PERSONALLY SPEAKING
A review of personalised services for rough sleepers
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PRODUCED BY
Homeless Link

ACKNOWLEDGEMENTS
This research was commissioned by Broadway, a London-based homelessness charity, and funded by the Oak Foundation.

We are grateful to the five projects and their service users that took part in our research.

PUBLISHED
December 2013
EXECUTIVE SUMMARY

INTRODUCTION

Homeless Link was commissioned by Broadway to carry out a review of services which aim to deliver personalised responses to rough sleeping and entrenched homelessness. We examined in detail how five projects working with long-term rough sleepers, and people with complex needs who had often been sleeping rough for some time,\(^1\) were using personalised approaches to support people sleeping on the streets.

This report presents the findings from that research and draws out key principles and characteristics of personalisation in services for long-term rough sleepers or those with complex needs. It is published alongside guidance for front-line services that are exploring whether personalised services would help their clients find and keep a home.

KEY FINDINGS

1. Personalised approaches were effective in supporting rough sleepers who had previously not engaged with services to move off the streets.

The projects that we examined in this report had successfully engaged some long-term rough sleepers or those with complex needs who had consistently refused previous offers of support to move off the street. They had supported rough sleepers to move into appropriate accommodation and sustain tenancies, which previously had not been achieved by other homelessness services. Many former rough sleepers were also supported to re-build family relationships, as well as addressing other issues such as substance use or improving their health.

2. Personalised services put homeless people at the centre of their support.

This research explores how five projects in England delivered personalised services to support long-term rough sleepers and those with complex needs. Although the services were quite different, all shared an approach which put client choice and control at the centre of support. Instead of homeless people fitting into existing services, the personalised approaches started from the point of asking prospective clients what would help them move off the streets.

3. Trusting relationships with project workers are essential in delivering personalised services to long-term rough sleepers.

A key feature of personalised services working with long-term rough sleepers or those with complex needs is that staff spend time getting to know prospective clients, building up trust between them. For many rough sleepers, who had not previously been offered consistent support or given options of what they wanted, these relationships were central to helping them move off the streets and into accommodation. With these strong relationships with clients, project workers had an important role to play in raising their aspirations and holding individuals to account for achieving their goals.

4. Being given a choice was central to engaging with long-term rough sleepers.

Several personalised services initiated contact with long-term rough sleepers by asking them what would help them move off the streets, rather than offering them a specific service. Many former rough sleepers explained

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\(^1\) We refer to this group as ‘long-term or complex needs rough sleepers’ throughout this report.
that being offered this choice gave them a sense of agency that they had not previously experienced when living on the street. There was less evidence that former rough sleepers felt they had personal control over the services they received as they recognised that the support offered was within the limitations of what services could provide.

5. In personalised services, project staff tend to have a flexible approach that allows them to be responsive to rough sleepers’ needs.

To respond quickly and positively to long-term rough sleepers’ needs, personalisation project workers had more flexibility than in mainstream services. Staff could arrange their shifts to meet clients at times and places that suited them that might be outside ‘core’ hours. In some areas, personalised projects were set up across local authority boundaries, allowing staff to support rough sleepers where they were. Staff were also given delegated authority to make decisions on behalf of the project, making them more responsive to clients’ needs, which helped with engaging rough sleepers.

6. Some personalised services offered a small flexible budget, which was used to engage with long-term rough sleepers.

Some personalisation projects with long-term rough sleepers or those with complex needs were set up with dedicated personal budgets allocated to each client. These were used to help engage rough sleepers in the project, such as through purchasing furnishings for their accommodation. The personalised projects – including those without personalised budgets – commonly had a small shared budget that staff used to help engage with rough sleepers, such as buying them a hot drink or a meal during a support meeting, or assisting them with travel costs to attend appointments.

7. Personalised services can play an important role in helping rough sleepers engage with other local support services.

Engaging local statutory and other voluntary services was important for personalised projects to support rough sleepers over the longer term. Personalised services often acted as an independent advocate to help long-term rough sleepers or those with complex needs to engage with existing services in an effective way. To do this effectively, personalised services needed to be well-connected with other local services, understanding their referral routes, so that they could assist rough sleepers to access services that they needed.

