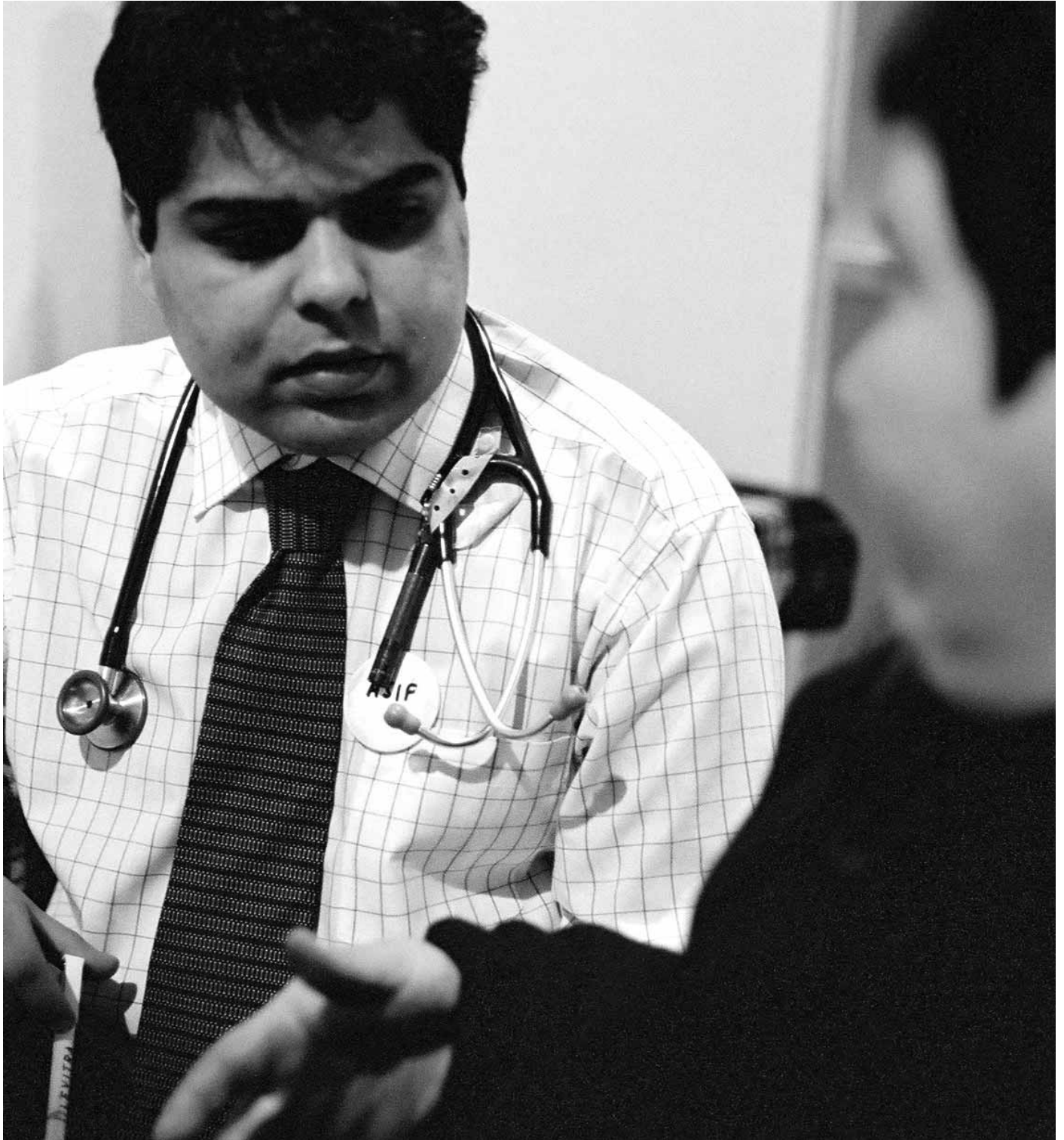


POLICY BRIEF:

From the margins to the mainstream

A new model of public service delivery



Crisis is a national charity that fights homelessness and empowers people to fulfill their potential and transform their lives.

www.crisis.org.uk



Foreword

I have been Chief Executive of Crisis now for nearly 10 years. As we approach our 34th Open Christmas and look next year to the 40th anniversary of the seminal first showing of the film *Cathy Come Home* a lot has changed in the world of homelessness. For the single homeless, however, the story of complex needs, vulnerability and exclusion remains a national scandal.

