



First Three month report

Choosing a name for the service

Following extensive research around the subject of multiple needs and exclusion, there are various terms used in a number of settings. These include multiple, complex needs, deep chronic and extreme social exclusion. The preferred term in the homeless sector seems to be severe and multiple disadvantage as this recognises the social and relative nature of disadvantaged while avoiding talking about their 'needs' which imply that the person's situation is due to their own characteristics rather than the situation they are in. There are also various acronyms used in the sector including ACE, Adults facing Chronic Exclusion and MEH, Multiple Exclusion Homelessness.

As referenced in the Hard Edges report, Severe and Multiple Disadvantage is felt to be distinct from other types of social disadvantage because of the degree of dislocation from societal norms.

Taking all aspects of the proposed service into account it was agreed that the name for this service will be Service for Adults Facing Exclusion using the acronym SAFE. The word SAFE portrays and encompasses elements of the service that we aim to provide, to include protecting individuals and the public from being exposed to harm or danger and affording security.

Positive feedback on the name , SAFE, has been obtained from key partner agencies, front line staff, Homeless Link and various organisations in different localities.

Research

Research has been conducted using a variety of methods including paper and web-based, attending relevant events, meeting key personnel and visiting other organisations.

The reading of numerous recognised industry reports and papers from the Revolving Doors Agency, Joseph Rowntree Foundation, Homeless Link, Changing Lives, Lankelly Chase Foundation, The Institute of Mental Health, and Groundswell, has provided valuable information to shape the direction and delivery of SAFE.

It is evident from this research that individuals experiencing severe and multiple disadvantage, experience multiple and interrelated problems all at once, chaotic lives, exclusion from mainstream services but high use of emergency and criminal justice services, social and economic exclusion, multiple lapses in recovery and have often experienced a range of forms of trauma in childhood and extreme forms of distress in adulthood.

The extreme nature of Severe and Multiple Disadvantage in the Hard Edges report was often said to lie in the multiplicity and interlocking nature of these issues and their cumulative impact.



Being adversely affected by a combination of factors such as family conflict, worklessness, poverty, mental ill health, substance abuse, physical impairments, personal trauma and episodes of homelessness, individuals are routinely excluded from effective contact with services and have difficulty in achieving settled accommodation or sustaining a tenancy.

Despite the overall complexity of need among this group, services regularly fail to adequately address multiple problems and individuals often 'fall through the gap' between services. Services may have tightly defined remits and limited resources, focusing on the severity of need and on single issues, be that housing, health, or dependency. People with severe multiple disadvantage often fail to meet the thresholds set by individual services, despite the fact that in combination their problems result in a high level of need. As well as this, they are often excluded from services as they struggle to keep rigid appointments, comply with 'rules' and may be seen as disruptive.

People facing multiple problems, caught in the cycle of crisis, exclusions and crime, often come into contact with a wide range of services. These include health and social care services, criminal justice agencies, benefits and employment agencies and supported housing and homeless services. Unfortunately many of these interactions can be fruitless, or worse, they can exacerbate an already negative situation. Research suggests that one contributory factor in this response from services is a mismatch in expectations between both the type of help that the client wants and what is available, and between what constitutes a successful outcome to services and what constitutes a successful outcome to clients.

Turning the Tide (Page & Hilberry 2011) outlines a vision where people experiencing multiple needs are:

- Supported by effective, co-ordinated services
- Empowered to tackle their problems, reach their full potential and contribute to their communities

Defining the criteria for SAFE

Using the extensive research and taking into account existing services offered by Harrogate Homeless Project, extensive knowledge of local services and agencies, and in having an in-depth understanding of clients who have accessed services over the years we are able to identify the proposed client group for which SAFE would be able offer an innovative flexible response to local need. This core group of individuals remain marginalised, are resistant to engage in resettlement and have ineffective contact with services.

In determining the criteria for SAFE it is felt that there should be an agreed methodology to identify clients with severe multiple disadvantage.

The criteria for severe multiple disadvantage must include a number of the following;

- Long term/entrenched homelessness
- Street culture activities
- Criminal justice involvement



- Mental ill health
- Substance/Alcohol dependency
- Multiple lapses in recovery
- Physical ill health
- Poverty
- Disengagement and ineffective contact with services
- Exclusions from services
- Inability to manage personal affairs
- Social and economic exclusion
- Chaotic lifestyle
- Social isolation

In addition to the above determining factors of severe and multiple disadvantage, use of the SAFE Assessment Matrix based on the NDT assessment, copyright to the South West London and St George's Mental Health Trust will determine whether someone referred to SAFE is appropriate for this service.