8. There was sometimes, however, a mutual lack of understanding between existing services and personalised services.

Some personalised services reported difficulties in engaging front-line staff at statutory or other voluntary agencies, or reluctance to accept referrals for rough sleepers using the personalised project. This may be because long-term rough sleepers or those with complex needs may be difficult to support or having complicated needs that would require high resource investment. There was also some evidence of local services refusing referrals as they considered that the personalised projects should be meeting all of the clients’ needs. With this fragmentation, some projects implied that there was a risk that personalised approaches, and particularly personal budgets, may further distance long-term or complex rough sleepers from statutory services.
9. There was no clear evidence about the cost-effectiveness of personalised services.

Personalised services were successful in engaging with long-term rough sleepers or those with complex needs who had not previously accepted support from services. None of the projects, however, had clear evidence available about the cost-effectiveness of their personalised approaches compared with other kinds of provision.

10. Personalised services are effectively engaging long-term rough sleepers, but there is more to be done to support them better through existing local services.

The personalisation projects are effectively improving long-term rough sleepers’ engagement with existing statutory and voluntary services, so they can better meet individuals’ needs. There has been little work done as yet, however, to feed this learning back to those services in a sustainable way so they can make system improvements in their support to long-term rough sleepers. This could be the next focus of the projects to ensure that more rough sleepers are prevented from becoming so disengaged from existing support.

RECOMMENDATIONS

Our research found strong examples of how personalised approaches are being delivered with long-term rough sleepers and those with complex needs in England.

1. Homelessness service providers and commissioners should develop the sector’s understanding and implementation of personalisation by:

   a) Trying innovative approaches to offering personalised support to rough sleepers.
   
   b) Gathering evidence on the cost-effectiveness of personalised approaches with rough sleepers compared to other forms of outreach or hostel services.
   
   c) Challenging themselves about how the extent of choice and control offered to rough sleepers in personalisation projects.

2. In taking forward personalisation across the sector, homelessness service providers should ensure that they:

   a) Facilitate meaningful client choice and control
   
   b) Provide the time and flexible resources necessary to deliver services that are personal to individuals
   
   c) Adapt their organisational culture so that support to clients is client-led
   
   d) Be consistent and persistent in engaging with clients
   
   e) Build strong networks with local statutory and voluntary services and support clients to use existing services
   
   f) Establish clear exit strategies for rough sleepers leaving personalisation projects so that they are empowered to act independently

3. The Department for Communities and Local Government should work with other government departments to make clear how personalisation in homelessness interacts with approaches in health and social care, to develop a framework for more joined-up working in front-line service delivery.
INTRODUCTION

Homeless Link was commissioned by Broadway, a London-based homelessness charity, to review the range of ways in which homeless services have implemented personalised approaches to supporting long-term or complex needs rough sleepers. The research was commissioned to inform organisations working with rough sleepers about the benefits and drawbacks of different approaches and how personalised services can be implemented. Broadway also specified that the research project should be closely linked to practice, so that it could use the findings to support other organisations seeking to personalise services.

This research is based on fieldwork carried out between February and June 2013. It consisted of three elements: a desk-top review; interviews with key stakeholders; and five qualitative case studies with personalisation projects around England. A detailed methodology is provided in Appendix 1.

WHAT IS ROUGH SLEEPING?

This research examined projects working with long-term rough sleepers and people with complex needs who had often been sleeping rough for some time. Rough sleeping is the most visible form of homelessness, with people sleeping on the streets, in doorways, parks, bus shelters, or in cars, stations or sheds. People may find themselves sleeping rough for a wide range of reasons such as: getting into debt or losing their accommodation; a relationship breakdown or bereavement; mental health or substance use issues; leaving home or care; domestic violence; or leaving institutions.

Last year, 2,309 people were recorded as sleeping rough on a given night in England, a number which has been rising since 2010. In London, where the most detailed data is available, there were 6,437 people seen sleeping rough in 2012-13 – 13% more than in the previous year. Over two-thirds of those (68%) slept rough for the first time, most of them for just one night (75%). One in ten (10%) had returned to the street having been away for a year or more, and of those two-thirds spent only a few nights sleeping rough. Many more are ‘entrenched’ rough sleepers who have spent long periods on the street, with short spells in accommodation.

