimants
- 3.2 Although these policies will impact upon the services that are available for homeless people they make very little specific mention of their needs.

Evidence base

- 3.1 There is a very small amount of published research and data concerning homeless people's experiences of education services.
- 3.2 Although there is a large volume of research on 'skills gaps and deficits' there has been no formal skills audit of homeless and ex-homeless people (Lownsborough 2005, p18).
- 3.3 Much of the literature is from small-scale voluntary sector evaluations. These reports do however contain findings that are of relevance to mainstream service provision.
- 3.4 Some of the research that has been identified is from Scotland. It has been included here as the findings are likely to have relevance for the rest of the UK.

Access to education services

- 3.5 Qualitative research has found that homeless people find it hard to access education services, and that this damages their employment prospects (for example SCSH 2002, p.5 and Singh, 2005).

- 3.6 Figures of homeless people's participation in education programmes are extremely limited, and are not routinely collected. For example, figures of use of Learn Direct by homeless people are unknown (Parsons and Palmer, 2004). A wide range of government-sponsored evaluations and strategies on skills and learning provision make no mention of the needs of homeless people (for example Bysshes and Parsons 1999, DfES 2003 and DWP 2003). Even where previous strategies have included homeless people, initiatives have often been limited to those who are statutorily homeless (Parsons and Palmer, 2004).
- 3.7 There are some limited data available on homeless people's participation in life skills programmes. The Crisis life skills model emphasises that life skills development work is not only about giving people skills they did not previously have, "but also aims to equip them with an awareness of their existing abilities, showing how these can be useful in the mainstream" (Lownsborough, 2005, p. 29). A review of life skills training for homeless people in Scotland (Jones et al. 2001) found that:
- 78% of projects working with homeless people provide some form of life skills training
 - Projects targeted solely at young people were more likely to provide life skills training (85%), followed by care leavers (86%) and ex-offenders (85%)
 - Those providing services to older adults were the least likely to offer life skills training

Skill levels amongst homeless people

- 3.8 The only available evidence on homeless people's skill levels and service needs comes from one-off local surveys, mainly conducted by voluntary sector homeless service providers.
- 3.9 The majority of this research points to low skill levels amongst a significant proportion of the homeless population. A recent survey of New Futures Fund clients (16-34 year-olds in Scotland who are facing disadvantage) found that 48.1% of homeless people had no qualifications at all. Similarly, a census of all families living in leased accommodation managed by East Thames housing association found that 'just over half' of all respondents had no education or training qualifications. 47% of respondents were in possession of some qualifications, 18% had A-levels and 9% had degree-level qualifications (Working Future 2005).
- 3.10 The Crisis Changing Lives programme provides financial awards to people who are homeless or settling into a home. Recent evaluation found that during the fifth round of grants 28% of award recipients had previously undertaken vocational/apprenticeship training, 11% had been to university, 36% had been to FE College and 2% were post-graduates. In Round 6, 25% of award recipients had

done vocational/apprenticeship training, 8% had been to university, 38% had been to FE College and 2% were post-graduates (Matthewman R, 2005b).

- 3.11 Whilst findings suggest that large numbers of homeless people have no qualifications (as the best available proxy for low skills), and that the skill levels of homeless people are lower than those of the general population they also demonstrates that a significant minority are likely to be well qualified.
- 3.12 Some groups of homeless people may be more likely than others to have low skills. In *'The Supporting People Baseline User Survey Report'* (ODPM, 2003) 11% of service users said that they had problems reading and/or writing English. This rose to around 20% for the socially excluded service users. Similar proportions of single homeless people (19%) and respondents from homeless families (17%) said that they experienced problems. 17% of women at risk of domestic violence, 25% of the 'mental health problems' user group and nearly half (45%) of those with a different first language said they had problems reading and writing English.
- 3.13 The research therefore suggests that homeless are as likely as people from other disadvantaged groups to experience problems with reading or writing, and that homeless people with additional needs, for example mental health problems or not having English as a first language, are more likely to have low skills.

Barriers to accessing education services

- 3.14 Research highlights a wide range of barriers that homeless people may face when trying to access education services. These include:
- A lack of secure accommodation
 - A lack of money
 - Low self-esteem
 - Chaotic lifestyles
 - Dependants
 - Drug and alcohol misuse
 - Mental health problems
 - A lack of adequate support
 - Benefit traps
 - A history of school exclusions
 - Negative experiences of formal education
- 3.15 Studies have also found that as a result even relatively flexible educational formats present 'formidable barriers' to homeless people's access (SCSH 2002, p.5).
- 3.16 The cost of entering education is also a strong prohibitive factor. The Crisis *'Homelessness Factfile'* (Warnes et al. 2003) highlights some of these costs, including fees, equipment and books.

- 3.17 The Foyer Federation suggests that as many as 10% of young people in foyers could go into further education 'but age related policies, which deny young people over the age of 19 the opportunity to study full time while claiming benefits, discriminate against homeless young people, who have often stepped or fallen off the education escalator in their early teens and take time to get back on' (The Foyer Federation 2001, p.2). The Foyer Federation also explains the difficulties faced by young homeless people trying to access higher education: as full time students they stop receiving housing benefits and therefore have to give up their supported accommodation, leaving them with nowhere to return to during the holidays and with no support.
- 3.18 Older homeless people could face similar difficulties, but as there is little research currently available on older homeless people's educational needs and access to education services this cannot presently be determined.
- 3.19 However, despite the clear challenges that many homeless people face in accessing further education, research shows that many express a wish to undertake further study, recognising the potential advantages that education can provide. A Scottish Council for Single Homeless (SCSH) report records the following as a 'typical expression' of such aspirations: 'I would be interested in going back to try to get a qualification at college – but nobody helps you with that' (Scottish Council for Single Homelessness (SCSH), 2002, p.5).

Performance of education services

- 3.20 No research or data have been identified on the performance of education services for homeless people, or for particular groups of homeless people. Current basic skills datasets do not record whether or not someone is homeless⁴.

Good practice in service delivery

Engaging with homeless people's existing interests

- 3.21 Research suggests that homeless people are frequently 'in the process of informally acquiring knowledge and skills that sometimes overlap with knowledge and skills taught in colleges' despite not being registered on formal courses (SCSH 2002, p.5). Services that engage with people's existing skills and interests are therefore more likely to engage homeless people effectively (Matthewman, R. 2005a and Crisis and Demos, 2004).

⁴ This is a particular issue for surveys that sample from postcode address files.

Flexible delivery models

3.22 The SCSH report also concludes that in order to seriously engage with homeless people a participatory learning programme must be 'entirely flexible' and that programmes should balance group activity and individual consultations. It further found that a 'mixture of appropriate incentives to stimulate and maintain interest' must be balanced with 'sufficient realism and openness about the shared responsibility to see the programme through' (SCSH 2002, p.32). Similar findings emerge from a study by Cameron et al. of a Rolling Shelter project (2003). The study found that teachers should not be afraid to 'change plans' if the situation demands it. It also draws attention to substance misuse issues, concluding that teachers must be 'sympathetic and not judgemental' about this common aspect of homeless people's lives (Cameron et al 2003, p.5).

Continued support throughout and after learning

3.23 Research suggests that continued support throughout course participation is important to ensuring homeless people's ongoing involvement (Jones et al. 2000, p.3). The study emphasises that it is also important to ensure that homeless people can contact providers for support after completing their courses.

3.24 Similarly, Lownsborough (2005) concludes that it is important that good quality life skills development work should 'not stop abruptly when a person leaves the centre at which they first accessed the project' (Lownsborough 2005, p. 36).

Partnership between the statutory and voluntary sectors

3.25 Research found that the success of the previously mentioned Rolling Shelter project was dependent upon 'strong partnership between educators and those who work directly with homeless people' (Cameron et al. 2003, Preface). The evaluation report provides lessons for both learning providers and homelessness agencies. It concludes that mainstream providers should recruit more actively in 'homelessness settings', also offering programmes in places where homeless people congregate. In addition it found that homeless agencies should 'actively promote' learning programmes and improve residents' access to learning opportunities.

3.26 The SCSH study identified the importance of teachers enabling clients to enter mainstream education provision whilst they are in shelter or hostel accommodation (SCSH 2002, p.35). The research found that support should be provided if learners find it difficult to access mainstream services, and that a 'strong framework for

advising and informing clients about their options' should be in place (SCSH 2002, p.35).

Financial support

3.27 In recognition of the financial barriers that homeless people face to progressing with learning, Crisis's Changing Lives programme supports homeless people to pay for course fees or equipment. Similarly The Foyer Federation and DfES offer hardship loans of £3150 for those who go onto higher education (Warnes et al. 2003, p.84). An evaluation of the Changing Lives programme showed that the organisations involved were broadly positive about the scheme (Mathewman, 2005a, p18). In 2003/4 91 educational grants were made, and 12 months later 62% of the beneficiaries had progressed into work or a work experience placement (Mathewman, 2005b, p18).

Strategic coordination

3.28 The Nottinghamshire Research Observatory observes however that 'there is currently no obvious overall government policy for addressing low education and skills among homeless people' (NRO 2005). Many problems with current provision appear to stem from this lack of strategic coordination.

Recommendations for policy

3.29 Improved monitoring information on homeless people's use of education services is required. The lack of research evidence and monitoring data on homeless people's needs is inhibiting the degree to which mainstream providers can plan to meet the homeless people's needs, or assess the extent to which they are supporting them effectively.

3.30 There is a clear need to improve understanding of the skill levels of different groups of homeless people, for example through a skills audit. The limited available evidence concentrates upon younger homeless people. The education and skill needs of older homeless people are even more poorly understood. Further research should therefore also be undertaken in this area.

3.31 Homeless people's skill levels are varied. Quality mainstream education service provision needs to take account of the heterogeneity of the homeless population. In some cases this will mean providing intensive ongoing support to enable people to re-enter education. On other occasions it will require advice and guidance on

how to access college or university provision. Consideration should be given to how this can best be provided.