Single homeless people often have multiple needs and need the support of a range of services. They may be dealing with dependency or mental health problems, while trying to find accommodation or work and find themselves making repeated journeys through what can seem to be a maze of services.

Being passed from pillar to post, or worse falling through the gaps between services, only compounds the difficulties faced by homeless people. Trying to tackle issues in isolation is rarely effective, particularly when success in one area is easily negated by failure in another.

The delivery of services to homeless people as specialist programmes, however good they are, on their own will not succeed. Homelessness can never be effectively tackled until mainstream public services provide the appropriate level of support to help the individual overcome their homelessness. The focus on specialist services can also allow the mainstream providers of public services off the hook as services for the homeless are seen as being done "elsewhere".

But all too often in areas such as housing, health-care, learning skill and employment services mainstream public services are failing homeless people. The services may not be there or not consistently provided. Too often homeless people are faced with layers of bureaucracy, inaccessible and confusing procedures and a lack of understanding about their circumstances and needs.

Trying to make an appointment with an adviser or doctor can be a lengthy process for anyone, but if you don't have a permanent address or have other needs it becomes so much harder. When our public services work well, the impact can be life enhancing and – literally – life enhancing. But when they fail,

the impact on a life can be forever.

What is needed is a new way of thinking whereby mainstream services adapt to provide responses tailored to the needs of homeless people. Crisis and others have been making the case for years that more is needed in housing, health, and learning, skills & employment services and recommending reforms. In this pamphlet we set out how it is clear that, even if reforms in each of these areas were implemented in full, it would still not be enough. There is a more fundamental issue here – the need for services to be joined-up and integrated to reflect the inter-connection of issues and problems in an individual's life.

Fundamentally, we need a revolution in our public services, that re-engineers them from the bottom-up and ensures they look first at the whole needs of the individual and then that the services deliver a tailored, personalised package of support that truly responds to the homeless person's circumstances and sets out to empower them and not administer another short-term fix.

This report calls for a new model which will ensure homeless people connect and remain connected to services and that public services come together to tackle issues in a joined-up and interconnected way. Central to this approach is ensuring every homeless person has a single named "Service Navigator" who will not only ensure the welfare safety-net works but who is, in the last resort, that safety net.

The need to radically improve the delivery of public services for the most vulnerable is about both equity and effectiveness. Trying to tackle issues in isolation is not only wasteful – with repeat journeys through services – it is rarely effective. Homelessness cannot be tackled until public services provide the right support, at the right time in the right way, giving homeless people the best chance of a better life. The Government must act now.

Shaks Ghosh

Introduction and context

“The vast majority of homeless people are actually families or single people who are not literally sleeping rough on the street but living with relatives and friends or in temporary accommodation.” *Government, 2002*¹

Homelessness remains a national scandal²

Whilst the government has had substantial success in reducing the numbers of people sleeping rough and tackling the problem of families living in bed and breakfast accommodation, there is one group of homeless people whose numbers continue to grow. They are the single homeless. Crisis has estimated that there may be as many as 380,000 Hidden Homeless people in the UK today.³

The homeless are not all a homogenous group, however, they all share a common thread. Those affected are amongst the most vulnerable people in our society. A significant proportion of the single homeless have “complex needs” and they are negotiating multiple issues and transitions in their lives. Compared to the general population, they have low educational attainment, histories of employment in low-skilled and low-paid occupations, and are more likely to have been imprisoned. They also have a higher prevalence of physical ill health, mental health, alcohol and drug problems than the general population, and their average age of death is lower.

The last few years have borne witness to a series of specialist initiatives targeted at homelessness. The Government has also increased investment and introduced a number of progressive initiatives and reforms to all areas of mainstream public services, including investment in the NHS, attempts to reduce health inequality, the national minimum wage, the use of tax credits to tackle low pay and efforts to help the most vulnerable get back into work. Too often, single homeless people, their characteristics and circumstances have been missed out. It’s time this changed. Tackling the problem of single homelessness is a necessary and logical evolution of current government policy and will represent a recognition of one of the most neglected groups of our time.