STRUCTURE OF THIS REPORT

Chapter 1 sets out how personalisation has developed in homelessness and other sectors and, drawing on findings from the five case studies, sets out some shared principles of personalisation in services for long-term or complex needs rough sleepers.

Chapter 2 describes the five case study projects, including the clients who use them, the approach taken, and outcomes achieved.

Chapter 3 explores the different aspects of how personalisation is being used in services for rough sleepers, drawing on themes from the case study interviews.

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2 We refer to this group as ‘long-term or complex needs rough sleepers’ throughout this report.
CHAPTER 1: HOMELESSNESS AND PERSONALISATION

WHAT IS PERSONALISATION?

Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. Central to personalisation are personal budgets in social care and personal health budgets in the NHS. They are intended to give individuals and their carers greater say over the way in which their health and social care needs are met. Personal budgets have also been used for many years in the learning disability sector, particularly with brokers to advocate on clients’ behalf.

Within homelessness, personalised approaches are being used to support people with short-term needs as well as those with long-term or complex needs who may be in a repetitive cycle of homelessness. The Department for Communities and Local Government (DCLG) commissioned four personalisation pilots in 2009, offering choice and flexibility as well as personal budgets, for people who had slept rough for many years.

Although relatively slow in adopting the approach, personalisation has become increasingly popular in the homelessness sector over the past few years. There are, however, wide-ranging views about what personalising services for homeless people involves and the most appropriate ways of putting them into practice.

KEY PRINCIPLES FOR PERSONALISATION IN SERVICES FOR ROUGH SLEEPERS

This research explores in detail how five projects in England are delivering personalised services to rough sleepers. Although the projects are quite different in scope and structure, they shared similar characteristics. We identified the following key principles of personalisation in services for rough sleepers:

1. Meaningful client choice
   Asking people what they want, making decisions, and choosing to move off the streets, is an important element of personalisation with long-term or complex needs rough sleepers. Giving clients the space to determine what they want to do or where they want to go was a critical element for all the projects. Having had limited choices in the past, such as for those people who had lived in institutions, was seen as a reason why many long-term rough sleepers had chosen not to engage with existing services in the past.

2. Time and flexible resources
   Central to personalisation is the ability to use resources flexibly to facilitate clients’ choice and control. For both project workers and clients, having the time to get to know each other and develop trust made personalised services different from other provision. Staff need to be flexible, but also to enjoy the type of work that requires innovation, irregular hours, and self-management.

3. A new approach
   Personalisation in services for rough sleepers is not about starting a new project, but a different way of working and a new approach to delivering support. Instead of offering a range of specified services, project workers are led by what clients want. This can depend on an organisation’s cultural change, not a particular approach or method. For some, it is about using personal budgets to facilitate client engagement; for others, it is about offering choice within existing services; and for others, personalisation is about client-led goals and outcomes.

Commissioners noted that this new approach can present challenges in funding personalised projects within a framework of block contracts, competitive tendering and reducing resources. Personalisation tends to require greater staff time, which is contrary to current pressures to reduce staffing capacity. By working effectively with hard-to-reach rough sleepers, however, they may alternatively represent good value for money with that specific client group.

4. Consistency and persistence
Consistency of worker is a key feature of personalised services in homelessness. This allows for staff to challenge clients as they build up accountable relationships. The projects recognised the importance of persisting with trying to engage with clients – the idea of never giving up, and that people will finally engage if you can find the right way to talk to them. “People think outreach is the end of the road but we are, along with Housing First and a [personal budget], we will do whatever it takes” (staff).

5. Independent advocacy
Several personalisation projects involved an element of advocacy on the client’s behalf, particularly those using a brokerage model which aim to support excluded people to engage with mainstream services. Some of the projects saw their role as different and distinct from statutory services. “We don’t put structure in place like other services, it’s voluntary for [clients] to come to us, they can turn round and say I don’t want to be part of this project” (staff).

WHAT IS THE ROLE OF PERSONAL BUDGETS?

Personal budgets are used extensively in other sectors to facilitate client choice and control, such as purchasing care to best support their needs. In personalised services for rough sleepers, personal budgets have been used by some projects as a way of offering clients choice over their route off the street and into accommodation. Unlike in other sectors, whereby money is handed over to clients, project workers typically hold the budget and involve clients in deciding how to use the money. Some personalised services, however, do not provide personal budgets.