It is acknowledged that a large proportion of clients accessing current services will experience multiple complex needs. In differentiating severe and multiple disadvantage from multiple complex needs we have determined that individuals will be experiencing several of the above issues at the same time and as such are living chaotic lives without support from existing services. Facing multiple problems that exacerbate each other and lacking effective support from services, has shown that individuals have ended up in a downward spiral of mental ill health, drug and alcohol problems, crime and homelessness. They become trapped living chaotic lives where escape seems impossible, with no individual service offering a solution or a way out of the perpetuating cycle.

In addition to considering the factors determining severe and multiple disadvantage we also propose a minimum age limit of 25 years old. The thought behind the age limit takes into account current services available to young people in the District, identification of individuals currently not accessing services and the long-term nature of severe multiple disadvantage.

No Second Night Out and the Hostel would always be the first option for anyone experiencing homelessness, for whom the local authority does not have a responsibility for in the District. It is recognised that some individuals may need to access these services a number of times over a long period of time before breaking the cycle of homelessness and as such these services will continue to offer support.

It is apparent, however, that there is a group of individuals who experience severe and multiple disadvantage for which No Second Night Out and the Hostel are not a suitable or appropriate option, either due to multiple exclusions or rejection of offer or support by clients; as such these individuals have already been identified and have shaped and determined the criteria for SAFE.



Referral Process

SAFE will only accept referrals from agencies in the locality and internal referrals from Harrogate Homeless Project. Members of the public would be expected to refer to No Second Night Out using the normal methods. Using the SAFE referral protocol, referrers will be asked to carefully consider if the client is experiencing several identifying factors of severe and multiple disadvantage, living a chaotic lifestyle, aged 25 years or above, having a long history of disengagement or ineffective contact with services, experiencing multiple exclusions and/or isolation prior to submitting a referral. Referring agencies would also be required to consider how they can play a part in the support plan and solutions, working as part of the Operational Group.

Completed referral forms will be submitted by email to the SAFE Project Leader.

Once a referral is received SAFE will carry out an assessment matrix based on the New Directions Tool and Chaos Index using the nine domains of the individual's life. This will include;

- Engagement with front line services and will aim to identify people with the most severe needs and exclusions
- Intentional self-harm
- Unintentional self-harm
- Risk to others
- Risk from others
- Social effectiveness
- Alcohol/Drug abuse
- Impulse control

Using a scoring system for each of the domains, a client scoring 30 or more may be eligible for SAFE.

At this point, the referral will be discussed during the Operational Group meeting as agreed with the Community Safety Hub. All agencies with former or present involvement or knowledge of the individual will be expected to provide information to contribute to the decision making process of accepting or rejecting a referral. It is hoped that in receiving referrals from agencies only, that it will create 'buy in' and enable a flexible, responsive approach from all parties concerned. Should a decision not be reached as a group, the final decision for accepting or rejecting a client will remain with the SAFE Project Leader.

If the client is not accepted by SAFE, every effort will be made to refer the individual on to other agencies if identified as needed and the referrer notified. Re-referrals can be submitted at any point if an agency feels that the individual's needs or circumstances have changed.



Once a referral has been accepted SAFE will arrange to conduct a Strengths Based Assessment with the individual and commence working with the individual immediately if availability allows.

Agencies involved with the individual will be notified as to the multi-agency plans.

Principles for SAFE service delivery

The following principles underpin the SAFE service design:

1. 'Someone on your side' – SAFE will identify every opportunity to build consistent, positive and trusting relationships.
2. Choice and Control – SAFE will put client choice and control at the centre of support. Instead of homeless people fitting into existing services, the personalised approach will start from the point of asking prospective clients what would help them move off the streets.
3. Assertive and Persistent – SAFE will embrace the belief that people are capable of turning their lives around even after severe challenges. SAFE will not give up on individuals. This will require continuous and consistent support over a long period, responding positively and constructively to set back.
4. Tailored – SAFE will allow a personalised approach which addresses the full, often complex range of an individual's needs.
5. Build on strengths – SAFE will encourage individuals' to recognise and develop their own personal strengths. Always seeing beyond 'needs and problems', recognising positive attributes.
6. Coordinated and Seamless – SAFE will have an awareness and understanding and links to other services so that everything joins up around the client to help ensure continuous support across key transitions, avoiding gaps in care. SAFE will provide advocacy to help clients to engage in existing services in an effective way.
7. Flexible and Responsive – SAFE will fully recognise that individuals are fallible and that no service can anticipate every turn of events, however SAFE will have the flexibility to respond quickly and positively and continue supporting people in crisis
8. Taking responsibility – If SAFE cannot provide support in a given situation, we will own the problem and automatically take responsibility for connecting the person with someone or a service who can help.
9. Trauma Informed – SAFE will understand the true extent of the emotional and behavioural impact on people of a traumatic childhood and life experiences. Staff will be aware of the risk that vicarious trauma presents to themselves. SAFE will include measures to avoid re-traumatisation of the client and encourage reflective practice and help with building resilience to support recovery.
10. Psychologically Informed Environment – SAFE will adopt the five key PIE elements and endeavour to provide safe, supportive relationships and environments for both clients and staff.
11. Housing First - SAFE will adopt the seven principles and use the model where possible