- 3.32 Engaging homeless people in education services is likely to require providers to actively recruit participants from hostels, daycentres and other forms of predominantly voluntary sector provided support. Closer collaboration is therefore required between the voluntary and statutory sectors to enable homeless people to access mainstream education provision.
- 3.33 Further investment should be made in providing support for homeless people throughout and after learning, and in supporting homeless people's ongoing progression in education.
- 3.34 A national strategy should be developed, concentrating on how best to improve skill levels amongst homeless people.

4 EMPLOYMENT SERVICES

Policy context

4.1 Various recent developments in the welfare to work policy field have implications for service delivery for homeless people:

- The forthcoming Green Paper on welfare reform (which was due for publication in late October 2005 but has been delayed until 2006) is likely to include a commitment to widespread reform of Incapacity Benefit. All homeless people, whether claiming Jobseekers Allowance or Incapacity Benefit, will therefore be required to attend Jobcentre Plus for work focussed interviews
- Building on New Deal (BoND), the government's commitment to further develop New Deal (DWP, 2004), includes various commitments to increased service flexibility and intensive support for the most vulnerable service users, including homeless people. Although a number of prototype areas were announced in November 2004, delivery of the new approach in these areas has been delayed. There have been no announcements about when delivery will commence
- A Jobcentre Plus programme, progress2work LINKUP, has been designed to address the specific needs of homeless people and other disadvantaged groups. It is currently being piloted in a number of areas but no published information is currently available on its outcomes
- The ODPM has published guidance a policy briefing (ODPM, 2005e) highlighting that hostels should be 'centres of change' providing homeless people with opportunities to engage with employment and education services.

Evidence base

4.2 There has been 'relatively little research and information specifically on issues relating to homelessness and employment, education and training' (NRO 2005, p.63).

4.3 Official figures are extremely limited. Despite qualification for early entry onto New Deal⁵ no evaluation evidence of the impacts of any New Deal programmes for homeless people are currently available. In addition, no national data on the effectiveness of progress2work LINKUP has been published, and there is no timetable for publication.

⁵ Homeless people qualify for early entry onto New Deal programmes without a 6-month (NDYP) or 18-month (ND25+) wait.

- 4.4 Similarly, there are no national studies on homeless people's experiences of accessing services or of service effectiveness for homeless people.
- 4.5 A key source of information is therefore voluntary sector commissioned survey research, primarily a recent study undertaken by OSW (Off the Streets and Into Work). The datasets from which their statistics are derived are not however large enough to be of statistical significance, and do not include the experiences of homeless people who are not accessing voluntary sector services.
- 4.6 There is therefore a clear need to better understand the diverse needs of homeless people, and to improve the knowledge base on how their needs can be met.

Need for employment services

- 4.7 Research from St Mungo's (Hazzard and Whitford 2005), including a survey of 100 homeless people, suggests that employment levels amongst homeless people have significantly decreased in the past 20 years⁶ and that less than 5% of homeless people are currently in paid employment (Hazzard and Whitford 2005, p.3). A recent survey of Foyers found that 73% of scheme starters were unemployed (Maginn et al. 2000, p.1). Although this suggests slightly higher employment rates, they remain comparatively low.
- 4.8 An OSW survey of 300 homeless people found that 77% of respondents wanted to work at the time of interview, and 97% expressed a desire to work in the future (Singh 2005).
- 4.9 Large proportions of homeless people clearly therefore want to work, suggesting that there is evident potential for services to better support them towards employment.

Access to employment services

- 4.10 60% of homeless people interviewed for the OSW survey had some experience of Jobcentre Plus. Women, older people, White people and people with disabilities were less likely to have used Jobcentre Plus services:

Gender	Male	63%
	Female	49%
Race	Black	72%
	Asian	64%

⁶ Changes in the types of work available, the benefits system, the numbers of people who are homeless and increased competition in the labour market will all have impacted upon these trends. In addition, the methods by which the original survey data were collected have not been published. It cannot therefore be concluded that the quality of public services homeless people receive has significantly decreased over the last two decades.

	Mixed	61%
	White	52%
Age	Under 24	70%
	25-49	64%
	Over 50	55%
Benefits (In receipt of)	JSA	76%
	Income Support	50%
	Incapacity Allowance	40%
Disabilities	Without a disability	63%
	With a disability	47%
Mental Health	Without MH problems	62%
	With MH problems	54%

Table 1 Access to JobCentre Plus by subgroups (Singh 2005, Appendix 21)

- 4.11 Only 34% of interviewees in the OSW survey had participated in New Deal. More younger homeless people had had experience of New Deal, as had people with English as their first language and people without mental health problems or other disabilities.
- 4.12 Research commissioned by Centrepoin and Crisis, published in 1999, also suggests that New Deal is not serving homeless people effectively. It found the New Deal has 'bypassed those who are homeless' (Wylor 1999, p.1) as they have not benefited from New Deal provision in the same ways as other groups. Only 20% of the eligible homeless population were estimated to have entered the programme.
- 4.13 These statistics suggest that around half of all homeless people have had some experience of Jobcentre Plus and that an upper estimate of a third have some experience of the New Deal (although it cannot be assumed that they have completed the programme).
- 4.14 National data on New Deal participation and completion rates, and on numbers of JSA claimants by homelessness, is collected but it is not statistically analysed or publicly available. Occasionally data is released on the numbers of people gaining early entry to New Deal (which includes homeless people) but datasets also include many other groups such as ex-offenders, and cannot be disaggregated.

Barriers to accessing employment services

- 4.15 The available literature makes it clear that many homeless people face significant barriers to accessing employment services. These are a mix of personal and structural issues:
- Homeless people tend to move frequently, which complicates regular attendance at courses or training sessions. In particular, rough sleepers with no address can find it very hard to sustain employment (Warnes et al. 2003)

- Having to address benefit claim issues and housing issues on a regular basis means that it can be difficult for homeless people to prioritise participation in training or employment (Singh 2005)
- The same study also found that some hostel users do not want to access activities. This was found to be particularly true of older people, long term hostel residents and those with drug addictions (Jones and Pleace 2005, p.43)
- Many homeless people also have mental health or substance abuse issues, which make it very difficult for them to sustain an employment or training commitment (Warnes et al. 2003). Research has found that these people are less likely to be motivated to access training and employment services until they have started to deal with their addictions. A survey of government funded projects found that people 'could not respond to training unless they were settled in their accommodation or had alcohol or drug abuse under control' (Squirrell 2001, p.ii)
- Mental or physical health problems, low skills and qualifications, limited work experience and fear of not being any better off in work have also been identified as preventing some homeless people from entering employment (Hazzard and Whitford 2005)

4.16 Low awareness of such needs is likely to be a significant barrier to service access. The majority of voluntary sector staff surveyed by Jones and Pleace felt that the skills and knowledge of mainstream service providers were severely limited (Jones and Pleace 2005). When planning how best to engage with homeless people mainstream services should therefore consider the barriers that they face, and how to develop services tailored to the specific needs of different groups of homeless service users.

4.17 Research also discusses the 'soft' barriers⁷ that homeless people face, such as a lack of appropriate clothing and lack of access to a telephone or a computer. These issues can be significant in preventing homeless people from engaging with employment services. In the St Mungos' study 66% of respondents felt that not having money for clothes or work related equipment was a barrier, and 50% said that not having a current mailing address was a problem.

4.18 Identifying solutions to such practical issues could therefore significantly improve the quality of employment support available for homeless people. St Mungos offer homeless people a range of employment support services including support once they have started work, access to clothes for jobs and voicemail access (offering

⁷ 'Soft' barriers refer to attributes that are more difficult to identify or measure and may be considered to be more subjective, such as problem solving, communication, team working and confidence (Davies V. and Johnson C. 2001). They also include not having appropriate clothing to go to interviews, not being contactable by telephone and not having access to a computer to search for jobs or write applications (The Nottingham Research Observatory 2005).

homeless people a landline phone number and voicemail so that they can pick up messages from employers when they are looking for work) (Hazzard and Whitford 2005). No evaluation evidence of the scheme is however available.

- 4.19 Employer prejudice is an additional barrier. Jones and Pleace (2005) found that staff cited employer cooperation as a particular issue when supporting homeless people into work: 'employers said they wanted to help but they were wary of employing people who were or had been homeless' (Jones and Pleace 2005, p.38).

Performance of employment services

- 4.20 No national customer satisfaction surveys are available on the performance of employment services for homeless people. Voluntary sector led satisfaction data is therefore the main source of information.

- 4.21 The OSW survey cited above (Singh 2005) found that 42% of homeless people with experience of Jobcentre Plus found the service helpful. In comparison to general satisfaction surveys these results are low: the general *Jobcentre Plus national customer satisfaction survey 2003* found that 82% of respondents were very, or fairly, satisfied with the level of service provided (Sanderson 2003, p.iv). 43% of Jobcentre Plus staff, interviewed for the OSW survey, also thought a poor service was being delivered to homeless people.

- 4.22 Research concerned with homeless people's experiences of New Deal demonstrates similar trends. The OSW survey found that 'around six in ten' respondents with experience of New Deal did not consider that they had benefited from it. However, higher proportions of younger people (50% of those under 25 who had experience of New Deal) found that the programme had been helpful. Respondents gave a range of reasons for not finding the services useful. These included being offered unsuitable training courses, finding that the 'rules' applied under New Deal were unfair (e.g. losing benefits if you don't access training) and experiencing problems at the end of New Deal, particularly with opportunities leading to employment.

- 4.23 The 2005 St Mungos' survey (Hazzard and Whitford 2005) found that 66% of respondents felt that employment services and agencies were not willing to give them a chance whilst they were homeless, and that 50% said that they needed help and advice from mainstream employment services but that there wasn't anyone available to help them.

- 4.24 There is also no evidence to suggest that current provision is improving outcomes for homeless people. 96% of frontline homeless-sector staff surveyed by OSW said that they had seen evidence of a 'revolving doors' syndrome, 'in which clients move from one homeless service to another, or return to homeless services after achieving

employment, without making the transition into the mainstream' (Singh 2005, p.48).