For some projects, personal budgets were important but not the central element of personalisation in services for rough sleepers:

“I find in most cases it is not really about the money. When someone moves in I seem to spend quite a lot on furniture and bits and bobs but it’s really about just having a chat… It’s not about money, it is about faith and trust and knowing there is somebody there who will listen to them” (staff).

In other projects, personal budgets were seen to be critical in getting clients to engage:

“Although people would like to say it is not money orientated but if I am honest the [personal budget] is the backbone of this project, we would not have got half the engagement we had without it. In fact, I don’t think we would have gotten any” (staff).

Another explained: “personalisation … does not always mean that clients have to have access to a personal budget but the personal budget can be a useful tool or hook to engage with clients” (stakeholder).

There were some risks identified with using personal budgets. As project workers hold the budget on clients’ behalf, there were some concerns that personal budgets did not result in handing over of real control to clients as they must get agreement before spending the money. Furthermore, giving a personal budget does not necessarily extend choice and control, as it depends on whether the market can provide what they want, and whether the budget is large enough to buy what the client needs.
In some situations, personal budgets may also risk filling the gap created by the withdrawal of statutory services. Personal budgets are increasingly being used for furnishing clients’ accommodation, whereas projects may previously have applied for the Social Fund or Community Care Grants – although some personalised projects have successfully applied for local welfare assistance from councils on behalf of clients moving into accommodation. Some commissioners indicated that there could also be a risk that personal budgets are used to purchase services or support that are already available to clients, such as statutory drug and alcohol treatment.
CHAPTER 2:
APPROACHES TO PERSONALISATION IN SERVICES FOR ROUGH SLEEPERS

The research involved a review of five case study projects that were using personalised approaches to provide support to rough sleepers and former rough sleepers with complex needs. The methodology is given in Appendix 1. A detailed breakdown of the data gathered from the case studies is given in Appendix 2.

This chapter explores the different approaches used by each project, including why personalisation was used, the clients involved, how the project worked, client outcomes, and key success factors for that project.

The following organisations provided case studies:

- First Stop, Darlington
- Look Ahead, Westminster
- Broadway, pan-London
- Cambridge councils, Cambridgeshire
- Midland Heart, pan-West Midlands

FIRST STOP DARLINGTON

Based at First Stop, a day centre in Darlington, this project offers outreach and brokerage support to rough sleepers with multiple needs who are not engaged with services. It is funded by the Homeless Transition Fund and is a partnership between First Stop, a drugs charity and a mental health charity.

Why was it set up?
The project was set up to meet the needs of a group of rough sleepers whose issues were currently not being met through existing provision. It was felt that a new approach was needed to engage this group: “I recognised that if we did the same thing we would get the same result, so something new was needed”. An important element of the project was for existing services to acknowledge joint responsibility for the clients, with the collective aim of helping them access existing support for their health, drug or alcohol use and offending behaviour. Stable housing was seen as the essential element underlying improvements in other areas of the group’s lives, so helping them off the street and into suitable accommodation was a central goal.

Who does it work with?
The multiple needs project at First Stop works with 22 people who have multiple or complex needs including rough sleeping. Unlike the other case studies, the majority of clients were women (12 individuals). All clients had either drug or alcohol addictions, with nearly half (10) having both. All but two clients had mental health issues, and two-thirds (14) had physical health problems.

How does it work?
People were referred to the project through a structured process. Statutory and voluntary services were asked to refer potential clients to First Stop, which then scored referrals using a points-based system (the NDT Assessment), taking into account issues such as their risk of harm to or from others. The referrals were discussed with the project’s advisory board – made up of local service managers – who decided between them which were the most appropriate referrals. There was some flexibility, with the project accepting referrals, for example, from individuals with lower scores but known to be deteriorating.

Once clients were accepted on to the project, they were assigned one of three project workers, who had backgrounds in homelessness support, drug support, and mental health support. The clients were not told explicitly that they were part of a personalised project because staff did not want clients to feel singled out or
targeted inappropriately. There was flexibility for clients or staff to change support worker if the relationship 
was not developing.

Clients were offered intensive support from the project worker, focused around getting to know each other and 
building a trusting relationship: one said “I’ve never felt judged coming here”. Developing the relationship 
differed widely between clients, with some taking many months to agree to engage with the project worker. As 
they got to know clients, staff assessed their engagement and commitment, as well as trying to understand 
clients’ histories, aspirations and motivations.