12. Lived Experience – SAFE recognises the value and importance of lived experience and will include the 'voice' of lived experience wherever possible.
13. Partnership Working – SAFE believes that to be an effective service that it cannot work in isolation and will work in close partnership with relevant services
14. Strategically supported – Effective service design always has the buy in of senior strategic stakeholders and as such SAFE will approach key stakeholders and form a strategic group.

Key Models

SAFE aims to explore innovative ways of supporting the District's severe and multiple disadvantage, for whom standard support services do not work, to move and stay off the streets and make positive changes in their lives. As a result of the extensive research carried out to date, the proposed models to be used within SAFE are:

- Personalised Approach
- Personalised Budget
- Link Worker Model
- Strengths Based Practice
- Trauma Informed Care
- Psychologically Informed Environment
- Housing First

The above models are all interrelated and have a common theme of enabling choice and control, putting the individual at the centre of their own support. SAFE aims to be innovative, adaptive, flexible, responsive and a specialist service.

Personalised Approach

Rigid, interventionist approaches are not seen as appropriate for adults with the most complex needs. Evidence suggests that a personalised approach works well for people with multiple needs and exclusion. Dwyer et al (2011) found that service users reported that the most effective interventions were those that were not circumscribed by external agendas and were able to offer flexible, unconditional support. Homeless Link commissioned by Broadway, examined in detail how projects working with long-term rough sleepers, and people with complex needs were using personalised approaches to support people sleeping on the streets. They found that personalised approaches were particularly effective for individuals who had not previously engaged with services to move off the streets. Revolving Chaos (2014) funded by Big Lottery and Fulfilling Lives has found that people with multiple needs and exclusions, want flexible, personalised, reliable support which responds to their needs and hears their views.

In using a Personalised Approach, SAFE will recognise people as individuals who have strengths and preferences and put them at the centre of their own care and support and will have the core aim of engaging with individuals who have rejected previous offers of support from services. It will aim to use a holistic, person-centred approach and assessment to help



address individuals' issues concurrently rather than in silos. Using a tailored support which is planned and coordinated across organisational boundaries will aim to achieve positive outcomes and has the potential to save public money.

SAFE will incorporate the key principles for personalisation services as highlighted in the 2009 DCLG Commissioning of four personalisation projects;

Meaningful client choice

Asking people what they want, making decisions, and choosing to move off the streets, is an important element of personalisation with severe multiple and disadvantaged. Giving individuals the space to determine what they want to do or where they want to go is a critical element. Having had limited choices in the past, such as living in institutions, is seen as a reason many long term rough sleepers have chosen not to engage with existing services.

Time and flexible resources

Central to personalisation is the ability to use resources flexibly to facilitate clients' choice and control. Having the time for staff and clients' to get to know each other and develop trust makes personalised services different from other provision.

Consistency and persistence

Consistency of staff is a key feature of personalised services in homelessness. This allows staff to challenge clients as they build up accountable relationships. Recognising the importance of persisting to engage clients'. The idea of never giving up.

Independent advocacy

Personalisation will involve an element of advocacy on the clients' behalf which will aim to support excluded people to engage with mainstream services.

Personalised Budgets

There is clear evidence that personalised approaches using personal budgets are used extensively in other sectors to facilitate client choice and control, such as purchasing care best to support individual needs.

Personalised approaches in homelessness tend to be characterised by client choice, intensive, long-term engagement, flexible and persistent support, and often a personal budget or central funding to facilitate continued engagement.

Having researched Personally Speaking – A review of personalised services for rough sleepers, by Homeless Link and conducted field research with differing organisations including MEAM York, First Stop Darlington, and Riverside Manchester there seems to be compelling evidence in the success of using Personalised Budgets for individuals who had not previously engaged successfully with other services to move off the streets.



The organisations featuring in the personalisation project and other providers all reported that the use of personal budgets enabled staff to build relationships over many months, using innovative and creative ways of engaging clients who had previously rejected offers of support from services. Personal budgets enabled flexibility, freedom, choice and control. The budgets could be used in all services for anything that would support the client and improve wellbeing, for example drinks, meals, activities, haircuts, mobile phones, toiletries, clothes, birth certificates, travel to connect with family, training courses, household items, pay rent arrears, pay rent deposits etc. The Pan London Personalised Budget Outreach Project, Broadway assisted one client to use his budget to buy a caravan which was located on a travellers' community.