Good practice in service delivery

4.25 The literature identifies a wide range of ways in which services could be improved for homeless people.

Flexible provision

4.26 The research discussed in this section shows that mainstream service models need to be flexible enough to take the realities of homeless people's lives into account. To some extent this principle is beginning to impact on provision, for example in the option of early entry onto New Deal that is now available for homeless people.

4.27 There are still areas where practice could be improved, for example by increasing the range of service options available under New Deal (such as is proposed in Building on New Deal (BoND) documentation (DWP, 2004)).

4.28 Services also need to consider that as homeless people tend to be more mobile they are also likely to use services in more than one area (Lownsborough 2005). Providers therefore need to consider how services can be accessed across local authority boundaries.

Timely service availability

4.29 The OSW survey indicated that most of those involved in training programmes said that they would have benefited from attending their first employment or training service at an earlier point. This suggests that better information about services, and clearer, better-resourced access routes, would be likely to improve provision for homeless people.

Appropriate information

4.30 Many homeless people believe they will be worse off in training or in work. The census of families in temporary accommodation carried out as part of the *Working Future* programme shows that over two thirds of those looking for a job believe that 'you couldn't receive Housing Benefit when in employment' (Working Futures 2005, p.4). Limited promotion of service amongst homeless people by the then Employment Service or the local New Deal partnerships has also been found to be a factor limiting New Deal take up (Wylter 1999). Jobcentre Plus staff (cited in Singh

2005, pp.57-60) felt that more specialist advice for homeless people, in the form of trained staff at JobCentre Plus, would improve provision. At present, there are fewer Jobcentre Plus initiatives for homeless people than for other disadvantaged groups, including ethnic minority and disabled Jobcentre Plus customers.

- 4.31 Confusion as a result of the complexity of the available benefits and other financial support, specifically better off in work entitlements, may therefore be preventing people from engaging with employment services.
- 4.32 Some research mentions mentoring as a particularly interesting means of enabling people to progress through service pathways. Lownsbrough (2005) suggests mentors could be 'near peers' with a 'shared starting point' and that a mentoring service 'organised by both the voluntary sector and organisations employing (or hoping to employ) homeless and ex-homeless people would 'provide the type of support that is so essential for people making their first critical steps back into employment' (Lownsbrough 2005, p.20).
- 4.33 However, having evaluated two pilot mentoring projects Squirrell (2001) found that mentoring was less effective (Squirrell, 2001). The projects were unsuccessful in moving people into purposeful activity. The problems for peer mentoring included problems recruiting mentees and the difficulties of using previously homeless people as mentors, especially in providing a stable and objective service.

Joined up working

- 4.34 Lownsbrough (2005) has criticised the 'mechanistic' approach whereby homeless people's various needs are treated separately by different agencies, pointing out that in a given week a homeless person may have 'contact with a job centre, probation officer, mental health services, drug treatment centres and their own hostel' (Lownsbrough 2005, p.9). Homeless people themselves are therefore expected to be the 'point of integration' of all these services. Lownsbrough argues many homeless people are not in a position to take on this role and that services should take more responsibility for providing a more unified approach.
- 4.35 The importance of joined up working as a means of meeting homeless people's needs is clear: 'trainers have to recognise that people have multiple needs and can fall back, services have to know where they can refer people if they have special problems' (Jones and Pleace 2005, p.37).
- 4.36 Research suggests that there are particular gaps in provision between homeless organisations and mainstream providers. For example, Synchronicity and ECOTEC (2000) conclude that there should be better contact between voluntary sector workers and Jobcentre Plus frontline staff. An evaluation of government-funded

projects also concluded that clients needed to overcome problems with their accommodation and with substance misuse before they could respond to training and vocational activities. The report stressed the importance of timing training interventions 'in concert with the resolution of health and housing issues' for them to have a chance for significant impact (Squirrell 2001, p.ii). Similarly, Jones and Pleace (2005) suggest that training programmes alone are not sufficient in preparing homeless people for employment, and that increased support and guidance are necessary accompaniments to ensure engagement.

- 4.37 Jones and Pleace (2005) also found that whilst the homeless sector worked well with their own clients they could improve their training and education provision. Similarly, they concluded that dedicated training and education services were good at what they did but were poor at delivering training and education to homeless people (Jones and Pleace 2005, p.33)⁸. Singh (2005) also found that many Jobcentre staff were aware of the need for improved joint working, feeling that services could be improved through better joint work with homeless organisations.
- 4.38 There is evidence of individual examples where this has worked well. Wyler (1999) suggests New Deal works 'especially well' when an experienced caseworker from a homelessness charity is able to provide 'parallel support and advocacy on a continuing basis' and Singh (2005) also quotes a user praising the programme because 'they have a 1-2-1 adviser who is working hard for me' (Singh 2005, p.57). As discussed above, research does however suggest that the majority of homeless people who have been on New Deal have had negative experiences.

Awareness of homeless people's diverse needs

- 4.39 Many existing programmes treat homeless people purely 'as homeless' (Singh 2005, p.18). Some services therefore offer jobs that are deemed suitable for a perceived homogenous group of 'homeless people'. This attitude does not take account of the fact that homeless people possess varied job skills and have clear preferences regarding the types of work they could do.
- 4.40 Ensuring availability of services appropriate to homeless people's needs is therefore key to effective delivery. This may imply differences in provision and approach, 'perhaps within the same project' (Squirrell 2001, p.38). Although more personalised strategies are time-consuming and require advanced planning, research notes that past projects have failed to reach their goals as they did not address the variation in homeless people's lives (Squirrell 2001, p.39).

⁸ This study included a literature review of services provided for homeless people and interviews with agencies supporting homeless people.

- 4.41 There may also be a tendency amongst providers to assume that some homeless people are not ready to use training or employment services. Evidence suggests that this is particularly true for people with substance abuse or mental health problems. However, although people with these problems may not be ready to benefit from exclusively job-focused training in many cases it is possible for clients to undergo treatment and continue to use other services. O'Connor (2001) reports the case of 'Mickey', who 'has been told by his adviser that he may have to come off New Deal until his health improves and he has received help with his heroin addiction. Although his adviser has said that she will still try to continue to work with him, he is 'gutted' that he is coming off the programme' (O'Connor 2001, p.56). Increased flexibility in programme delivery could have enabled the client to continue with training.
- 4.42 Other research also concludes that, accommodating 'second chances' and 'false starts' for people would be likely to improve homeless people's access to employment services (Fitzpatrick et al. 2000).

Staff skills and knowledge

- 4.43 An additional barrier to service access may be the lack of key workers with the appropriate knowledge base to signpost homeless people onto employment services (Singh 2005). A survey of resettlement workers from four London winter shelters involved with young rough sleepers found that only one worker out of eight interviewed knew that the young people were eligible for early entry to the New Deal for Young People (NDYP). None of the young rough sleepers reported having received information about NYDP from resettlement workers (Synchronicity and ECOTEC 2000). The research concluded that in order to provide better information about available services, resettlement workers and others should be better trained. Similarly, Jones and Pleace (2005) found that few voluntary agencies included in their study were focussed upon enabling homeless people to access employment.

Funding requirements

- 4.44 The majority of staff interviewed by OSW thought that the requirements of funding restricted their ability to provide a 'truly client-centred' approach. In particular, the over-emphasis on 'hard outcomes' (e.g. number of hours per week per job outcome) was criticised, since staff found it impossible to quantify activity in such a way whilst effectively supporting all clients (Singh 2005). Some Jobcentre Plus staff also felt that services were 'employment-orientated, without respect for an individual's situation' (Singh 2005, pp.57-60).

Appropriate services

4.45 Jones and Pleace (2005) found that in some cases there are many gaps in provision between very informal activities and very structured training. Their research emphasises the importance of informal sessions as routes into more structured activities. For example, in some areas informal sessions are used to help homeless people to access more formal pre-employment schemes (Jones and Pleace 2005). They also found that voluntary work can be beneficial as a means to prepare service users to access employment, especially when placements are within their own projects, which provide a 'safe, familiar and supported environment' (Jones and Pleace 2005, p.37).

Strategic coordination

4.46 There is currently no national strategy for improving employment rates amongst homeless people. Many problems with current provision appear are likely to result from this lack of overall coordination or commitment.

Recommendations for policy

4.47 Improved availability and analysis of monitoring information is required to enable services to determine the extent to which homeless people are accessing employment services, and to determine how effective these services are for homeless service users.

4.48 Several recent reports conclude that New Deal and Jobcentre Plus are not providing services that are flexible enough to meet homeless people's varied and specific needs. The next development of welfare to work policy should give specific consideration to how programmes can be adapted to better support homeless people. This should include consideration of how practical barriers, such as lack of clothing and access to a telephone, can be addressed nationally.

4.49 Poor quality advice and guidance regarding appropriate services, and a lack of adequate 'in work' benefit calculations (accurate information regarding the precise amounts by which homeless people would be better off in work than on benefits) are limiting homeless people's use of employment services. Consideration should be given to how these services can be improved. This could include increased funding for employment support services within the voluntary sector.

4.50 The existing research suggests that the best services integrate areas such as mental health, substance misuse and crime with employment support, tailor provision to homeless people's pre-existing skills and experiences and are flexible in the types of

provision that they can offer. This is likely to require closer integration between voluntary and mainstream service providers. Funding regimes that allow flexibility to homeless people's different needs should also be further developed.

- 4.51 There is no overall government strategy for increasing homeless people's employment. The strategic coordination that such a commitment would provide could significantly improve employment services for homeless people.