Although project workers aimed to get people into stable accommodation over the long-term, they were led by 
each client’s self-identified priority:

“we may see someone sofa surfing and putting her in difficult situations but, if she accepts that is part of her life, as much as we think accommodation is a priority need, to her it may not be, it might be shoplifting or prostitution”.

Staff needed to balance supporting clients to achieve their identified goals with challenging them to raise their 
aspirations and address other issues as well. They supported clients with a wide range of engagement, 
including: attending appointments or acting as an advocate with statutory services; getting assessments for 
drug or alcohol treatment; finding suitable rental accommodation; and negotiating against evictions. One 
client said: “I can make my own choices at First Stop, what I want to do. But I have someone pushing me on, 
someone who gives me positivity”.

The project assigned personal budgets for each client, although clients were usually not told that they had an 
allocated budget or its value. Clients used their budgets on everyday items such as groceries or bus tickets, 
as well as facilities to improve their accommodation, like a microwave. For some clients, having a budget 
gave them the opportunity to engage with ‘normal’ activities:

“one girl that we have has just had a life [that’s] filled with using [drugs], nothing else is in her life.

When I asked her if there was any activity she would like to do she told me that she had never been to the pictures. There is an Odeon that she passes every day, so that is now something we are working towards”.

This focus on using the budget to help clients build their self-worth was seen as important, with one having 
their hair styled and another choosing a manicure.

How does it help?
Finding suitable and sustainable accommodation was critical for clients to address other issues in their lives, 
bringing stability so they could “remember who they were before the chaos entered their lives and for them to 
get a bit of that back”.

All of the five clients interviewed for this study had been homeless for between one and ten years; all had slept 
rough at some point; as well as periods of sofa-surfing or squatting. With First Stop’s support, none were now 
sleeping rough, with two in their own flats, two in hostels or supported accommodation, and one in a B&B. 
Several have had problems with their accommodation, such as damage which could have led to an eviction, 
and which the project workers have helped clients resolve positively.

Because of the high levels of needs amongst this group of clients, the positive outcomes often started with 
very small changes. Although they wanted and expected substantial changes over the longer-term, project 
staff and commissioners explained that their expectations of clients had to be realistic:

“you cannot expect to see overnight change, for these people [it] might be very subtle as in being able 
to have conversations with professionals without getting irate and walking out”.

PERSONALLY SPEAKING: A REVIEW OF PERSONALISED SERVICES FOR ROUGH SLEEPERS

HOMELESSWATCH
What does it take to run?
The project employs two staff full-time and one part-time, seconded from partner organisations, and is overseen by the manager of First Stop day centre. It allocates a personal budget for each client of up to £500.

What factors help make it effective?
The important factors identified by interviewees in making the project effective included:

Engagement: Giving the time to build trusting relationships with clients was an important element of how this project worked. Staff had the flexibility to spend as much as time as was needed to develop a connection with clients, with some taking many months and great persistence to engage: “some of our clients have had issues in the past with childhood relationships and can be very wary and non-trusting”.

Independence: Because of the client group’s historic dissatisfaction with existing services, it was critical that this project was seen as independent from other local services, particularly statutory ones: “I think it took a while for them to realise that we were none of them but we were here to bring all of these services to them without them having any obligation to us, nothing would happen if they didn’t turn up to an appointment with us”.

Working together: The way this project was set up was to draw together statutory and voluntary services from across the town, and effective joint working is central to helping clients engage, move off the streets and achieve their goals. In part, this was a recognition of a shared goal: “if they were the hard to reach group for [First Stop], they were actually the hard to reach group for all of our services… If you asked the people round the table to name ten names they would of all come up with the same names”.
HOPKINSON HOUSE, LONDON

Hopkinson House is a 36-bed hostel in Westminster, run by Look Ahead Care and Support, for long-term rough sleepers who are alcohol dependent. The service is commissioned by Westminster City Council.

Why was it set up?
Look Ahead took over the hostel in 2010 to provide suitable accommodation for rough sleepers in Westminster who have a history of heavy drinking. It aims to support people to stabilise their alcohol use through harm reduction, improve their quality of life, and help them reach a point where they are able to access more independent accommodation.