SAFE would not use Personal Budgets as a fund but would allocate budgets to clients on an individual basis to facilitate engagement, support one to one work and enable choice and control. For clients accessing SAFE it would allow them the freedom to say what would help them and allow choice about how to achieve their goals, forming a critical part of taking responsibility for moving off the streets into accommodation..

Link Worker Model

Having researched various models including Multisystemic, Wraparound and Link Worker, which aim to improve outcomes for people with multiple and complex needs, the Link Worker Model is best suited for SAFE.

This model is designed specifically for adults with multiple and complex needs and was developed to stop people going through the 'revolving door' of crisis and crime. It focuses on accessing formal services but working with people based in the community. It aims to provide a direct response to people falling through the gaps between services and help people who are not receiving the support they need, through linking them in with services and acting as advocates and continuous sources of support.

Broadly, link workers support people experiencing issues such as 'poor mental health, substance misuse, poor social relationships, financial difficulties, lack of employability and exclusion from services', to navigate the multiple systems and services they need to access support. Clients are helped to engage with and access services such as health, probation and housing. To do this link workers act as advocates and brokers as well as supporting their clients to engage with services.

The way in which link workers relate to their clients is as significant as the practical support they give. Link workers offer a consistent, persistent and assertive approach to people with multiple and complex needs. They 'role model' good behaviour and offer a positive social relationship that may have been absent from many individuals' lives and with optimism and persistence this may be absorbed by the clients themselves. Developing clients' skills and instilling confidences to cope by themselves so that in future a problem may not reach crisis point is integral to this model.

In providing a solid and consistent source of support through SAFE, this may help reduce fear of further abandonment which means clients are more likely to stay engaged with the



service. A continuous relationship means that clients do not have to repeat sensitive and complex information repeatedly and it gives people a sense of security as they feel that they have someone on their side.

The model is non punitive and SAFE will allow an open ended service avoiding rejecting clients for challenging behaviours or failing to attend appointments. Rather, SAFE will repeatedly try and make contact with clients if they do not attend scheduled appointments, recognising that this group may have difficulty in adhering to rigid appointment systems. In providing moral support by accompanying clients to appointments SAFE recognises that this might be a source of fear due to previous experiences for some clients.

The work required within SAFE is more than linking people facing severe multiple disadvantage to existing support services. It is about getting alongside and working with individuals over a sustained period of time, to build an environment which enables people facing severe and multiple disadvantage to improve their lives.

Reports found that Link Workers can help improve wellbeing, reduce contact with police and use of A&E, increased use of GP healthcare, improved access and engagement with mental health services, reduced offending, reduced drug and alcohol use, reduced street culture activities, and make substantial improvements to clients housing situations, improved familial relationships, improvements in behaviours, including measures such as impulse control and coping skills. Evidence also suggests that Link Worker services increases client welfare benefit incomes' which is important in both alleviating poverty and achieving stability. Evidence also shows that Link Workers do urgent work to help stabilise their clients' situations and also link them in to services that can further enhance their lives after emergency situations are resolved.

In the Revolving Doors Publication, Summing Up there are clear findings from 16 years of practice and research of the existence of a group of people with multiple unmet, interrelated needs, including health, behavioural, practical, emotional and skills-based needs who are both the victims as well as the perpetrators of crime (Anderson 2010). The report highlights the sheer multiplicity of need. Almost half of the clients from the Revolving Doors' pioneering Link Worker services needed help from between 6 and 10 services; and a further 10% required help from 11 services or more.

SAFE will adopt the following Link Worker Model principles:

1. Coordination and advocacy, helping people gain access to appropriate services
2. Consistency; staff will be a stable source of support
3. Persistence and creative; staff will keep trying to engage clients
4. Non punitive; Clients will not be excluded for not engaging or disruptive behaviour
5. Holistic; Multiple needs will be addressed
6. A supportive approach to developing skills and appropriate behaviour
7. Individualised and client led
8. Open ended; clients may return to the service



Strengths Based Practice

Research shows that strengths based case management gives clients hope and motivation, helps build the client's self-esteem, empowers the client, looks at the whole person, not just the person's 'label' and utilises the resources that are readily available.

In using some of the key concepts of strengths based practice, SAFE will recognise that every individual has strengths and that these strengths can be used to help the individual attain goals that they set themselves. SAFE will generate options and alternative pathways to an individual's goal which is fundamental to strengths based practice.