But homeless people are not getting the mainstream public services they need

The voluntary sector has long-delivered services for the homeless to make-up for limited statutory provision, but, however good they are, the long-term solution to homelessness relies on having effective mainstream services that are truly responsive to people’s needs and enable full integration into mainstream society. In this document we look at some of the difficulties homeless people face in accessing and using the three key areas of mainstream public services: housing and benefits, health & social care and learning, skills and work services.

Even if housing, health and education services individually become more responsive, the homeless would still not get the services they need. For to tackle each of these service areas in isolation would perpetuate the continual problem of looking at peoples’ needs individually and responding to them through the existing silos and structures of public service provision. The homeless do not easily fit into the distinct budgetary areas or specific agencies and categories of public services. Being passed from pillar to post and having each issue or problem tackled one-by-one in isolation, or worse falling through the gaps between services, only compounds the difficulties faced by homeless people.

We need mainstream public services that are able to reach those individuals who are not being engaged by existing services, that recognize the inter-connected nature of people’s needs, and that deliver person-centred services. To achieve this we need a new responsive model for our mainstream public services that reaches-out to the homeless where they are; assesses their needs in a single comprehensive assessment; and then delivers the wrap-around personalized services that will really help homeless people overcome their homelessness and disadvantage. Central to delivering this would be new professional roles of Service Navigators. Every homeless person would have a Navigator who would take responsibility for drawing together the services the homeless person needed across agencies and budgets, purchasing tailored packages of support, and ensuring inter-agency working and long-term monitoring was in place.

Housing

Facts

- In 2003 and 2004, only half of single households registered as homeless were entitled to receive housing from their local authority⁴

- There may be as many as 380,000 Hidden Homeless people in the UK today⁵

- 45% of hostel bed spaces across England and Wales are occupied by people waiting to move on⁶

- Women, those with mental health needs, and BME groups face disproportionate disadvantage

- The numbers of people in temporary accommodation has exceeded 100,000 since September 2004 and the number of people in London spending two or more years in temporary accommodation or homeless at home is three times as high as in 2000

- There is a growing shortage of affordable housing for single people of working age. The number of single households of working age has grown rapidly and continually from 1.1m in 1971 to 3.7m in 2003. But over the same 30 year period, the number of one bedroom houses built each year has fallen from 44,000 in 1971 to 8000 in 2003⁷.

- The operation of housing benefit hinders learning and creates an effective poverty trap of 95% that prevents many single homeless people from moving into work.

Single people are usually not entitled to a local authority's primary duty towards homeless people – to provide them with accommodation. Access to housing is decided on the basis of perceived vulnerability based on how the local authority assesses them against the tests of priority need, intentionality and local connection. Despite recent improvements there remains a deep legislative bias against single people who often struggle to prove their vulnerability and gain access to social housing. When combined with the overall rise in homelessness,

shortages of housing and high levels of need the result is a continued failure to tackle the needs of some of the most vulnerable people in our society

There are three challenges to housing single homeless people. The first is to ensure an adequate supply of appropriate housing. The second is to provide access to this housing and to ensure it is affordable. The third is to ensure the kind of support that is necessary for the most vulnerable to find and keep a tenancy.

Government policy in the Sustainable Communities Plan and follow-up policies is focused on increasing the supply of homes for ownership, particularly for families and young couples⁸. For single homeless people home ownership is an impossible dream and they need greater supply of property to rent at affordable levels in both the social and private rented sectors.

Hostels should only ever be a short-term emergency measure for people when they first become homeless, however, they have become the dominant provision for the single homeless.

The spiralling cost of accommodation combined with the complexities and restrictions of the Housing Benefit System mean that the single homeless end up trapped in hostels or temporary accommodation for years on end and are hindered from developing their skills or returning to work.

And for those who are given the choice of independent living, all too often the lack of support and a sense of loneliness and isolation means they are unable to maintain their tenancies.

