

Giving a voice to the  
frontline staff working  
in homelessness in  
Brighton and Hove.

ST MARTIN'S FRONTLINE NETWORK

18TH APRIL 2018



**Frontline  
Network**



# INTRODUCTION

St Martin's Frontline Network exists to harness the ideas, energy and experience of those at the frontline working with homeless and vulnerably housed people. They do this by building relationships, sharing best practice, developing solutions and communicating the experience and views of the frontline.

As part of Frontline Network programme of events in Brighton, organised by partner agency Justlife, a group of workers gathered to reflect on the work they do and the challenges that they face. The session was facilitated by Greg Headley from the Charity Link Project, commissioned by Brighton and Hove City Council.

**The session involved people working in small groups followed by a time to feedback and share, as a whole**

**group. They looked at identifying:**

- **what we are doing well**
- **what the barriers to success are**
- **where the gaps in provision exist**
- **what our opportunities for development and learning might be.**

As the session was of limited time all those who attended were given the opportunity to add any further thoughts and ideas in a follow-up survey questionnaire. We recognise that frontline workers don't always have a view of the bigger picture and knowledge of what is happening strategically in the city but feel their experience and insights are really valuable and hope the information gathered at the event can be fed into the work to end rough sleeping in the city and ongoing support for those who are homeless.

Below is an outline of the issues discussed.



# WHAT WE ARE DOING WELL

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Many felt that the levels of collaboration between workers and services had improved with positive relationships being fostered across the sector. Some expressed that they found that forums such as the Frontline Workers Network were invaluable for this purpose, putting a face to a name and seeing beyond the organisational image to the individuals within:

*'I have found largely that what is working well is human relationships. We are working within systems that are not clear, difficult to use and it is the power of human relationships that enables us to work collaboratively with our clients.'*

A joint working approach was felt to have been beneficial for improving outcomes for service users. It was expressed that there had been the beginnings of a cultural shift, enabling more meaningful collaboration supported by 'services accepting that they need to work with each other' more intentionally and creatively. It was also noted that there is improved communication between statutory; non-statutory; and community led organisations, which was felt to be part of the increasing shared awareness that to end rough sleeping is a whole city task.

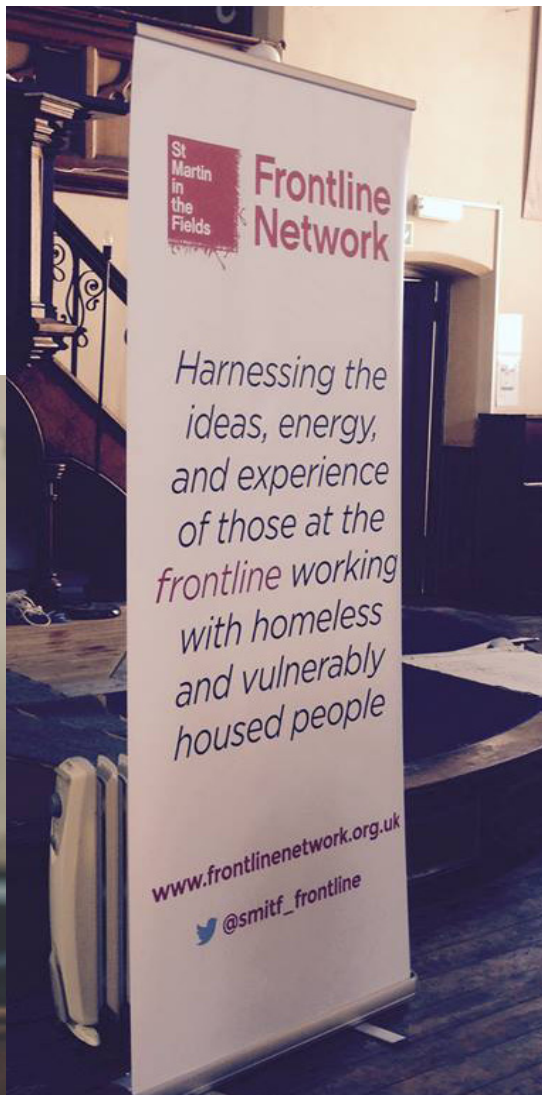
*'Having a good network of contacts who can give advice or joint work'*