In conducting strengths based assessments with individuals', SAFE will gather information conversationally, listen to individuals' stories and take individuals' ideas seriously, discover what an individual wants, their aspirations, goals and dreams, have the individual identify what unmet needs are most important to address first. SAFE will recognise individuals' talents, skills and accomplishments in multiple life domains and identify successful coping and problem solving strategies that the individual has used in the past wherever possible.

Trauma Informed Care

The Changing Lives for the Better – Impact Report 2016, finds that trauma is a feature of life for many people. The Lankelly Chase Foundation (2015) found that 85% of those in touch with criminal justice, substance misuse and homeless services have experienced trauma as children. Trauma in childhood can have a devastating impact on a person's life and can be a trigger for further trauma in adulthood.

Clients' histories and subsequent inter-personal difficulties may also heighten sensitivity to (inaccurate or accurate) perceptions of rejection from staff and services, resulting in either a depressive or angry response. Repeated rejection from services continues a cycle of rejection initiated in childhood. SAFE will be particularly careful not to reinforce this cycle, particularly when the nature of client behaviour elicits rejecting responses.

If SAFE is able to recognise the prevalence and consequences of trauma and is able to relieve its impact and create safe spaces as a result people may be able to begin to change their lives.

In building a trusting relationship with clients, if appropriate SAFE will aim to learn about the underlying reason as to why someone may be homeless in order to help understand the individual's needs.



In providing Trauma Informed Care, SAFE will aim to:

- Increase safety
- Increase control
- Increase understanding
- Increase empathy
- Enable recovery to begin
- Decrease risk of secondary trauma
- Decrease likelihood of re-traumatisation

Psychologically Informed Environment

A psychologically informed environment takes into account the psychological make-up, experiences and needs; the thinking, emotions and past experiences of its participants in the way that it operates. Evidence shows that it is particularly effective for those who have experienced complex trauma. Those who tend to access homeless services are disproportionately affected by child and adult trauma.

It is more than likely that many clients accessing SAFE may seem to have difficulty managing their emotions, appear impulsive and do not consider the consequences of their actions. Some may be withdrawn, isolated and reluctant to engage, or exhibit anti-social behaviour. SAFE intends to use this approach to help staff understand where client behaviours are coming from and work more creatively and constructively with challenging behaviours.

Harrogate Homeless Project started 'Streetlight' three years ago, offering in-house Psychotherapy for clients. SAFE clients may also choose to access Streetlight.

In line with current HHP practice, SAFE will develop a plan in collaboration with each client to identify triggers which can lead to a potential crisis, how to avoid and/or manage it and establish how the client wants staff to respond if they become distressed or their behaviour is challenging.

The approach will also be used to consider the psychological needs of SAFE staff, develop skills, increase motivation, job satisfaction and resilience.

Housing First

Having attended the Homeless Link Housing First Away Day and a Masterclass for Housing First at the Tackling Multiple Disadvantage National Summit, this confirmed that SAFE should introduce the model as an innovative new approach to the District.

Housing First is an approach that is evidenced to successfully support people with repeat histories of homelessness, who experience complex disadvantages, into settled accommodation. Homeless Link research shows that 70-90% of Housing First residents maintain their accommodation, and go on to improve other aspects of their lives. Research into nine pilot services in England (conducted by York University, 2015) found that 74% of



Housing First tenants have been housed for a year or more. The approach is popular internationally, and is an important part of the solution to ending homelessness.

Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward.

The Housing First Model has been widely adopted overseas and following successful pilots in the UK is now becoming more readily used in various localities. Having spent time with the MEAM team in York who use aspects of Housing First Model and are provided with properties directly from York City Council using a direct referral system, and Basis/Foundation, Leeds who use the model in its entirety, it seems that only using the model as intended provides the best outcomes. Visits have also been arranged to Riverside Manchester and Changing Lives Newcastle to see how they use the Housing First Model.

Homeless Link are clear that evidence suggests that services with higher fidelity to the core principles of Housing First are more successful at generating positive outcomes for their clients, regardless of the operating context. They recommend that providers adhere to the following principles as closely as possible in order to provide high quality and successful Housing First services.

As such, SAFE intends to use the following Housing First core principles:

1. People have a right to a home

- Housing First prioritises access to housing as quickly as possible
- Eligibility for housing is not contingent on any conditions other than willingness to maintain a tenancy
- The housing provided is based on suitability (stability, choice, affordability, quality, community integration) rather than the type of housing
- The individual will not lose their housing if they disengage or no longer require the support
- The individual will be given their own tenancy agreement

2. Flexible support is provided for as long as it is needed

- Providers commit to long-term offers of support which do not have a fixed end date; recovery takes time and varies by individual needs, characteristics and experiences
- The service is designed for flexibility of support with procedures in place for high/low intensity support provision and for cases that are 'dormant'