5 HOUSING SERVICES

Policy context

- 5.1 Various recent housing policy developments have specific implications for service delivery for homeless people:
- The Supporting People programme became operational in 2003, drawing together nine different funding streams, including transitional housing benefit. It provides services to support vulnerable people to live independently in their own accommodation, and has led to a substantial increase in the national availability of housing support
 - The set up of the Rough Sleepers Unit, and the consequent Government's Rough Sleepers Initiative (RSI) has led to substantial reductions in the numbers of people sleeping rough. This has included set up of the Clearing House, a central government funded and voluntary sector run initiative, which directs rough sleepers to earmarked accommodation
 - ODPM targets to reduce the numbers of families staying in bed and breakfast accommodation for more than 6 weeks are generally considered to have been successfully met. However, the numbers of households staying in temporary accommodation for more than 2 years are now increasing
 - ODPM have recently announced £90 million of investment to improve conditions in hostels
 - Recent research (ODPM 2005a, p.30) cites the government's intention to develop a good practice toolkit looking at, amongst other areas, homeless people's access to support services

Evidence base

- 5.2 Recent policy developments have not been accompanied by similar quantities of new research. A large proportion of the UK evidence base therefore documents the situation prior to recent initiatives.
- 5.3 ODPM publish regular statistics on homelessness acceptances. They release annual and quarterly returns on the decisions taken by local authorities on whether applicants are in priority need. Less information is collected and published for those who are not considered to be in priority need, and for people whose claims are rejected.
- 5.4 Although many housing services are targeted specifically at homeless people, the lack of survey data on the needs of the general homeless population mean that the extent to which need for specific types of services is being met cannot be determined.

- 5.5 Very limited information is available on homeless people's access to preventative support services such as housing advice provision.

Temporary accommodation

- 5.6 ODPM do not publish direct information on the number of homeless people not accepted as statutorily homeless (and therefore legally entitled to accommodation) by local authorities. Although they produce quarterly statistical releases which detail the number of applications and the decisions made, these data are not broken down by single or family applications.
- 5.7 There are data on the numbers of people accepted as being in priority need by single or family status, but not on those rejected. These data show that fewer single homeless people (47550, 34.6%) were accepted as priority need than homeless families (89680, 65.4%) in England during 2003/2004 (ODPM, 2005d).
- 5.8 Nationally, lone female parents are the largest priority need group, followed by men and women submitting single homeless applications (ODPM, 2005d).
- 5.9 New data from ODPM quarterly statistics show that the proportion of people staying for two or more years in temporary accommodation is increasing: 'in the second quarter of 2005, more than 29% of households in London had previously spent two or more years in temporary accommodation or homeless at home, three times as high as the same period in 2000' (ODPM, 2005c, p6).
- 5.10 Although the number of families in B&B has been substantially reduced, many homeless people therefore remain in unstable temporary accommodation for extended periods of time. In the March quarter of 1997 the average length of stay for homeless households prior to leaving temporary accommodation in England was around 100 days, the equivalent figure for 2004 was around 270 days (Homeless Link 2005, p.2).
- 5.11 There is also a particular shortage of direct access hostel accommodation. A 1999 evaluation of the Rough Sleepers Initiative (RSI) found that three quarters of rough sleepers would take a hostel bed if offered one that night. The survey found that there was a 'shortage of direct access beds in most areas' and that those available are thus 'nearly always full' (Randall and Brown, 1999, p.3). In some other areas there were beds available, but they were unsuitable because of poor quality, or because of 'restrictions on access to them for people sleeping rough' (Randall and Brown, 1999, p3).
- 5.12 Since then there has not been any further national evaluation. However, it does appear that the RSI has increased the number of direct access facilities: recent

Scottish research found that the early grants under RSI were often for capital projects and these were very often for direct access, hostel or supported accommodation of various kinds. This capital investment in direct access accommodation was found to reflect not only the inappropriate nature of some of the emergency accommodation available in the large cities in Scotland, but also its absence in many other parts of the country. Some areas were found to have had no direct access prior to RSI funds being made available to develop such facilities (Fitzpatrick et al, 2005, p49).

- 5.13 Research suggests that homeless women may have particularly limited accommodation options. A study published in 2000, considering the experiences of homeless women in Central London, reported that 'services agreed that their support work was hindered by the lack of suitable accommodation or services targeted at meeting women's needs' (Croft-White and Parry-Cooke 2000, p.1). It has also been noted that most hostel accommodation provides few services for families and has very limited childcare provision (Cramer and Carter 2002).

Move on accommodation

- 5.14 Recent research shows a clear shortage of suitable move-on accommodation for people in hostels, finding that 45% of hostel bed spaces across England and Wales are occupied by people waiting to move on (Homeless Link 2005). The median wait for move-on accommodation is six months to a year.
- 5.15 A 2003 survey of London hostels found that there is a 'particularly high need for independent (low or no support) permanent accommodation' (Watkins 2003, p.2). 86.1% of hostels included in the survey reported an 'insufficient number of places available' as a problem to finding move-on accommodation (Watkins 2003, p.7). In Homeless Link's recent study, three fifths of people waiting to move on were found to be 'waiting for accommodation with little or no support' (Homeless Link 2005, p.1).
- 5.16 Watkins (2003) also points out that since hostels can only accommodate a limited number of people, demand is curtailed by people taking up hostel space whilst they wait to move on. The shortfall between supply and demand of move-on accommodation is therefore likely to be greater than presently estimated

Performance of housing services

- 5.17 Strong evidence on the effectiveness of services is scant. Maginn et al. (2002) report that, when approached, many housing schemes 'had difficulty in providing information on client participation and achievements which made it impossible to come to definitive judgements on their effectiveness' (2000, p.2). In addition, no

evidence on the effectiveness of any housing advice services for homeless people has been found. The following section therefore discusses the limited evidence on the performance of temporary and permanent accommodation services.

Performance for vulnerable groups

- 5.18 There is some evidence that particular groups of homeless people face disadvantage when accessing housing services. Jones (1999) found that homeless women may avoid accessing services dominated by homeless men for fear of being attacked or assaulted (Jones 1999). Evidence also suggests that women are less likely to use mixed accommodation, or to feel that it is appropriate to their needs, due to risks of sexual or financial exploitation (Croft-White and Parry-Cooke 2000, Jones 1999 and Crane and Warnes 2000).
- 5.19 Other research has however suggested that women may sometimes receive preferential treatment, for example being more likely to receive B&B accommodation than men who are also classified as being in priority need (Cramer and Carter 2002).
- 5.20 Homeless people from ethnic minority backgrounds may avoid services dominated by white homeless people (Crane and Warnes 2000). Research also suggests that although many homeless people need support with language skills services sometimes neglect this issue. This may be particularly true for asylum seekers. A 1998 survey of the West London YMCA Foyer found that 'asylum seekers without English language skills are in danger of being 'bypassed' by services in the Foyer, due to a lack of translation/interpretation facilities in house' (Worley and Smith 2001, p.69).
- 5.21 Homeless people with mental health problems may also find it harder to access accommodation services (Crane and Warnes 2000).
- 5.22 There is therefore a wide range of specific accommodation requirements within the homeless population. Although the existing research does not allow us to determine the extent to which different requirements are met it is likely that some groups are better served than others.

Choice in move on accommodation

- 5.23 Research suggests that homeless people are provided with a limited choice of move on accommodation. Many young homeless people feel they are given 'no choice' in where they will be re-housed. Many describe being placed in a 'take it or leave it' situation with regard to their resettlement. One survey respondent commented that the housing officer *'said there is only one place you can move to and that's Stanwell*

... I hate that area ... they told me it's my last offer! If I turned it down, they say I'll be back on the streets again!' (Survey respondent quoted in Worley and Smith 2001, p.59). The Homelessness Task Force reports the same issue in Scotland: 'It is not uncommon for housing applicants on the local authority mainstream waiting list to receive more than one offer of accommodation, while homeless people who are entitled to permanent accommodation under the homelessness legislation receive only one' (HTF 2002, p.47).

- 5.24 Such allocation policies, offering homeless people 'bad' areas, can result in unsuitable tenancies that fail to provide routes out of homelessness. This can also mean that homeless people are more likely to reject their offered accommodation, resulting in local authorities changing their classifications to 'intentionally homeless' and absolving themselves of any statutory duty to re-house them.
- 5.25 This problem may be particularly acute for those *not* classified as 'extremely vulnerable' under the Rough Sleepers Initiative. Those within the remit of the RSI have 'priority for housing', and 'full consideration is given to the area and type of housing' they require. Homeless people with lower support needs are not treated in the same way. Many of the latter group were 'resentful of what they saw as preferential treatment and 'reward' for young people covered by the RSI' (Worley and Smith 2001, p.59).

Support after re-housing

- 5.26 Worley and Smith (2001) demonstrate the importance of continued support after re-housing. 'Nearly all' of the 40 young people interviewed as part of the YMCA Foyer survey 'felt that some form of contact after they left would have been useful. Young women in particular stressed the need for such a service. Need 'cut across support needs, and therefore applies to those with low, medium and high support needs' (Worley and Smith 2001, p.70).
- 5.27 Maginn et al., report that 'securing adequate revenue funding for activities other than housing' can however be a problem for many schemes (Maginn et al. 2000, p.1). Although Supporting People funding now covers floating and residential support no research has been identified to demonstrate the extent to which this has meant that homeless people's needs are being fully met.

Good practice in service delivery

Choice in move on accommodation

- 5.28 The HFT recommend that 'offers of accommodation need to be reasonable and suitable if tenancies are to be accepted and sustained' and that 'the number and quality of accommodation offers to homeless applicants' should be monitored (HTF

2002, p.47). They further maintain that homeless people 'should be located in a community in which they feel comfortable' where they are 'likely to be integrated fully into community life' and that 'wherever possible ... [they should] have the opportunity to live near friends and family to maintain contact with them' (HTF 2002, p.89). The 1999 evaluation of the RSI goes even further in stating that 'a choice of area is at least as important as the quality of accommodation' (ODPM 1999a, p.3).