It was also the experience of many that there had been an increase in the levels of expertise amongst the frontline workers – both with the feeling that there were more specialist workers, and a greater awareness amongst staff teams of the PIE model and how to work well with people with complex trauma, and multiple and complex needs. The support offered is felt to be more balanced and tailored to the needs of the individual with 'service users having choices about which services work for them' and how they engage with those services.

The voice of lived experience was also felt to be a positive move forward as this gradually becomes a bigger part of influencing the development of services. It was felt that this could be developed more and embraced more meaningfully amongst those who are responsible for leading services. The Peer Mentor programmes were felt to be positive and this allowed workers to learn from people as they worked alongside them, which in turn informed better working practices.

Overall the group were positive about the direction of the City's services, but acknowledged that there was still space for improving outcomes and the opportunities for our service users - such as getting basic needs met more quickly.

There was some very positive feedback about the tangible change in public involvement in the issue of rough sleeping and homelessness. This had been noted through the increase in public dialogue and the way that the community is coming together - looking to find solutions and develop innovations.



# WHAT THE BARRIERS TO SUCCESS ARE

Many of the barriers identified revolved around the level of resources and funding available for frontline workers to support people to both access and to sustain accommodation at all levels. This is from moving out of rough sleeping and into emergency or supported accommodation, right through to independent living, and follow up support for tenancy sustainment.

Structural forces were felt to be a significant barrier with the costs of housing locally and the *'Brighton bubble'*, compounded by the barriers to accessing private rented accommodation in the city. It was felt that the task of moving people



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through a recovery programme from homelessness was an uphill struggle without sufficient exit pathways available for them to move beyond the system and fully become community integrated. Many clients experience a huge level of anxiety around moving into private rented accommodation, which acts as a significant barrier when this is the primary option. This was especially the case when employment is promoted as a way forward for an individual, with the ongoing *'issues around clients in supported/temporary housing who enter employment being at a financial disadvantage under the new UC rules'*.

The supply of appropriate supported accommodation and the timescale for accessing this was felt to be a barrier to recovery as many considered that the longer people remained in unsupported accommodation or rough sleeping, then the harder it was to work with them on successful outcomes in the longer term. Insufficient tenancy sustainment support was also seen as a barrier, which meant that more tenancies failed than is necessary.

The workers were aware that many of these issues are national and as a result of government policy rather than local policy. It was felt that government policies may not be sufficiently evidence based and their imposition disempowered people at the frontline who had a greater understanding of the lived experience of the people they support and the day to day issues in homelessness. Here the impact of Universal Credit was particularly referred to which was felt to be causing significant anxiety amongst frontline staff and service users.

It was also felt that organisationally there existed some significant barriers particularly a need for *'open and honest communication'* about how

decisions are made that affect the frontline. Some expressed that the ongoing uncertainty about contracts and tenders and the *'lack of a long-term plan'* resulted in a higher level of insecurity amongst staff and had led to a deficit in investment in areas such as training and staff development. Low salaries in the sector were also felt to have led to struggles in recruiting skilled staff teams resulting in a skills deficit in some areas. Alongside this it was felt that many


were engaged in work based activities above their pay scale and working above and beyond their remit on behalf of their clients. It was also felt that the staffing levels in supported accommodation were often too low to meet the needs of the residents.

The changes in data protection guidelines that has come with GDPR were also felt to have potentially set back collaboration across services, who were now unclear as to what and how they can share data – new bridges of communication and a better understanding of GDPR were identified as areas for development.

It was also cited that barriers to effective practice also existed around ongoing *'non-flexible approaches'* and criteria's for working which are too rigid including a *'lack of smart goals'* and an *'unhealthy adherence to boundaries'* which stifle creativity and lead to a *'risk adverse way of working'*. It was also felt that assessment processes were inadequate and required some revision to become more effective.