- Support is provided for the individual to transition away from Housing First if this is a positive choice for them
- The support links with relevant services across sectors that help to meet the full range of an individual's needs
- There are clear pathways into, and out of, the Housing First service

3. Housing and support are separated

- Support is available to help people maintain a tenancy and to address any other needs they identify
- An individual's housing is not conditional on them engaging with support
- The choices they make about their support do not affect their housing
- The offer of support stays with the person – if the tenancy fails, the individual is supported to acquire and maintain a new home

4. Individuals have choice and control

- Choose the type of housing they have and its location within reason as defined by the context. (This should be scattered site, self-contained accommodation, unless an individual expresses a preference for living in shared housing).
- Have the choice, where possible, about where they live
- Have the option not to engage with other services as long as there is regular contact with the Housing First team
- Choose where, when and how support is provided by the Housing First team
- Are supported through person-centred planning and are given the lead to shape the support they receive. Goals are not set by the service provider

5. An active engagement approach is used

- Staff are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service
- Caseloads are small allowing staff to be persistent and proactive in their approach, doing 'whatever it takes' and not giving up or closing the case when engagement is low
- Support is provided for as long as each client requires it
- The team continues to engage and support the individual if they lose their home or leave their home temporarily

6. The service is based on people's strengths, goals and aspirations

- Services are underpinned by a philosophy that there is always a possibility for positive change and improved health and wellbeing, relationships and community and/or economic integration
- Individuals are supported to identify their strengths and goals
- Individuals are supported to develop the knowledge and skills they need to achieve their goals



- Individuals are supported to develop increased self-esteem, self-worth and confidence, and to integrate into their local community

7. A harm reduction approach is used

- People are supported holistically
- Staff support individuals who use substances to reduce immediate and ongoing harm to their health
- Staff aim to support individuals who self-harm to undertake practices which minimise risk of greater harm
- Staff aim to support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing

It is common knowledge that the biggest reasons for accommodation based services declining referrals or refusing access to clients are either that the person being assessed as being too high risk to other clients, staff or themselves or that their needs were too high. Traditionally services use the 'staircase or linear approach', as people progress through a series of accommodation and treatment services until 'housing ready' and can access independent living. Housing First makes no conditions and provides immediate housing solution with 'wraparound' support to an individual to help them maintain it.

SAFE views the Housing First approach as not just a housing solution, but as a sophisticated psychological approach that engages and supports those who are alienated by traditional services. SAFE proposes to use this model to adopt a personalised approach that places choice back into the hands of the client.

Within the Harrogate District the biggest barrier to setting up a successful Housing First project is access to suitable and affordable accommodation both in the social and private sectors. Taking into account the guidance published by Homeless Link in May 2017 for social landlords, SAFE will work towards negotiating and persuading registered social landlords, private landlords and registered social housing providers to be flexible with their allocations policies and accept individuals on benefits offering support from SAFE in sustaining tenancies.

Harrogate Homeless Project has clear evidence of the success of using the Housing First Model with two clients who are being supported by SAFE. Funding options to facilitate the use and expansion Housing First will be explored, including joint funding applications with the Local Authority.

Caseload

Given that clients accessing SAFE have severe and multiple disadvantage and as such require intensive support, it is imperative that caseloads remain small for effective long-standing work to take place. In using Personalised Approaches and the Housing First Model, the support remains open ended. To reflect the current funding and post of the Project



Leader to include strategic development and management responsibilities, a caseload of three clients would be the maximum at this time.

It is anticipated that a post holder without other duties would be able to maintain a maximum caseload of five or six clients. Having discussed caseloads with other organisations, this figure is the maximum to achieve effective outcomes. In addition, if using the Housing First Model, it would be essential to create a separate post to specifically provide the housing management side of things.

Broader Outcomes

Evidence shows that extreme care should be taken in supporting vulnerable adults moving off the streets after a long period of rough sleeping, as it may exacerbate feelings of anxiety, isolation and possible increase of alcohol and substance use. It is recognised that the process may be very slow and for some with severe multiple disadvantage moving away from street life may not be an option. There may be strong resistance and even antagonism towards services including SAFE initially, but through persistence it is hoped that broader outcomes may be achieved through offering a consistent service. SAFE aims to have an impact on a range of aspects in individuals' life and may include:

- Welfare benefit claims set up, recognising previous resistance to claiming benefits due to previous problems with maintaining a claim or a sense of self-sufficiency. Meetings have already taken place with the local Job Centre Plus to discuss innovative ways of working together with SAFE. As a result of having benefits in place, poverty, street activity and acquisition crime will be reduced.
- Improvements to health. Following successful meetings with local GP's, services will be more accessible for clients accessing SAFE. Clients may feel more confident in using GP services as intended with support. As evidenced in the attached case studies, both clients have already seen improvements to their health and are both accessing medical services for the first time and taking preventative measures to improve their physical health.
- Improvements to mental health. SAFE will work with mental health services to improve access, referrals, engagement and services for individuals. Following a successful meeting with Service Manager, NYCC, agreement has been sought to explore various avenues with NYCC and TEWV to improve services.
- Engagement with drug and alcohol treatment. Meetings have taken place with North Yorkshire Horizons and we are now looking at developing a Vulnerable Adults Pathway between both services and how a more intensive outreach provision can be provided to both offer a harm reduction approach and improve engagement. Specific work has taken place with one client accessing SAFE, who as a result has started to reduce alcohol intake and is now planning to start an alcohol detox programme.
- Making plans for a future away from the streets will include using strengths based practice to agree goals and aspirations.
- Developing independent living skills to include budgeting, cooking, and maintaining a home.



- Re-establishing links with family. It is important to ensure that people are ready and sufficiently supported to access social networks. One client now has weekly contact with his Mother, and has started thinking about plans to meet once a month.
- Creating the opportunity for Peer Mentoring further down the line to provide valuable insight and assist in the engagement of clients.

Measuring outcomes

Some organisations use Outcomes STAR, The New Directions Tool and The Warwick Edinburgh Mental Well-Being Scale to evaluate their approach. Having looked at various methods, it appears that producing quantitative data to measure the impact on the Criminal Justice System, Emergency Services and A&E is achievable using existing resources. Data generated will also include specific client breakdown information, referral sources, and engagement with other agencies which will provide output information. In using the New Directions Tool on initial referral and then repeating the assessment every six months thereafter will provide quantitative data demonstrating outcomes.

Following discussion with Commissioner's for the Police and Crime Commission, consideration is now also been given to the use of Categories of Needs as a method of measuring outcomes, as this would provide self-scoring outcomes for individuals.

The vast majority of outcomes would be harder to analyse and as such would be measured using qualitative data to include in-depth case studies and client feedback. Detailed reports will be produced as required to include all aspects of the service.

Lived Experience

It was clear from attending the Tackling Multiple Disadvantage National Summit the importance of including and valuing lived experience when shaping and delivering services.

Groundswell conducted research – The Clients Perspective 2007 to examine in detail service provision for rough sleepers and why clients were unable to move off the streets. Each client was given a £10 incentive for participating in the interview process. The research included, barriers to accommodation, drug and alcohol use, lack of knowledge and information, accommodation for couples, fear of provision available, staff attitudes, the role of enforcement and rules and regulations.

SAFE is keen to establish clients' perspectives of current services, barriers to accessing services and accommodation and approaches that have been helpful and not helpful in the past. This insightful information will help shape ways of working within SAFE. Using an incentive may be an option if funding could be sourced to conduct interviews with clients willing to participate, however it is acknowledged that this may not be an appropriate option for some clients.

SAFE would also like to establish a lived experience group to discuss delivery methods, obtain client feedback and look at ways in which peer support could be introduced to the



service. SAFE would invite participants with lived experience from all partner agencies in order to provide a fuller picture.

Further research is planned in this area to include spending time with the WYFI Experts by Experience Group.

Operational Group/Multi-Agency Working

Following successful meetings with the Community Safety Hub, it has been agreed that the SAFE operational meeting will form an extension of the existing weekly Community Safety Hub meeting. Having discussed various clients that may access SAFE, it may be that they have already been adopted by the Hub, therefore it makes sense rather than to duplicate meetings that we work collaboratively. A specific slot at the end of the agenda each week will be allocated for SAFE. Any agencies involved with a SAFE client would be expected to attend this part of the meeting. Not only will multi-agency plans and actions be agreed but there may be specific task and finish groups set up for a particular case as a result of the operational group meeting. Referrals as mentioned earlier will also be discussed at the operational group meetings.

The Operational Group will meet on a weekly basis and agree a joint support plan for each SAFE client; to enable flexible responses from each agency, swift access to appropriate services and overcome any barriers to service provision.

Working in conjunction with the Community Safety Hub and Probation, information will be made accessible for clients accessing SAFE to include involvement with the criminal justice system for the previous twelve months prior to accessing SAFE and then six months after intervention, to show whether or not value for money is being achieved.

Agreement with the Community Safety Hub has been reached that SAFE will work alongside the Hub to reduce street activities of those accessing to include begging and street drinking. SAFE will partner any future police operations of a similar nature.

Consultation and discussion has taken place with Commissioners', Probation, Integrated Offender Managers, Beat Managers, Police, Mental Health Services and North Yorkshire Horizons' to discuss new methods of working together using a more effective joined up approach. All agencies view SAFE as an essential service to the District.