Small scale hostel and temporary accommodation provision

- 5.29 The Homelessness Task Force's report to the Scottish Executive emphasises the 'unsuitability of large-scale hostels'. The research concludes that these should be replaced with 'alternative provision human in scale and humane in approach' (HTF 2002, p.88).
- 5.30 Some research on foyer provision also makes this point, emphasising that while the idea of complete, holistic provision is positive, the fact that this can turn some foyers into 'substantially larger' locations (three-fifths have 21 or more bedspaces) impacts upon their effectiveness, making them 'more prone to housing management problems including violent behaviour, vandalism and drug use' because of their size (Maginn et al. 2000, p.3).

Links between housing and specialist services

- 5.31 Research highlights that support must deal both with 'housing-related issues such as housing benefit backlog, council tax, rent arrears, anti-social neighbours, etc.' and 'non-housing needs such as employment, mental health needs and substance misuse' (Worley and Smith 2001, p.74). The HTF make the same point in their report to the Scottish Executive, finding that helping homeless people 'identify and pursue their own solutions' is the only way that reintegration programmes can be 'meaningful and effective'. Similarly, the evaluation of Shelter's Homeless to Home project found that providing an effective service often meant developing strong links with specialist services and agencies, as well as with voluntary sector projects (Jones et al. 2002, p.74).

Accessible Information and outreach

- 5.32 Improving the availability of information about housing services is another area where research suggests practice could be improved. Paragraph 3.7 of the Scottish code of practice suggests organisations and authorities should make a greater effort to display adverts for services where homeless people will see them (Yanetta and Third, 1999). Examples demonstrate a range of ways in which the information needs of different groups of homeless people have been met. These include 24-hour

emergency officers who provide advice on service access (Yanetta and Third 1999, p.8).

Flexibility

5.33 Flexibility in service delivery models is important. For example, an evaluation of Shelter's Homeless to Home project attributed much of its 'considerable success' to the 'highly flexible' service provided: 'families could present project workers with anything from a need for saucepans through to requiring help dealing with a violent ex-partner and expect a response'. This kind of holistic service is necessary due to 'the diverse needs and experiences of homeless families' and 'the often complex and varied nature of their needs' (Jones et al. 2002, p.73).

Recommendations for policy

5.34 There is a need for significantly improved publicly available data collection and monitoring on local authority decision-making processes regarding the acceptance and rejection of priority need applications.

5.35 Similarly, very limited information is available on homeless people's access to preventative support services such as housing advice provision. This is particularly important, as those classed as not being in priority need are owed a duty to housing advice by local authorities. It has not however been possible to identify any publicly available monitoring data on whether this is received or on how effective it is. Further research should be undertaken in this area.

5.36 There is a need for more national research to draw together the wide-ranging impacts of new government initiatives upon housing provision for homeless people.

5.37 There is a need for more move on accommodation for homeless people and for increased choice in the types of provision available. More support also needs to be available for homeless people following re-housing.

5.38 The numbers of homeless people in temporary accommodation need to be reduced. Most homeless people should be considered to have the 'potential to sustain long-term housing, providing the necessary supports are in place' (HTF 2002, p.86). To reduce 'the risk of repeat homelessness the number of moves from interim accommodation should be as few as necessary'. (HTF, 2002, p. 87).

5.39 Proposed legislative change in Scotland has questioned the utility and equity of the priority need distinction. In its final report the Scottish Homelessness Task Force recommended that in Scotland the rights possessed by those assessed as being in priority need under the 1987 Act should be extended to all those assessed as homeless, and that the priority need distinction should therefore be eliminated. This recommendation aims to ensure that the rights possessed by those defined as being

in priority need are available to all homeless people. Powers to take forward this recommendation were taken in the 2003 Act and a target date of 2012 for priority need abolition has been set. Interim measures are likely to be introduced before then to widen the category of priority need (Scottish Executive, 2005). ODPM should consider the benefits of taking similar action in England and Wales.

- 5.40 Services need to consider how they can better address the needs of particular groups of homeless people including women, people from ethnic minorities and people with mental health problems.
- 5.41 Joint working between housing and other specialist services is key to ensuring more effective delivery. Housing services are central means for enabling engagement of homeless people with other types of support, for example around education or employment.

6 HEALTH SERVICES

Policy context

6.1 Various recent health policy developments have implications for service delivery for homeless people:

- Key developments in the Department of Health's required 'direction of travel'⁹ for the next few years include several developments which have the potential to improve the availability of specialised services for homeless people:
 - A roll out of 'Practice-based Commissioning', whereby GP practices (or groups of practices) will take a lead on identifying which primary care services need to be delivered to their communities
 - A requirement that all primary care services currently delivered by PCTs (from specialist services through to mainstream, health visiting and district nursing) should be made contestable i.e. open for delivery by other providers from the independent sector, Acute Trusts (Foundation Hospitals) and the not-for-profit sector
- A national consultation 'Your health, Your care, Your say' is currently running, aimed at developing more effective ways of delivering community services in a way that keeps people out of hospital but also, for example, reduces GP strain e.g. increasing use of pharmacists. This will feed into the 'Out of Hospital' White Paper due out towards the end of 2005
- The development of Primary Medical Services (PMS) as part of the government's modernisation programme for the NHS has meant an increase in dedicated health services for homeless people (Quilgars and Pleace 2003). These include:
 - Modifications to existing NHS provision to provide better for homeless people, including for example training for GPs and reception staff and specified link workers in A&E departments
 - Specific primary care services for homeless people, either fixed or outreach
 - Specialist services such as mental health teams for homeless people, especially in urban areas
 - Health promotion services
- Provision does however vary by area. A 2000 audit found that '78% of health authorities in London reported specialised primary care provision, with all areas of high concentration outside London having specialised services. However, only 44% of health authorities with lower concentrations of rough sleepers had provision for them' (Griffiths, 2002, p9).

⁹ As set out in a letter (28 July 2005) and accompanying paper from NHS Chief Executive Sir Nigel Crisp to all Chairs and Chief Executives of Strategic Health Authorities and PCTs.

Evidence base

- 6.2 Quilgars and Pleace (2003) have recently undertaken a systematic review of the literature relating to homeless people's access to healthcare services. It assesses the quality and quantity of research on UK health provision for homeless people across a wide range of delivery areas. The scope and quality of this review made it the most comprehensive of all documents identified during our search. We have therefore drawn heavily upon their findings in this review.
- 6.3 The systematic review undertaken by Quilgars and Please (2003) found that compared to other service areas, the evidence base regarding access to healthcare among rough sleepers and single homeless people in emergency accommodation is relatively well developed. They conclude that health status and access to health services among people sleeping rough and people in emergency accommodation may now be an over researched area. Fitzpatrick al (2000) also conclude that there 'is great deal of information available on the health of single homeless people' (p.36).
- 6.4 However, Quilgars and Please (2003) also found that 'not enough is known about homeless families, homeless young people, the differences between the needs of the two genders, homeless people with a Black or minority ethnic background and lesbian, gay, bisexual and transgender homeless people' (Quilgars and Pleace 2003, p.58).
- 6.5 The authors assess the evidence base on the effectiveness of health care interventions for homeless people in the UK as poor. Similarly, our search identified limited research on service impacts.
- 6.6 Evidence suggests that service monitoring systems that could further develop this knowledge base are also limited. For example, Warnes et al. (2003) claim that use of NHS Direct and of NHS walk-in centres by homeless people is not reported. The National Audit Office's evaluation of *NHS Direct* in England also found that data recording homeless people's patterns of service access is not routinely collected, despite such information being available for other vulnerable groups (reported in Warnes et al. 2003, p.113).

Access to health services

- 6.7 Homeless people's access to health services is poor. Despite recent investment, research indicates an 'ongoing problem of poor health status and poor access to healthcare among people sleeping rough and lone homeless people living in emergency accommodation' in both England and Scotland (Quilgars and Pleace 2003, p.18).

- 6.8 The National Tracker Survey 2001/2 reports that of the 56 Primary Care Trusts with PMS pilots 13% reported major problems and 57% minor problems of service access for homeless people (reported in Warnes et al. 2003, p.118). Of those that reported a problem (i.e. low levels of access) one half had no plans to take action to rectify the situation. The survey did not however ask whether or not the PCTs had services which specifically targeted homeless people.
- 6.9 The *'Supporting People Baseline User Survey Report'* (ODPM, 2005b) highlighted the differences in the levels of help received by single homeless people and homeless families. Higher percentages single homeless people reported receiving help from services than homeless families (although single homeless were less likely to receive other types of help than other excluded groups). The percentage of single homeless people accessing regular health checks through Supporting People services was 71% whereas only 44% of homeless families reported receiving this help. However the percentages of single homeless people reporting types of negative life experiences, such as mental health problems (64%) and short stay hotels or street life (50%), was only slightly higher than that of homeless families (57% and 40% respectively). It therefore appears that homeless families may be receiving less help than single homeless people although they have similar patterns of problems and risk factors.

GP registration

- 6.10 GP registration is low amongst homeless people. A study of homeless people in Aberdeen found that only 71% were permanently registered with a GP, while 19% were temporarily registered, and 10% were not registered (Love, 2002). English studies report similar results. For example, a 1997 study of 117 GP practices in Bristol found that only 27% were prepared to permanently register a homeless person, one third would offer temporary registration and almost one quarter would only offer emergency treatment (Wood, 1997). A survey of 100 'hidden homeless'¹⁰ people undertaken by Crisis found that members of this group are also less likely to be registered with a GP. Survey respondents were nearly 40 times more likely not to be registered with a GP than the general population. They were also nearly three times more likely to have no contact with a GP over the last year and four times more likely to turn to A&E when they could not access a GP (Crisis 2002a, pp.1-8).
- 6.11 Survey findings from Crisis identify that GP attitudes may be a strong factor influencing low registrations. 52% of GPs surveyed believed that all or most GPs in Britain would be reluctant to register homeless people, compared to 38% who

¹⁰ This includes people living in temporary accommodation, bed and breakfasts and hostels, people who are staying on friend's floors, people who are squatting and people who are sleeping rough.

believed that all or most GPs would be reluctant to register asylum seekers and 5% who believed that all or most GPs would be reluctant to register people over 70 (Crisis, 2002, p.2). 59% of GPs in the survey had no homeless people registered at their surgery¹¹ (Crisis, 2002b, p.3).