Whilst it was acknowledged that there had been an increase in the specialist support available (including a number of new specialist workers across the city) many felt that there were still significant barriers. These were notably around access to support for people with a dual diagnosis which many felt was still an area where they were not able to bring in adequate assistance and around which there was still some confusion and a '*lack of service integration*'. Alongside this people spoke positively of the PIE model and its increasing implementation, however they felt that this was under resourced and required a 'whole city' implementation strategy if it was to be truly effective. Overall it was felt that the lack of sufficient therapeutic interventions which flexibly reflected the needs and capacities of the service user groups, impacted on the possible outcomes that workers could achieve with the clients.

The way in which people who are homeless or rough sleeping are framed within the media and in the perception of the public was also perceived as a barrier. This was, for some, evidenced by the '*misguided benevolence*' around giving to people on the streets which created difficulties for many of the frontline workers in the city. Staff from supported housing found it very hard to work with people who had a ready supply of money from street donations which sustain their substance misuse, and to find ways of extricating individuals from street life when there was a ready supply of food available on the street resulting in little need to develop independent living skills, including budgeting. It was also felt that the lack of public understanding of the complexity of the issues acted as a barrier with some workers having experienced criticism for not having achieved what is a complex piece of work with a service user. The general confusion and lack of a clear message around the impact of the public's behaviour was felt to be a significant barrier.



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# WHAT ARE THE GAPS IN PROVISION?

Through identifying where we experience the gaps in provision we should be able to identify areas for development and where our resources can best be targeted.

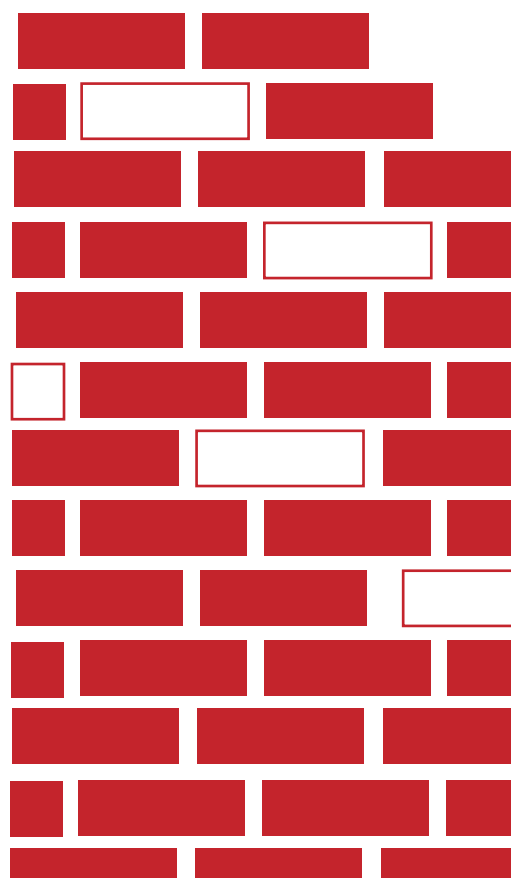
Overall it was felt that there was benefit in building on what has already been developed and an acknowledgment of the successes of all services who have continued to deliver high quality services whilst tackling an increase in demand and a tangible decrease in resources.

However, many frontline workers expressed that more resources would be better employed in preventative work at all levels. Particularly this is around supporting people to sustain their accommodation once they have moved on from supported, in an attempt to prevent them returning to the supported pathway. It was acknowledged that there are currently floating support services already in place such as those provided by Southdown, however it was felt that an increase in the availability and provision as well as more robust referrals from services would be of benefit in keeping people housed and happy. Isolation and loneliness were cited as key reasons why people did not maintain accommodation as they were drawn back into street life through a need to spend time with peers and the attention they receive from the wider community. A befriending scheme was thought to be a potentially good solution with support for this brought in from the community.