Who does it work with?
Hopkinson House provides accommodation and support to alcohol-dependent former rough sleepers over the age of 26, although most clients are aged between 35 and 45. Until recently, all clients were British, but there has recently been an increase in the number of Polish clients, and there are now around 10 Polish residents who tend to be younger than other clients. Some clients also have mental health needs.

How does it work?
Hopkinson House tailors its standard service to clients as far as possible within the constraints of operating in a hostel environment.

Clients were referred to Hopkinson House from other services in Westminster and allocated semi-independent housing and support at the hostel. When clients arrived, staff explained that Hopkinson House would give them choices and control to decide how and where they want to go with their lives. Some clients chose to take part in the various services on offer from the outset, but others could find the freedom to make choices daunting. This was often particularly the case for those who have lived on the streets for a long time, who were more used to being told what to do by services and not familiar with developing plans for their long-term aspirations.

Clients had the ability to choose their own goals, with staff prompting and challenging. They also chose their keyworker when they were familiar with the hostel staff, as well as where and when they wanted to meet. Support plans were written by the client from their point of view, giving them ownership and responsibility to take control of the direction of their support. This attitude was important for staff working at the hostel:

“What we’re inviting people to say is: ‘This is your life. These are the changes that you want to make. I’m here to enable you to do that – not to do it for you, but to enable you to do it. So what do you need? And what role do you want me to play in that?’”.

Many services that clients used were provided in-house at Hopkinson House, making it easier for people to get to their appointments. Clients were also given the choice about when they wanted to have support sessions. Alcohol services were provided by a specialist service, and a local GP and nurse attended the hostel to monitor clients’ health and help them take vitamins and medication. As well as alcohol treatment, other activities and social events were run at the hostel, such as gardening sessions, art classes, a weekly cinema show, museum visits and volunteering and employment support to broaden clients’ interests and discourage them from drinking.

Clients were involved in the way that the hostel was run, such as what communal areas they wanted, how they should be decorated, and what rules should operate in different parts of the building.

The focus was on involving clients in decisions that affected them and giving them choice and control as far as possible in the way they received the services on offer.
How does it help?
Moving into independent accommodation was an important outcome for clients at Hopkinson House. Several current clients described finding flats through Clearing House (an accommodation service for rough sleepers) which they were preparing to move in to, and having support from their key workers to furnish and decorate their accommodation.

For some clients, the services at Hopkinson House have helped with addressing underlying issues like anxiety and depression, working with a counsellor. Engaging with health services, such as seeing a nurse or GP regularly, was important for many clients, particularly where alcohol dependency had led to significant health problems. Accepting detox services was also a significant outcome for some clients.

What does it take to run?
Hopkinson House employs 9 staff, 4 night-support workers, and two team leaders. There was a relatively high ratio of staff to clients, which enabled the hostel to run more flexibility, with staff able to swap shifts to suit clients’ needs. Having fewer clients on each case load also gave staff more time to spend with clients.

What factors help make it effective?
The important factors identified by interviewees in making the project effective included:

Flexibility: A central part of how the hostel works is that clients decide what support they want, when they want it, and whom they want it from. As staff have lower case loads, they can respond more flexibly to clients' decisions, so that their choices can be respected and acted on. Staff also have time for more informal interaction with clients, getting to know how to respond effectively to clients’ needs. One client spoke about flexibility in the hostel: “even though meals are provided for all customers, I like being able to choose to cook for myself when I want to – I used to be a chef so having this flexibility is really important to me.”

Inter-agency working: Several other local services support clients at Hopkinson House, such as the GP and nurse, harm reduction services, and counsellors. This co-location makes it easier to clients to attend appointments. It also means that, if a client is engaging well with an external worker, staff at the hostel can work with them both to try and build a stronger relationship with the client; for example, staff may invite outreach workers into the hostel to help them engage more effectively with clients.

Time: Giving clients the time and space to make decisions or to think about their goals is a critical element of this project. Some clients come to the hostel after many years living on the streets, and can find it difficult to make decisions independently. It takes time and skill from the staff to give clients sufficient space and time to start making their own decisions.