Other primary care services

- 6.12 There is inadequate access to substance misuse services amongst homeless people. There are few available services, and the consequent long waits are particularly problematic as rapid referral is important for success (Warnes et al, 2003, p120).
- 6.13 Homeless people's access to mental health services is also limited (Warnes et al. 2003, pp.120-2). The situation is especially difficult for people who have a 'dual diagnosis' of substance misuse and mental health problems. According to Warnes, these people 'face special difficulties in accessing mental health and substance abuse services, as commonly they fall between the specialist services' (Warnes et al. 2003, pp.120-1). The Audit Commission has also found that many mental health services only accept drug-free clients for diagnosis (Audit Commission, 2003).
- 6.14 Access to regular cervical smear tests, contraception and contraceptive advice, and obstetric treatment are 'often assumed to be poor for homeless women' (Quilgars and Pleace 2003, p.27). There has however been less research in this area than in other areas of healthcare, so it is not possible to determine how accessible services are.
- 6.15 No data have been found on homeless people's access to dental services. However, despite widespread agreement that Community Dental Service (CDS) clinics that should provide care to homeless people (as stated in a response to a parliamentary question in 1998 by the Health Secretary, Alan Milburn), their provision seems to be very limited. A 1999 survey of CDS managers found that only 1% gave 'care to the homeless' as their secondary clinical interest (BDA 2003, p.28).

Accident and Emergency services

- 6.16 Low levels of GP registration amongst homeless people may mean that they are more likely to use Accident and Emergency departments as substitutes for primary care (Pleace et al. 1999, p.40). A 1996 survey of homeless people using an A&E department showed that only 23.7% of patients gave details of their GP, while the

¹¹ The Crisis *Perceptions of GP services: Survey of GPs* results were based on interviews with 104 General Practitioners from 22 sampling points across England, Scotland and Wales.

remainder were either not registered or did not know their registration status. 52.6% of patients questioned said they preferred being seen in the A&E department when ill, with 23.7% preferring GP treatment and 10.5% attending community homeless clinics (Little and Watson 1996). A survey of projects for rough sleepers and single homeless people in England also found that 30% of projects reported that their clients made more use of A&E than of GPs (Pleace et al. 1999, p.11).

Access amongst particular groups of homeless people

- 6.17 Quilgars and Pleace report that 'there is evidence of particularly poor access to the NHS among rough sleepers, as RSI-funded projects in West Dumbartonshire found that of 121 users, only 34 reported that they were registered with a GP and only 29 actually used the GP with whom they were registered during 2000/1' (Quilgars and Pleace 2003, p.18). A study of five night shelters in small towns across England also found that '70% of people who had not slept rough in the last year' were registered, compared to 44% of those 'who had spent three or more months of the last year sleeping rough' (Quilgars and Pleace 2003, p.19).
- 6.18 People who have been homeless for longer periods may also be less likely to be registered with a GP. A study of five night-shelters reported in Warnes et al. (2003) discovered that 'the likelihood of being registered [with a GP] reduced with the duration of homelessness' (Warnes et al. 2003, p.117).
- 6.19 Homeless women are more likely to access health care services than homeless men (Quilgars and Pleace 2003, p.27). However, many homeless families are composed of single women with their child(ren), who became homeless escaping domestic violence. In these cases it is common for the families to have 'moved away from their home area and the GP practice with which they were registered' (Quilgars and Pleace 2003, p.28), which may lead to problems with continuity of care during the re-registration process.
- 6.20 Young homeless people appear particularly unlikely to access healthcare services. Half of the homeless people aged 16-25 in a Glasgow study reported one or more physical or mental problems. However, only 28% of respondents said they would go to a GP with a health problem and 43% said they would only seek medical advice in emergencies. Just over half were registered with a local GP. The barriers to registration included 'difficulties in dealing with NHS administration, sometimes linked to literacy, and attitudinal barriers from receptionists and sometimes from medical professionals' (Quilgars and Pleace 2003, p.30).
- 6.21 Relative to other sub groups of homeless people, little is known about service access for groups including ethnic minorities and lesbian, gay and transgender homeless

people. It is not therefore possible to comment on health service access patterns amongst these groups of homeless people.

Barriers to accessing health services

- 6.22 Some homeless people cannot access the NHS because the system 'operates largely on the basis that the people using it will have a permanent address' (Quilgars and Pleace 2003, p.22). Although it is not vital to have an address in order to register permanently with a GP, some surgeries may mistakenly refuse registration to homeless people on that basis (Quilgars and Pleace 2003 p.23 and Crisis 2002a, p.8). A 1999 survey of GPs found that some GPs may use the common misunderstanding that a permanent address is needed as an excuse not to register homeless people at their practices (Pleace et al. 1999, p.31).
- 6.23 Assumptions regarding homeless people's drug and alcohol abuse problems can make it hard for them to register with health services. Studies have found a reluctance amongst GP practices to register lone homeless people because of assumed drug dependency (Quilgars and Pleace 2003, p.26). Some GPs are also reluctant to register rough sleepers or prescribe them certain drugs, because of concerns that their surgeries would become targets for other drug users (Pleace et al. 1999, p.32).
- 6.24 Some rough sleepers have reported feeling discriminated against 'because they were homeless' when trying to access health services (Fitzpatrick et al. 2000, p.32). Evidence shows that the more someone resembles the popular conception of a rough sleeper, the more difficulty they encounter in accessing a GP (Pleace et al. 1999, p.45). The Royal College of General Practitioners warns that in order to work better with homeless people GPs must recognise 'the extent and pervasive nature of negative stereotyping' as an 'important barrier' to good quality primary care (RCGP 2002, p.4). Some researchers also argue that 'negative popular images of homelessness undermine self-confidence and esteem to a point where lone homeless people become reluctant to use healthcare because they have experienced a hostile reception or been refused services in the past' (Quilgars and Pleace, 2003, p24).
- 6.25 In some cases dependency may also make it difficult for users to engage with services as drug use can cause confused or chaotic behaviour. People with serious addictions may also lose focus on other issues and thus disregard healthcare, even when the addiction itself may be worsening their health (Quilgars and Pleace 2003, p.26).
- 6.26 Other factors in homeless people's lives, as discussed earlier in this review, can also cause barriers to accessing mainstream services. Issues such as mental health or literacy problems or chaotic lifestyles can, for example, mean that homeless people

'cannot cope with registration forms, appointment systems, busy waiting rooms and long waits' (Warnes et al. 2003, p.117).

6.27 As with other mainstream services there is therefore a clear need for health providers to consider how they can best adapt existing delivery models to meet homeless people's specific needs.

Performance of health services

6.28 The following table shows the views of 119 front-line managers of services for homeless people in London. It identifies a range of areas in which managers feel that health services for homeless people could be improved. It shows that managers believe that the majority of clients wanting help with detox usually have long waits for admissions, and that clients with mental health problems or drug addictions also experience long waiting times:

Specialised service requirement	Usually	Sometimes	Rarely	Never	Don't know
A client wanting help with alcohol problems has a long wait for admission to detox	55.3%	36.2%	2.1%	0%	6.4%
A client wanting help with drug addiction has a long wait to get specialist help	48.9%	40.4%	4.3%	0%	6.4%
It's difficult to get a mental health assessment for a client	45.7%	33.0%	13.8%	3.2%	4.3%
Apart from sending a client to hospital, it is difficult to get medical care for those with physical illnesses	29.8%	40.4%	21.3%	3.2%	5.3%
It's difficult to get a client assigned to a GP	17.4%	38.3%	35.1%	4.3%	5.3%

Table 2 Difficulty in accessing health services for clients. The views of service managers (Warnes et al. 2003, p.120)

6.29 The Crisis survey of GPs also found that 89% of respondents felt that primary care services could be improved for homeless people (Crisis 2002b, p.3).

6.30 However, although there are some studies on the impacts of specialist health services for homeless people, outcome evaluations of adaptations to mainstream services are scant (Quilgars and Pleace 2003, p.56). For example there is little information available on health promotion and homeless people (Power et al. 1999,

p.ix) and UK evaluations of services addressing both mental health and substance abuse issues are limited (Quilgars and Pleace 2003).

Good practice in service delivery

Appropriate discharge arrangements

- 6.31 Research shows that having appropriate discharge arrangements in place is an important factor in effective service delivery for homeless people (Quilgars and Pleace, 2003). This is true across a range of health care delivery agencies. Particular examples from the literature are psychiatric units and A&E departments
- 6.32 Quilgars and Pleace report that 'some studies suggest that homeless people face problematic discharge arrangements following a stay in psychiatric units'. They emphasise that links with housing and community services are very important to ensure continuity of care and to avoid relapses.
- 6.33 Crisis have found that A&E departments should also be more aware of the health risks involved in discharging homeless people without appropriate referrals to homelessness organisations (Crisis 2002a, p.1).

Resources

- 6.34 92% of GPs surveyed by Crisis (Crisis, 2002) felt that they needed extra resources to provide homeless people with the same level of access to services as the average person.

Appropriate training

- 6.35 Providing appropriate staff training on homelessness is also very important. Quilgars and Pleace report that 'action plans reveal that a number of health boards are currently conducting, or planning to conduct, training on homelessness for health workers' (p.36).

Flexible delivery models

- 6.36 Successful primary care services for homeless people need to offer a 'high quality, flexible, tolerant and individually tailored responses to medical need' (Quilgars and Pleace 2003, p.40). Quilgars and Pleace cite open access systems as important in helping people make the transition to mainstream provision, and as a means to provide more tailored services.