We need to look at housing solutions that combine accommodation with the networks and support that will allow homeless people to live and work as part of the broader community. Housing Benefit needs to be reformed to improve its administration and benefits should be allowed to run for a period in all circumstances on finding work to support the homeless into paid employment.

The current rules which limit the levels of benefit paid to single young people and that withdraw financial support for people studying more than 16 hours a week need to be abolished⁹.

Health services

Facts

- Around 30 to 50% of single homeless suffer from mental health problems¹⁰
- 81% of homeless people have experienced problems with alcohol or drugs¹¹
- 2 in 3 homeless people have physical health problems and over 1 in 3 who need treatment are not receiving it¹²
- The NHS bureaucracy can pose a barrier to homeless people's access to healthcare - Single homeless people were 40 times more likely not to be registered with a GP than the average person¹³
- A substantial number of homeless people use hospital A&E departments as their primary care facility¹⁴ costing typically £150 - £250 a visit compared to £20 as the cost of a visit or referral to a GP¹⁵

Levels of poor health are far higher amongst homeless people than in the general population. Poor health is intricately linked to homelessness. Overcrowded, cold damp and unsanitary living conditions, combined with poor diet and lack of exercise, are highly conducive to physical and mental ill health. In addition, many homeless people suffer from multiple health problems with physical and mental ill health combining with drink and/or drug addiction. Providing homeless people with access to suitable primary health care is an essential step towards their reintegration into mainstream society.

Many of the health issues facing homeless people are at least treatable and some preventable. Despite the level of investment there has been in the NHS in recent years, and a number of particular initiatives to improve general access, homeless people's access to GPs and primary healthcare - the cornerstone of the NHS - remains limited. GPs also feel they lack the skills and training to manage the addiction problems of some homeless people and are therefore reluctant to register homeless people in general¹⁶.

The problem of access is particularly acute for those with multiple or complex health needs¹⁷. Homeless people with dual diagnosis such as mental health

and substance misuse problems commonly fall between specialist services and are refused treatment. Increased funding for substance misuse and mental health services would considerably improve provision for homeless people¹⁸.

Homeless people need outreach work, flexible delivery models, appropriate support following discharge from hospital and joint working between health, housing and social services to improve service delivery. There is also a need to improve NHS staff training so they are better able to understand the particular needs of the homeless to improve the responsiveness of the services and to ensure they do not unwittingly discriminate against them. The collection of data recording homeless people's patterns of access to mainstream health services needs to be improved and made routine to support and inform the development of tailored responses.

Support for homeless people delivered in hostels is funded through the Supporting People budget. Budgets are limited and local authorities have developed a local approach to funding and contracting whereas the majority of services for the homeless, particularly in cities, are provided across local authority boundaries. Such constraints at local level have made access to services difficult for the mobile homeless. There is also a real problem that Supporting People cannot be used to fund the non-housing related costs of hostel services - health, learning and skills and soft-outcomes which are vital to enable homeless people to tackle the issues in their lives - leaving them under-funded.



Learning, skills and work

Facts

- Only a quarter of homeless people have reached Level 2 (GCSE level) compared to a national average of two thirds¹⁹
- Half of young homeless people have no qualifications compared to 5% of the population as a whole²⁰
- As few as 5% of all homeless people are in employment²¹
- The majority of homeless people want to work; In an OSW survey 77% of respondents wanted to work immediately, and 97% said they wanted to work in the future²²
- Only half of unemployed homeless people have experience of Jobcentre Plus and about a third have experience of New Deal²³
- Only 42% Jobcentre Plus users found it helpful (compared to 82% in the Jobcentre Plus customer satisfaction survey)²³
- 60% of those who had been on the New Deal did not feel that they had benefited from it²³

Homeless people suffer from disproportionately low levels of education and poor or inappropriate skills both of which act as major barriers to reintegration into society. Similarly the lack of work is a major cause and consequence of homelessness and acts as a practical obstacle to finding and keeping a home. Yet most homeless people have worked at some point in their lives and most are desperate to do so again

The barriers to getting into paid work often relate to practical issues, such as the lack of a permanent address or appropriate clothes or reflects a need to rebuild skills and self-confidence. However, the difficulties faced by homeless people also mean they are often excluded from existing services geared towards re-employment. Getting homeless people back to work requires an approach that is tailored to their specific circumstances and needs and recognises that a stepping zone approach is often needed, with meaningful activity or volunteering as an interim step towards the longer term goal of paid work²⁴.