It was identified that additional life skills and 'resilience' training would be beneficial to prepare people, particularly those with complex needs, for independent living especially as for many the only pathway out of supported is private rented accommodation. It was acknowledged that the current life skills course offered by Brighton YMCA worked well for many. However, it was felt that a more flexible and personalised training programme would benefit those less able to engage in group activities – there was anticipation around the potential for this need to be met by the newly commissioned Evolve service. Whilst this could fall to the remit of the supported accommodation workers it was expressed that they already often felt unable to offer adequate support to their residents.

It was also strongly expressed that the value of increasing the health related preventative work would also result in fewer people returning to hospital after discharge. A key part of this would be the development of an intermediate care rehab or respite accommodation option between hospital admission and returning to a person's supported accommodation, where the staff team had some expertise in supporting people with multiple and complex needs and offered a higher level of support for a short period of time.

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Access to mental health support was also strongly cited as a gap, particularly dual diagnosis work, and increasing mental health support accessibility for people with multiple and complex needs such as personality disorders – this was felt to be a key area for improvement. The good work of the Mental Health Homeless Team was acknowledged; however, it was felt that provision was inadequate compared to the need within the system.

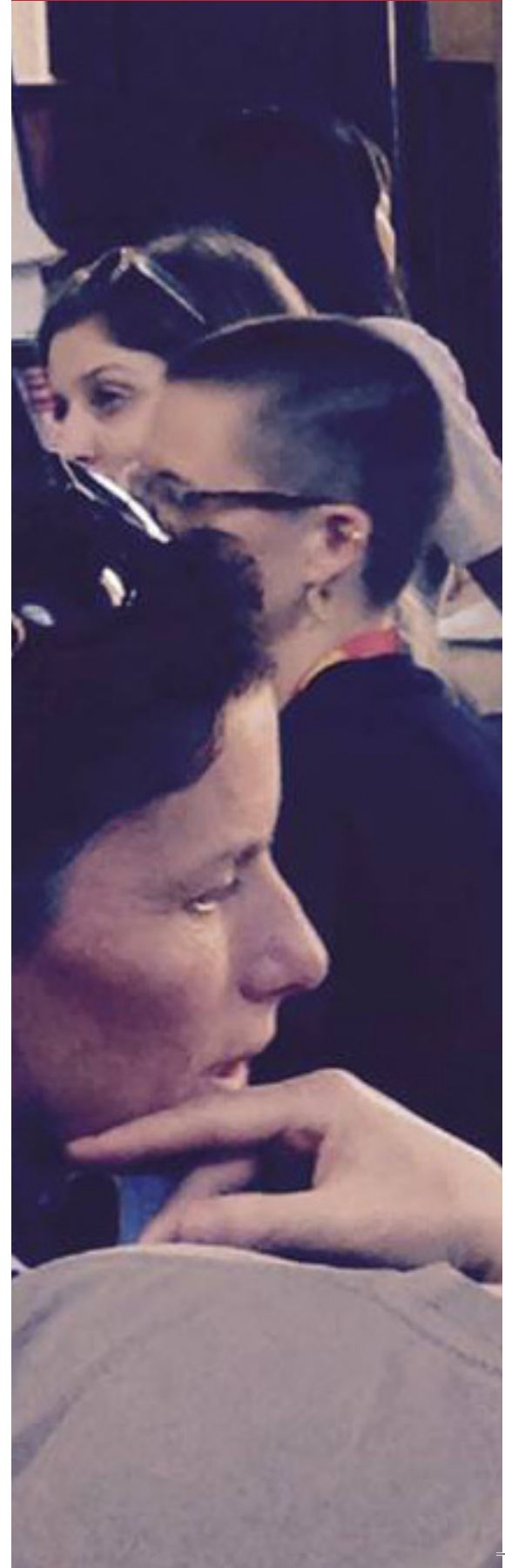
Understanding how best to support people with multiple and complex needs was also cited as an area for development across the city. It was felt that additional support was needed for those who are placed in emergency accommodation who did not meet the criteria for Justlife Health Engagement team, and who would not engage actively with the other activities offered by Justlife. It was felt that this group often lost their accommodation, particularly if this was out of area and they were unable access resources easily in the nearby area. This had resulted in issues around people self-neglecting through not eating adequately, not managing benefits and their relationships within the accommodation - all of which placed them at greater risk of life issues escalating. It was felt that some form of food parcels/ meals on wheels option which outreached a small number of individuals as part of a planned recovery programme would be of benefit. The expertise offered to the City's homeless pathway by Dr Tara O'Neill was acknowledged as being extremely valuable in equipping staff teams to improve practice particularly around the integration of Psychologically Informed Environments and Trauma Informed Care as effective working models. However, it was also acknowledged that as a group, the people frontline workers were supporting were some of the most complex in the city and that the overall allocation of services to support the staff teams in this was insufficient.