Joint working

- 6.37 Effective joint working and, where possible, full integration of healthcare with housing and social services is 'of paramount importance' to effective service delivery (Quilgars and Pleace 2003 p.41).
- 6.38 There also needs to be greater integration of services. A 1999 survey of homelessness projects in England found that 'just under a fifth of the projects surveyed provided some form of GP service or had access to a visiting GP service (Pleace et al. 1999, p.10).
- 6.39 Outreach facilities are also important as a means to engage homeless people, as it is not always possible for homeless people to visit a surgery (Quilgars and Pleace 2003, p.39). It is also important that these services coordinate effectively with more specialist healthcare services.

Recommendations for policy

- 6.40 There is a well-developed evidence base regarding access to healthcare among rough sleepers and single homeless people in emergency accommodation. However there is less information on groups such as homeless young people, homeless women, homeless families, homeless people from ethnic minority groups and gay, lesbian and transgender homeless people. There are important areas for future research.
- 6.41 There is also very limited information available on homeless people's access to dental services, another area where monitoring information should be improved.
- 6.42 Homeless people face particular difficulties registering with G.P.'s. A substantial number of homeless people use hospital A&E departments as their primary care facility, which has clear cost implications for the NHS. Current developments in Primary Care provide strong opportunities to improve GP access for homeless people. Further investments in this area should be made to improve care for homeless people, and to reduce the costs of inappropriate use of A&E.
- 6.43 Increased funding for substance misuse services and mental health services would considerably improve health provision for homeless people.
- 6.44 Improved support following discharge, flexible delivery models and improved staff training would also improve homeless people's health care. Many of these aims could be achieved through improved partnerships between specialist and mainstream services, and between voluntary and statutory agencies.

7 CROSS CUTTING ISSUES

Policy context

- 7.1 Various policy developments concerning partnership working and substance misuse services have implications for service delivery for homeless people:
- There has been a recent government drive to encourage coordination of service planning and delivery among partners at the local level. This has been formalised through pilot initiatives including Local Public Service Agreements (LPSAs) and the new Local Area Agreements (LAAs). Local Strategic Partnerships (LSPs) have also been set up in local authorities receiving Neighbourhood Renewal funding
 - The Homelessness Act 2002 required every housing authority in England to adopt and publish a homelessness strategy. Strategies must aim to prevent homelessness and ensure that accommodation and support will be available for people who are homeless or at risk of becoming homeless. The Homelessness Directorate has provided statutory and good practice guidance for authorities on this requirement, and every authority has been allocated funding from ODPM to support their work.
 - The Government's Drug Interventions Programme is a critical part of the Government's strategy for tackling drugs. Launched in 2003 it includes a range of measure to help drug-misusing offenders out of crime and into treatment. Drug Action Teams (DATs) are responsible for local delivery, using integrated teams with a case management approach to offer access to treatment and support

Evidence base

- 7.2 There is a small but significant literature base promoting the importance of increasing multi-agency working within the homeless sector. This has been included here because of its relevance to all other policy specific areas considered within this review.
- 7.3 A small proportion of the literature on service access for homeless people considers the specific needs of homeless people who have problems with substance misuse. However, 'there has been very little research investigating homeless drug users' own views of effective practice' (Neale and Kennedy 2002, p.197).

Multi-agency working

Joint working between services

- 7.4 A recent review of research¹² (Crane and Warnes 2001) identified a number of areas in which the welfare state is failing to meet the needs of homeless people. The authors conclude that whilst the NHS, DWP and local authority housing and social services departments have a duty to homeless people, homeless service users often 'slip through the net'. The research points out that this is partly because these organisations do not have a duty to seek out vulnerable people, only to support those who present (Crane and Warnes 2001, p.438). It also identifies complex eligibility criteria (for example in terms of age, location and specialisation of problems, such as those with dual diagnosis for mental health and substance misuse problems) as barriers to access.
- 7.1 Their research concludes that new measures such as the RSI and the Primary Care Act falls 'far short of integrating the care of vulnerable and mentally ill homeless people by voluntary homeless service organisations with the cognate public sector services' (Crane and Warnes 2001, p.441). The authors feel that despite new initiatives 'divisions among social services departments and specialist providers will remain as a cause of exclusion' (Crane and Warnes 2001, p.442).
- 7.2 The Audit Commission has also found that 'case files of local authority homelessness services show little evidence of systematic onward referrals to support services where needs have been identified' (Audit Commission 2003, p.46).
- 7.3 Similarly a recent National Audit Office review of ODPM concluded that many disparate services are in contact with homeless people or those at risk of homelessness within any local authority (National Audit Office, 2005). Although the review found that there has been increased liaison between local authorities and the voluntary and community sectors in planning for homelessness services, it concludes that 'systems to collect and spread good practice in the provision of services to homeless people could be improved, and are currently over-reliant on local and informal networks' and that 'more could be done to identify and spread good practice in the provision of services to homeless people' (National Audit Office 2005, p.13).

¹² The research is based on 3 studies: a 1994-5 study of 255 homeless people (aged 55 and over) in Leeds, Manchester, Sheffield and London through interviews; a 1997-8 study of Lancefield Street Centre, a multi-service project for older homeless people, and from several linked surveys in 2000 of the experiences of 4465 rough sleepers and 2300 single homeless people (including an opinion survey of 119 project managers).

Improvements to multi-agency working

- 7.4 Inflexible boundaries between service models can prevent homeless people from receiving the services that they are entitled to: 'when a homeless person crosses the boundaries of health and social care agencies, it is difficult to determine which has responsibility for their care' (North et al. 1993, cited in Crane and Warnes 2001, p.439) which can mean that they fail to receive appropriate care.
- 7.5 The bureaucracy involved can also be inflexible, for example requiring homeless people to obtain forms and claims from one organisation before they can access support from another.
- 7.6 Park, 2002 has considered the negative impacts that multiple assessments, a consequence of limited interagency work, can have on homeless clients. The research shows that repetitive multiple assessments can act as a barrier to accessing services. Additionally, inappropriate assessments can mean that clients are referred to the wrong organisations. This could be prevented by a more unified assessment approach.

Good practice in multi-agency working

- 7.7 In a large-scale review¹³ for the Scottish Executive Kennedy et al. (2001) agreed with other studies about its importance for improved service delivery. Joint practice was found to be better amongst voluntary and statutory agencies than housing agencies, the private sector and community groups. The most common types of joint/multi-agency working were in planning, information sharing, referrals and liaison. The least common were joint service delivery, satellite or outreach work. Most joint/multi-agency working had been established recently.
- 7.8 The review also considered what currently works well with multi-agency working. Enablers included 'committed staff, good working relationships, communication, a clear demand, common understandings, shared aims and goals, expertise, the availability of funding, adequate staff and time, senior political support and [multi-agency work] being developed at an operational rather than a policy level' (Kennedy et al. 2001, p.2). Difficulties encountered included organisational and professional boundaries, a lack of understanding of organisational remits, duties and limitations, a lack of understanding or trust, inadequate or unequal funding between partners, differing aims and remits, inadequate staffing, and the time involved in developing and sustaining relationships' (Kennedy et al. 2001, p.2).

¹³ The research is based on Scottish service models and included a literature review, a survey of the directors of housing in 31 local authorities and 8 voluntary sector homelessness forums, and 8 in-depth case studies with 41 agency workers and 22 service users.

7.9 Importantly, the review found that homeless people preferred multi-agency service provision.

Provision for homeless people with substance misuse problems

7.10 Neale and Kennedy (2002) highlight that for people who are simultaneously homeless and drug dependent the problems of securing assistance are particularly severe (Love et al 1996, Flemen 1997b, Copeland 1997, Reid and Klee 1999; all cited in Neale and Kennedy 2002). Homeless drug users can be excluded from hostels and supported accommodation projects, and may not know what other services exist. They may also feel too embarrassed or ashamed to seek help, or be reluctant to approach professionals because they are afraid of arrest or anxious about children being taken into care. Some homeless drug users may not engage with services to avoid the stigma attached to service provision (Neale and Kennedy 2002. p.197).

7.11 The authors suggest that actual outcomes i.e. rehabilitation and housing are not as important to service users as improving self-esteem and rebuilding social contacts. Their research also demonstrates that within some agencies practices such as issuing appointments weeks in advance, and strict standards of attendance and compliance can deter very vulnerable individuals who may have urgent needs but unstructured lifestyles (Neale and Kennedy 2002, p.197).

7.12 The study concludes that there is a strong case for setting out clear standards of best practice with homeless drug users. Specific recommendations they identify for improving services for this group include: more diverse and flexible services, improved interagency working, increased professional training, greater use of care plans, contracts and confidentiality policies and more service user involvement (Scottish drugs forum 1993, O'Leary 1997, Flemen 1999, London Drugs Policy Forum 1999, Britton and Pamneja 2000; cited in Neale and Kennedy, 2002, p.197).

8 EMERGING THEMES

8.1 A number of specific themes emerge from the literature:

Multi-agency working

- 8.2 At present it is often assumed that the complex needs of homeless people, and not services models themselves, are preventing them from accessing provision.
- 8.3 Traditional service models can however be inflexible to the varied needs of homeless people. Integration of, for example, support with mental health and substance misuse with employment services clarifies service pathways and makes homeless people more likely to engage, and continue to engage with services. Similarly, partnerships between hostel and education services are likely to increase the numbers of homeless people engaged in learning and links between housing and health services improve the likelihood of successful move-on tenancies.
- 8.4 The strategic relationship between the agencies responsible for each of the four service areas covered in this report and housing providers is not always obvious.
- 8.5 Agency boundaries between housing providers and other mainstream service providers often act as a significant barrier to progress. There are a number of local examples of good practice on the ground but there are currently few mechanisms in place to share and disseminate this information.

Constraining administrative and bureaucratic systems

- 8.6 Administrative barriers to service access, such as requiring homeless people to have an address to register, requiring attendance at particular times and places, or complicated eligibility criteria, can discourage service use. These barriers would be partially addressed by improvements in multi-agency working at national and local levels, but also need to be considered by individual services seeking to increase accessibility and performance for homeless people.