Ensuring homeless people gain access to education and skills is vital for helping them to escape homelessness. This requires looking at learning in its broadest sense, providing the right kind of services, that tackle the problems of low confidence, self-esteem and poor skills through variety and choice beyond standard qualifications, and ensuring that the most vulnerable have access to such services.

Despite a growing recognition of the importance of life skills and a series of Government initiatives to improve adult skills among the general population, homeless people continue to struggle to find the support that they need to build basic skills. There is a general overemphasis on services for children and young people and the only area of Government policy relating to education and skills that specifically tries to address homeless people is Connexions, which focuses on young people aged 13 – 19²⁵.

Current provision of skills training and meaningful activity for older homeless people is ad-hoc. Significant revenue funding is needed from the Learning and Skills Council to deliver mainstream learning and skills programmes in a way that homeless people will access. This provision of skills, training and meaningful activity needs to be delivered in a way that takes account of and is sensitive to other pressures in the homeless person's life – such as housing and health issues. It also needs to be closely linked to and co-ordinated with the activities and policies of JobCentre Plus to tackle worklessness. Studies have shown that encouraging engagement and meaningful activity is more effective at improving employability and moving clients on the path towards paid work than coercion or setting conditionality tests within benefit rules.



Conclusion: a new model of service delivery

Improvements to individual public services are certainly needed but on their own they will not be enough, too often services fail to recognise the inter-connected nature of people's needs. Even where there is a will, a plethora of initiatives, with separate funding streams, differing levels of government, distinctive professional approaches and a failure to communicate has hindered a truly integrated approach. Rather than experiencing a single targeted intervention to meet their whole needs – accommodation, health & employment status – homeless people receive multiple partial interventions that lead them on an unpredictable and often repetitive journey around different agencies.

Public services and the relationships between them; Some concerns.

Our research has shown that in mainstream public services:²⁶

- There is no parity of access. The ability to access appropriate support depends on who you are and where you live.
- Bureaucracy and inflexible service boundaries can prevent homeless people from accessing services and more could be done to coordinate services for homeless people.²⁷
- Meeting the diverse needs of homeless people requires service flexibility and responsiveness with closer collaboration between the voluntary sector and statutory sector to enable better access to mainstream services.
- Multi-agency delivery models are likely to be more effective at achieving better outcomes for homeless people but there can be problems with different types of organisations understanding each other – they can be using different language to describe the same things.
- Mainstream service providers fail to identify homeless people as they do not have a duty to seek out vulnerable groups, only to support those that present, which means homeless people can slip through the net and the barriers they face often remain hidden.²⁸
- 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.²⁹
- Barriers between services and strict divisions of need means that homeless people with multiple problems often do not get the support they require.
- The limited information about the types of services available, the impacts that services may have and service eligibility criteria are limiting homeless people's use of services. Providing the right information in the right ways – and communicating it effectively - remains a significant challenge across public services.³⁰
- Investments should be made in signposting services, and cross agency training to improve homeless people's access to information about service opportunities and entitlements.
- There is a clear need for more support for homeless people to enable them to understand service pathways, and to facilitate ongoing participation.
- Homeless people have low access to preventative services – there should be increased efforts to improve homeless peoples access to mainstream forms of preventative services as well as crisis support interventions.
- There is a lack of strategic co-ordination and a lack of overarching strategies for improving homeless peoples service use and improving outcomes for homeless people.

A new model of service delivery

Our analysis leads us to the conclusion that a new model of service delivery is required. There are lessons to be drawn from policy developments to tackle disadvantage in children and young people and to pilot individual care budgets.

The Government's Social Exclusion Unit is also looking at ways to deliver a more effective person-centred approach in its Improving Services, Improving Lives series of work. It is clear, however, that this agenda of personalisation and integration of our public services cannot just be left to particular units within Government but must be owned and driven

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forward by all Departments and across the wider public sector.