Due to the range of issues experienced by the clients accessing SAFE, all services need to work together to deliver support using a flexible and coordinated response. Persistence and flexibility from all staff and services is essential to ensure engagement from people who may typically experience a high level of exclusion. SAFE will encourage holistic multi-agency working to develop realistic support plans to enable clients to make sustainable changes to their lives. The core principles of multi-agency working will be to find shared solutions to benefit everyone involved; develop a coordinated approach amongst local partners and embed this approach amongst other services and sectors.



SAFE will act as the Single Point of Contact for all agencies for any clients accessing the service. This will include local Police Officers and Police Community Support Officers. It has been agreed that the Police Control Room will be notified of SAFE clients to ensure effective communication when requiring the Single Point of Contact. This may be used as an intervention tool and mitigate the need for police attendance or action.

It has been agreed that CCTV will play an instrumental part in conducting 'street walks' and will notify SAFE as required. Information received via CCTV will be discussed during the Operational Group meetings.

SAFE will be based at Springboard (Day Centre) to enable clients to have easier access at any given time during the working week, to avoid the need to book specified appointment times. Partner agencies will be encouraged to share facilities at Springboard to facilitate engagement. This will be in addition to carrying out work in the community or at a location of the clients' choosing. For clients who may be facing multiple exclusions or for which Springboard may not be an appropriate setting, SAFE will work towards inclusion and in the interim alternate arrangements will be made in the community.

Strategic Planning

SAFE views the need for a Strategic Group as essential. The aim of a Strategic Group would be to oversee and take responsibility for the direction of SAFE, and to ensure access to and flexible responses from all local services for individuals facing severe and multiple disadvantage. The Board would promote a shared vision of the service and its objectives to all stakeholders, consider barriers faced by the Operational Group which require strategic change and ensure that learning leads to longer-term systems change.

SAFE has encouraged the development of strategic partnerships to include the Community Safety Hub, Police, Probation, North Yorkshire Horizon's, Public Health, North Yorkshire County Council (Social Care), CCG, Commissioners, and Tees Esk Wear Valley NHS and aims to work at strategic level to negotiate flexibility of service thresholds, build strong networks with local statutory and voluntary organisations, increase opportunities for partnership working and agree how partners will work together and explore further funding and commissioning options. The extreme vulnerability and complexity of the clients accessing SAFE falls within the remit of numerous North Yorkshire County strategies. SAFE will aim to support strategic partners to meet the key priorities and objectives of Harrogate Borough Council Strategic Objectives, Homeless Reduction Bill 2017, Police and Crime Commissioner Priorities, Police and Crime Plan 2017-2021, North Yorkshire Alcohol Strategy 2014-2019, North Yorkshire Joint Health and Well Being Strategy, North Yorkshire Mental Health Strategy 2015-2020 and the Crisis Care Concordat.

Successful meetings have already taken place with Senior Managers within the Community Safety Hub, North Yorkshire Horizon's, Probation, Police, Safeguarding and Social/Mental Health Services all have who have pledged their agreement for involvement in a strategic group. Contact has been made with Public Health, Tees Esk Wear Valley NHS and CCG to which we are awaiting a response.



Confirmed members of the Strategic Group:

- Liz Hancock – Chief Executive Officer, Harrogate Homeless Project
- Deby Atkinson – SAFE Project Leader, Harrogate Homeless Project
- Carol Loftus – Housing Needs Manager, Harrogate Borough Council
- Inspector Bill Scott – North Yorkshire Police, Mental Health Partnership Development
- Andrea Fox – Area Manager, North Yorkshire Horizons
- Jacqui Morrell – Service Manager, North Yorkshire County Council
- Pauline Wilkinson – Interchange Manager, Interserve Probation
- Julia Stack – Community Safety & CCTV Manager, Harrogate Borough Council

Plans for the next three months

- Continued research
- Continued development of the service
- Continued momentum to ensure where initial contacts have been made that these are followed through
- Exploration of best practices within the sector
- Visits to: Fulfilling Lives Projects, Changing Lives Newcastle, Together Pathway York, WYFI, MEAM Projects, Riverside Manchester, Resettlement Services HMP Humber and other appropriate services
- Continuation of forming strategic alliances and recruitment for the Strategic Group
- Meeting to discuss FOCUS Pathway
- Referral protocol to be shared with partner agencies
- Implementation of the Operational Group
- Innovation funding application to 3SC to follow up
- Applications for funding including Small Grants Scheme and Police and Crime Commissioners
- Funding strategy to be agreed with HHP Board of Trustees
- Exploration of social investment funding
- Further exploration of lived experience involvement
- Continuation of current caseload