Low access to preventative services

- 8.7 There are clear differences in the degree to which mainstream public services are aware of, and are attempting to meet, homeless people's needs. Housing and health services aimed specifically at alleviating the impacts of homelessness appear to be doing more to engage with homeless people than education and employment services. These are areas in which public services could learn more from each other.

8.8 However, the majority of the research on housing services considers services that are specifically aimed at alleviating homelessness. Similarly, there is a large body of research on the immediate health care needs of homeless people. Less attention has been given to how to enable homeless people to access other mainstream forms of preventative provision within each area, such as NHS Direct, health promotion programmes and ongoing housing advice and tenancy choices.

Information provision

8.9 There is a clear need for more support for homeless people to enable them to better understand complex service pathways, and facilitate their ongoing participation. The use of some types of peer mentoring is mentioned in relation to education services as a possible means to increase participation. Key workers are another means by which this support could be provided.

8.10 Across education, employment, housing and health provision limited information about the types of services available, the impacts that services may have and service eligibility criteria are preventing homeless people from using them effectively.

8.11 Improving information also means investing in the skills of the homeless workforce, and ensuring that key workers and project staff have access to appropriate information (for example regarding employment services) to provide to homeless people.

Knowledge of substance misuse

8.12 A poor knowledge of issues relating to substance misuse limits the effectiveness of mainstream services for a significant proportion of homeless people.

Knowledge of homeless people's different needs

8.13 Some homeless people clearly face tremendous barriers to accessing mainstream education and employment services, and are in need of crisis interventions such as support with substance misuse, mental health problems and immediate housing provision. There is however considerable variation in the needs of different homeless people. Some will be much closer to employment and educational progression than some service providers may assume.

8.14 The available evidence also suggests a tendency within mainstream services to consider homeless people as an homogenous group. In particular the needs of

diverse groups such as women, ethnic minority groups, the hidden homeless population, disabled people and gay, lesbian and transgender homeless people are poorly understood.

- 8.15 The existing literature further suggests that some groups are particularly poorly served. Homeless people with problems with substance misuse, older homeless people, homeless families and rough sleepers have all been identified as being in greater need and receiving lower quality support.

Flexibility

- 8.16 Meeting the diverse needs of homeless people requires service flexibility and responsiveness. This can, for example, mean facilitating service access across local authority boundaries, taking account of people's existing skills or accepting that people with problems with substance misuse may require 'second chances' with some programmes.

Quality of the evidence base

- 8.17 One key general issue to emerge from the review is that whilst a lot of information is available on each of the main services much of it is small scale. There is little by way of comprehensive or robust analysis.
- 8.18 Monitoring data of homeless people's use of mainstream services is particularly poor. Overall there is very limited data with which to adequately assess the diverse needs that different groups of homeless people face when accessing public services.
- 8.19 There are therefore large gaps in the research evidence on homeless people's experiences of mainstream public services. In particular, there is little large-scale survey work considering the views of homeless people themselves, their satisfaction with different services or providers' experiences of meeting their needs.

Strategic coordination

- 8.20 There are a number of government strategies that specifically concern homelessness. In general the emphasis is upon preventing homelessness rather than improving access to mainstream services. There are few overarching strategies for improving homeless people's service use, and improving outcomes for homeless people.

8.21 In addition there is little evidence either at local or national level of any strategic approach by the key players to establish:

- The nature and extent of need for mainstream services
- To what extent current services are being accessed
- What specific interventions are needed to resolve difficulties

9 OVERARCHING RECOMMENDATIONS

9.1 A number of specific recommendations emerge from this review:

Multi-agency working

- 9.2 Closer collaboration is required between the voluntary and statutory sectors to enable homeless people to better access mainstream service provision.
- 9.3 Improved partnerships between specialist and mainstream services are also required.
- 9.4 Piloting new service delivery models, such as service passports to enable homeless people to receive services whenever they move on, could further understanding of how changed working practices could lead to better public sector provision.

Administrative and bureaucratic systems

- 9.5 Service delivery systems should consider their impacts on homeless people's service access in the way that they do for other equalities groups.

Preventative services

- 9.6 Increased efforts should be made to improve homeless people's access to preventative services, as well as to crisis support interventions.

Information provision

- 9.7 There is a need for investment in advice and support services to facilitate homeless people's ongoing engagement with public service provision
- 9.8 Poor quality advice and guidance also limits service uptake. Investment should be made in signposting services, and cross agency training, to improve homeless people's access to information about service opportunities and entitlements.

Substance misuse

- 9.9 Increased funding for substance misuse services would considerably improve public service provision for homeless people.

Homeless people's different needs

9.10 Policy developments should give specific consideration to how programmes can be adapted to better respond to homeless people's varied needs.

Flexibility

9.11 Services should be more flexible to homeless people's varied needs. This could include improving one stop shop provision, or considering the 'service passport' idea promoted by Crisis and Homeless Link. Funding regimes that enable and support such delivery also need to be investigated more fully.

Quality of the evidence base

9.12 There are a number of key research gaps. A large scale or national survey of homeless and ex-homeless people should be undertaken to understand levels and variation in need. There is also a need for more national research to draw together the wide-ranging impacts of new government initiatives upon service provision for homeless people.

9.13 Improved monitoring information on homeless people's use of public services is also required across public service areas.

Strategic coordination

9.14 There are a number of existing local co-ordinating mechanisms that could be developed to improve strategic coordination of public services for homeless people e.g. Supporting People or drug intervention programme resettlement teams. It should not be necessary to set up a completely new structure. Greater consideration should be given to how services could co-ordinate more effectively at local and national levels.

10 APPENDICES

Methodology

The following table documents the inclusion criteria for the review.

Date of publication	1997 - present
Country in which the research was undertaken	UK
Service clients	All people who can be considered homeless within the definitions provided above. People aged 16 and over
Type of service provision/programmes	Provision of the following mainstream services (or provision that supports service users to access the following mainstream services). Services identified should be mainstream funded but not necessarily mainstream delivered: Health: primary care (GPs, dentists, opticians, mental health services, Alcohol and substance dependency services, NHS walk in centres and direct payments) and acute care (hospital services) Education: Adult and community learning provision, further education (FE) colleges, Learn Direct, family learning, work based learning (provided by either FE colleges or work based learning providers funded by learning and skills council or European Social Fund), and voluntary sector education provision Employment: Jobcentre Plus and private and voluntary providers of mainstream employment services Housing: Housing advice, homelessness support services, temporary accommodation provision, Supporting People accommodation, women's refuges, local authority or registered social landlord provided housing
Types of study	Published research <ul style="list-style-type: none"> ▪ Experimental studies ▪ Quasi-experimental studies ▪ Controlled observations studies (cohort studies, case control studies) ▪ Observational studies without control groups ▪ Expert opinion

	<ul style="list-style-type: none">▪ Surveys <p>Grey literature:</p> <ul style="list-style-type: none">▪ Project evaluations▪ Project annual reviews▪ Client/customer satisfaction surveys▪ Internal consultation▪ Other research
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The following sources were considered when identifying evidence for inclusion in the review:

- Review of existing *Crisis* evidence
- Review of existing *Inclusion* evidence
- Review of academic databases
- Search of the following academic databases:
 - SSCI Social Science Citation Index from Institute for Scientific Information 'Web of Science' (covers 3,300 'leading scientific and technical journals')
 - IBSS International Bibliography of the Social Sciences covers Ingenta Journals with 1.2 million articles from over 2,700 journals
 - SOSIG Social Science Information Gateway
 - CRASH INDEX
- A search of relevant websites including:

Government departments and units

Office of the Deputy Prime Minister (ODPM) (including Social Exclusion Unit, Neighbourhood Renewal Unit, Bed and Breakfast Unit and Rough Sleepers Unit)

Department for Work & Pensions (DWP)

Department for Education & Skills (DfES)

Department of Health (DH)

Department of Trade and Industry (DTI)

Home Office (HO)

Treasury (HMT)

National Audit Office

Audit Commission

Cabinet Office (including Office of Public Sector Reform)

Women & Equality Unit

Other national agencies

Centre for Analysis of Social Exclusion (CASE)

National Institute of Adult Continuing Education (NIACE)

Learning and Skills Council

Local Government Association

Association of London Government

Greater London Authority (GLA)

The Basic Skills Agency

Health Development Agency (HDA)

Housing Corporation

National Health Service Confederation
Joseph Rowntree Foundation (JRF) (including poverty statistics monitoring site)
National Centre for Social Research (Nat Cen)
Economic and Social Research Council (ESRC)
Institute of Employment Studies
Social Care Institute of Excellence (SCIE)
Policy Studies Institute
Centre for Research in Social Policy (CRSP) Loughborough University
Kings Fund
Policy research institute, Leeds metropolitan university
Institute for Public Policy Research (IPPR)
Centre for Housing Policy (York University)
Centre for Policy Studies
Lemos and Crane
Community Care
New Policy Institute
Pathways research
Social Market Foundation
SPARK research
British Medical Association
Chartered Institute of Housing
Information Centre for Asylum Seekers and Refugees

Voluntary organisations

Off the Streets and Into Work (OSW)
Refugee Council
Shelter
Centrepoint
Crisis
Foyer Federation
Peabody Trust
Citizen's advice bureau
YMCA
Women's Aid
Homeless Link
Thames Reach Bondway
Broadway
St Mungos
Business Action group on homelessness
Housing justice
Fare Share
Mind / Rethink / Sane
Homeless London
Turning Point
Groundswell
The Big Issue
National Alliance to End Homelessness

Approximately 110 documents were identified, which were then scanned for relevance. Only those that have been included in the review are cited in the bibliography.

The following search terms were used in the review:

Population groups: key search terms	
Homeless people	Homeless Homelessness

Services: secondary search terms	
Health	Health NHS Primary care Secondary care
Education	Education Skills
Employment and benefits	Employment Employment services Jobcentre Plus New Deal
Housing	Housing services Temporary accommodation Social housing

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