There must be a real effort to ensure the lessons and experiences learnt from successful projects and pilots in an area of service are fully communicated and rolled-out across all public services and geographical areas.

The homeless will have a better service experience, achieve better outcomes and have improved engagement with services through the provision of integrated support.

Such integrated support can be most effectively delivered through having a single assessment process with a single professional taking a lead role to help the homeless navigate through the system thus ensuring they can access an entire system of integrated support - housing, training, employment services, health and social care - through a single point of entry.

The emphasis should be on the outcomes achieved, rather than the specific processes but the core elements of a new model of integrated, person-centred mainstream public services delivering for homeless people would be based around the following five key elements:

1 OUTREACH

Public services need to reach out to homeless people rather than always expecting them to come to services. Through outreach work and data-matching, services should identify individuals with unmet need in their areas and ensure contact is made, not just wait for them to self-present.

Mainstream services need to consider all aspects of their services – building locations, administrative and bureaucratic processes, advertising etc – and ensure they are immediately accessible to homeless people and delivered in places where they feel safe.

Upon entering any service – whether GP's surgery, social services or Job Centre – staff, whether practitioners or receptionists should ensure the homeless person is referred and directed to a named Service Navigator for a single comprehensive needs assessment.

2 SERVICE NAVIGATORS

New professional roles of Service Navigators – Every homeless person would have a named single navigator to manage their case and plan services who would:

- Act as a single point of contact that the homeless person can trust, to support them in making choices and in navigating their way through the system at every stage – from initial comprehensive assessment to long-term support;
- Ensure that the homeless person gets appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered;
- Reduce overlap and inconsistency from other practitioners, chase progress and act as advocate and refer any difficulties further up the chain to ensure the service is delivered.



3 HOLISTIC NEEDS ASSESSMENT

When a homeless person first meets with their Service Navigator they will have a single comprehensive assessment of their needs to decide how they should best be met. This must be a simple, non-bureaucratic process that does not just assess problems against criteria but seeks to understand the whole person – their needs and problems but also their hopes and aspirations. This assessment will be then used by the Navigator to plan an integrated package of support and be the basis for referrals to other agencies.

The assessment would be similar to the Common Assessment Framework being developed for Children and Young People and the focus of it would be to:

- promote early intervention, rather than waiting for problems to develop;
- reduce the number and duration of different assessment processes, relieving the homeless person of the need to continuously complete separate forms and repeat often traumatic, personal information;
- establish a clear evidence base on the individual, using a common language, to improve the quality and consistency of referrals between agencies

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■ promote the matching, monitoring and sharing of data, to ensure information follows the client and that when the client moves areas, records could be transferred to a Service Navigator in their new area to ensure continuity of support.



4 PERSONALISED SERVICES

The one-size-fits-all approach of mainstream public services will not address the varied and often complex needs of homeless people. Public service providers themselves need to be flexible in order to accommodate the needs of homeless people and provide a tailored, personalised package of support that truly responds to their needs in a holistic way.

On completion of the single assessment, the Service Navigator, would be able to draw together and purchase directly a personalised package of support from across social services, housing and other areas and budgets and compel other providers to co-operate, similar to the development of Individual Care budgets for the elderly and disabled.

Above the Service Navigator, at the most appropriate strategic level there should be Strengthened Joint Commissioning processes looking across services from the client's perspective – including requirements to conduct local audits to determine how well existing services are meeting needs and the gaps to be filled, and to monitor the effectiveness of services.

The practice of working with Service Navigators should promote greater multi-agency working but to further encourage this there should be new statutory duties on all local and national public services to co-operate with Service Navigators and to jointly plan and integrate services as far as is possible.

As far as possible all public services should work to integrate their services and where practicable to co-locate their services on the same site eg. Job Centre Plus and housing advisers in NHS drop-in centres alongside social services.

Personalisation and flexibility in service delivery would be encouraged by having greater collabora-

tion between the statutory and voluntary sectors on an equal basis. If the voluntary sector are able to provide better mainstream services they should be encouraged to do so through longer term standardised contracts and support to raise funds for capital development



5 IMPROVING UNDERSTANDING

All frontline workers need to have improved knowledge and information about homelessness, its causes and consequences through.