It was widely acknowledged that across the city services were working together better than previously but it was felt that this could be improved. Partly this is through improving the response times when seeking interagency support, ensuring that these are timely and are from a 'can do' approach to joint working. It was also felt that better handovers of client cases were required and increased flexibility around dual working, where a longer handover period would benefit a client in re-settling into new accommodation or support. It was acknowledged that resources and remit are barriers here.

Peer Mentors and the active inclusion of the voice of lived experience in the development and delivery of services to people was felt to be extremely valuable and the frontline workers were pleased with the development and expansion of the CGL Peer Mentor Programme. However, it was felt that this could be increased further to maximise this resource. It was noted how helping others within the supported accommodation environment worked as a way to build confidence and self-esteem and enabled the hostel environment to be more collaborative in its task internally of seeking recovery.

It was also identified that increasing the knowledge and level of understanding of the public would also potentially reduce the impact of their behaviour towards people who are engaged in street activities. Supporting people to engage with a recovery programme of any sort was hindered by the lure of street life where it was possible to access free food, companionship and camaraderie as well as the public's generosity towards people asking for money and the impact of this on people's substance misuse choices. The Make Change Count campaign was acknowledged; however, it was felt that a more assertive approach was needed to addressing the impact of 'misguided benevolence'. It was also expressed that additional assertive interventions were required from the police and enforcement agencies around tackling street activity and that this would act as an incentive for supported accommodation residents to engage more actively in the recovery options available.

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# WHAT ARE THE OPPORTUNITIES?

Some ideas for moving forward:

1. Access to additional tenancy sustainment support and homelessness prevention support including addressing isolation and loneliness i.e. through befriending schemes.
2. Increase the access and accessibility to specialist mental health and dual diagnosis support either through expanding the Mental Health Homeless Team or the dual diagnosis work of Pavilions through new specialist workers.
3. Increase the access to specialist and accessible support for people with multiple and complex needs, with in-reach work into supported and unsupported accommodation and greater training opportunities for frontline staff.
4. Increased flexibility and accessibility of life skills and resilience training options for tenancy preparation.
5. Respite/rehab accommodation for people with multiple and complex needs exiting hospital.
6. Food parcels/meals on wheel for specific individuals at risk of self-neglect and non-engagement whilst in emergency accommodation, as part of a planned package of support.
7. Increased training/development of specialist in-house roles within teams i.e. BME or LGBTQ lead workers.
8. Increase the options for reflective practice including peer-led multi-agency spaces (smaller groups than those at the Frontline Workers Network).
9. Public education and engagement on the impact of 'misguided benevolence' upon the lives of people who are homeless and the work of those who support them.
10. Assertive engagement/enforcement with people asking for money on the streets who are housed: impact of ongoing street activity on the work of recovery.
11. Increase in Peer Mentor programmes including internal opportunities within supported accommodation.
12. Increased client handover collaborative working to ensure consistent support to manage ending and beginnings of recovery phases.
13. An active commitment/statement of intention as to how we collaboratively work together to jointly end homelessness in the city.

Special thanks to all those who took part in the session and for all the brilliant work they do.



**Frontline  
Network**



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