Training to reduce discriminatory practices, more co-working, inter-professional training and strengthening of independent advocacy

User Empowerment – users of services recognised as equals in their own care.

Whole needs - an approach of understanding the "whole person" rather than a single problem should become embedded in every stage of delivery, from assessment and treatment to aftercare and service providers need to be flexible and creative to deliver this.



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How this would work in practice

The introduction of the Service Navigator role will be central to effective frontline delivery of integrated public services. It ensures that the involvement of the different services and professionals is optimised, co-ordinated and communicated effectively, and more importantly it provides a better experience for homeless people. In practical terms a successful Service Navigator role would be:

- Part of a team employed by a local authority;
- Peripatetic – based in a convenient office but visiting relevant public services and other places their clients are to be found - and with on-call arrangements 24 hours a day;
- Based on a development of the models used in other spheres of CAT workers, care managers and lead professionals;
- Drawn from across the professions – JCP advisers; health advisers; even advice workers in the voluntary sector - as the role is defined by the functions and skills, rather than by professional or practitioner groupings;
- Knowledgeable of all mainstream and specialist services with the competence and confidence to develop a successful and productive relationship with the homeless person and to be an effective advocate;
- Of suitable authority to command respect from other service practitioners, be able to co-ordinate delivery and ensure services deliver the support plan, but able to challenge and chase progress where necessary, particularly if the service delivered to the homeless person is not satisfactory.

To support the Service Navigators and ensure their work was followed up there would need to be:

- Acceptance and respect from other service practitioners in relation to the role and functions of the Service Navigator;
- Clear and transparent systems developed and agreed at the highest level to support the Navigator and to ensure the required services co-operate and do deliver the identified services;
- New Statutory duties on all local and national public



services to co-operate with Service Navigators and to jointly plan and integrate services as far as is possible.

Delivering this new model would involve minimal additional investment and would primarily be a case of spending existing resources more effectively to deliver better outcomes for homeless people and the services themselves.

The strength of having the Single Needs Assessment and the Single Navigator is that the quantity and intensity of support can be tailored to a homeless person's exact circumstances and needs and scaled up or down as these change – thus avoiding the problems of either insufficient provision or continual support that breeds dependency.

The relationship that the Service Navigator builds up with their client should be one of “tough love” and always focused on the ultimate goal of reintegrating homeless people back into society by helping them to re-skill, find work and build a new life.

We believe implementing this model is possible and that the first steps – such as the establishment of Service Navigators – could be delivered quickly with minimum difficulty. Other measures are more a change of culture and practise, than structure and organisation. The model and approach set out here would be of benefit to a range of other disadvantaged groups who have complex and interlinked needs.

For the sake of homeless people we need to act now.

Bibliography and end notes

END NOTES

- 1 DTLR (2000) *More than a roof: A report into tackling homelessness*
- 2 This policy paper draws extensively on the arguments and analysis in the following:
CESI (2005) *A literature review on access to mainstream public services for homeless people*, Crisis; Crisis (2004) *Hidden Homelessness: 17 Solutions*; Parsons, N and G. Palmer (2004) *A Review of Government Policies that have an Impact on the Single Homeless*, Crisis; DFES (2003) *Every Child Matters: Green Paper*; DFES (2004) *Every Child Matters: Next Steps*; DFES (2005) *Youth Matters: Green Paper*; Rankin, J. and S. Regan (2004) *Meeting Complex Need: The Future of Social Care*, Turning Point and IPPR; EU (2005) *Improving Services, Improving Lives: Evidence and Key Themes*: SEU (2005) *Transitions: Young Adults with Complex Needs*
- 3 Kenway, P and G. Palmer (2003) *How Many? How Much? Single homelessness and the question of numbers and cost*, Crisis
- 4 ODPM (2005) *Statutory Homelessness Statistical Release -3rd Quarter 2005*
www.odpm.gov.uk/index.asp?id=1002882&PressNoticeID=2042
- 5 Kenway, P and G. Palmer (2003) *How Many? How Much? Single homelessness and the question of numbers and cost*, Crisis
- 6 Homeless Link (2005) *National Move-on Report*. Homeless Link
- 7 *Social trends 34*, NSO, Table 2.2; *Social Trends 34*, NSO, Table 10.4
- 8 ODPM (2003) *Sustainable Communities: Building for the future*
- 9 Singh, P. (2005) *No Home, No Job: Moving on from transitional spaces*. OSW
- 10 Warnes, A., M. Crane, N. Whitehead and R. Fu (2003) *Homelessness Factfile*, Crisis
- 11 Fountain, J., and S. Howes (2002) *Home and Dry?: Homelessness and substance use*, Crisis
- 12 St Mungos (2005) *SOS Sick of Suffering: St Mungo's report into the health problems of homeless people*
- 13 Crisis (2002) *Critical Condition - Homeless people's access to GPs*
- 14 Pleace, N., Jones, A. and England, J. 1999. *Access to General Practice for People Sleeping Rough*. Centre for Housing Policy
- 15 GP. Kenway, P and G. Palmer (2003) *How Many? How Much? Single homelessness and the question of numbers and cost*, Crisis
- 16 Warnes, A., M. Crane, N. Whitehead and R. Fu (2003) *Homelessness Factfile*, Crisis; Pleace N., Jones A. and England J. (2000) *Access to General Practice for People Sleeping Rough*. Centre for Housing Policy, University of York.
- 17 Warnes, A., M. Crane, N. Whitehead and R. Fu (2003) *Homelessness Factfile*, Crisis
- 18 Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review*. Centre for Housing Policy, University of York; St Mungos (2005) *SOS Sick of Suffering: St Mungo's report into the health problems of homeless people*
- 19 Crisis (2004) *Hidden Homelessness: 17 Solutions*
- 20 Foyer Federation (2003) *The 16 hour rule – past its sell by date*; Centrepoint's 'Youth homelessness statistics' estimate that 40% of their clients have no qualifications www.centrepoin.org.uk/main.asp?id=482_1952_19258 Mental Health Foundation (1996) *Off to a bad start*, estimates that 60% have no qualifications.
- 21 Hazzard, S. and Whitford, L. (2005) *Hard Work for Homeless People*. St Mungo's
- 22 Singh, P. (2005) *No Home, No Job: Moving on from transitional spaces*. OSW
- 23 Singh, P. (2005) *No Home, No Job: Moving on from transitional spaces*. OSW
- 24 CESI (2005) *A literature review on access to main stream public services for homeless people*, Crisis
- 25 Parsons, N and G. Palmer (2004) *A Review of Government Policies that have an Impact on the Single Homeless*, Crisis
- 26 CESI (2005) *A literature review on access to main stream public services for homeless people*, Crisis
- 27 National Audit Office. (2005) *More than a roof: Progress in tackling homelessness*. NAO; Audit Commission (2003) *Homelessness: Responding to the new agenda*. London: HMSO
- 28 Crane, M. and Warnes, A. (2001) 'The responsibility to care for single homeless people' in *Health and Social Care in the Community* 9:6, pp.436-444; Park, G. (2002) *Someone and Anyone: Assessment in voluntary sector services for homeless people in London*, Homeless Link and King's Fund; Rankin, J. and S. Regan (2004) *Meeting Complex Need: The Future of Social Care*, Turning Point and IPPR
- 29 Neale, J. and Kennedy, C. (2002) 'Good practice towards homeless drug users: research evidence from Scotland' in *Hhealth and Social Care in the community*, 10: 196-205
- 30 Singh, P. (2005) *No Home, No Job: Moving on from transitional spaces*. OSW; Synchronicity and ECOTEC. 2000. *New Deal for Young People: Young Rough Sleepers Awareness and Attitude Survey*. Employment Service; Jones and Pleace 2005. *Daytime Homelessness*. Centre for Housing Policy, University of York; Yanetta, A. and Third, H.1999. *Homelessness in Scotland: A good practice note*. Chartered Institute of Housing in Scotland, East Lothian Council and The Scottish Office Development Department