Experienced staff team: Most of the members of the staff team at Hopkinson House are experienced in working with this client group and understand how to help clients decide on their own goals. Clients said that they liked being able to choose their keyworker and appreciated the support they get from them:

“The staff treat me well; I can do anything that I like and the staff always give good advice and have time for me which is very important. I chose my support worker and he’s a lovely man. He advocates for me but that doesn’t mean that I’m incapable of doing things for myself but my keyworker is always there when I need his help.”
The Pan-London project was set up in 2011 and is funded by three sources: the City Bridge Trust, Oak Foundation, and the Greater London Authority (GLA). It works with long-term rough sleepers and offers clients a personal budget to support them off the streets and into sustainable accommodation.

Why was it set up?
In 2009, Broadway set up a personalised budgets outreach project in the City of London, as one of four personalisation pilots funded by the Department for Communities and Local Government (DCLG). The City historically had a high number of long-term rough sleepers, and the pilot was set up to test a new way of working with those who were very resistant to moving off the streets.

After the pilot ended, the project was mainstreamed into the homelessness grant allocated to Broadway by the City of London Corporation. The Pan-London project developed from the work in the City, and is funded by City Bridge Trust, Oak Foundation, and the GLA. It aims to engage with a group of long-term rough sleepers (‘205s’) who had rejected previous offers of support from services.

The Pan-London project aims to engage with long-term rough sleepers to move off the streets and into suitable accommodation that they can sustain with support. It also aims to help rough sleepers engage with other services that could help them, such as health or substance use services, social services, and set up benefit claims.

Who does it work with?
The City of London pilot worked mostly with older men who had slept rough for many years, but who often did not have specific drug or alcohol issues.

The Pan-London project works with the ‘205s’ – rough sleepers across the capital who have been identified as entrenched and who have refused other offers of support. It currently works with 40 clients, of whom all but four are British. 35 of the clients are men, and the average client age is 49 years, with the oldest 76 and the youngest 28. More than half of clients have drug (23) or alcohol issues (22), and 20 have mental health issues. Most (33) have spent five or more years sleeping rough.

How does it work?
Clients were referred through the outreach teams that work in each borough and from London Street Rescue that operates in the outer boroughs. The project manager controlled the referrals by letting outreach teams know how much capacity the staff had for more clients. Referrals were then allocated to project staff who started to make contact with clients.

When staff got to know clients, they asked what would help each move off the streets. For many rough sleepers who had been persistently offered a direct access hostel by outreach workers, having the freedom to say what would help them and choices about how to achieve their goals was a critical part of taking responsibility for moving into accommodation. Staff were innovative and creative, looking beyond usual boundaries to find ways to support clients off the streets. One client said:

“At first I could not believe that I was asked what I wanted to do, I did not feel like I was forced into anything. I was asked if I wanted a flat, a hostel, or to remain on the streets. My goal was to get off the streets and get away from it all, I’d had enough”.

The Pan-London project allowed staff to travel across the capital to find and engage with clients, unlike most outreach teams which are limited to their local authority boundaries. Staff built up a relationship with hard-to-engage clients over many months. It was important for staff to understand why someone was sleeping rough and what led them to that lifestyle, often taking a long time for clients to open up about what they want to do now.
The project offered no accommodation, just a personal budget for each client to use to help them get off the streets and into sustainable accommodation. When clients understood what the project aimed to do, staff asked if they could accept a personal budget to help them achieve their goals.

Clients were not told how much the budget is worth, and were not given physical control of the money, but staff asked them how they want to spend the money. Items bought with personal budgets included: mobile phones, clothes, toiletries, furniture, TVs and kitchen equipment, as well as training courses and other meaningful activity. One used the money to apply for a passport and another on travel to reconnect with family. One client used his personal budget to buy a caravan which he located at a travellers’ community, and another applied for a replacement birth certificate. One said:

“I was asked three simple questions at the beginning by [project worker]: what would you get out of the service? How would it affect your life? How would it help you to keep a flat? I told him that if I knew I had a flat with stuff inside I could live there, he asked me what I needed, I told him and I got it”.

When clients were engaging with the project, staff tried to get them to use other services that would help, such as health or treatment programmes, such as by accompanying them to appointments. They also helped with finding suitable accommodation, such as by helping with applications for Clearing House (an accommodation service for rough sleepers). When clients were accommodated, staff continued to meet with and support them to sustain their tenancies until the client was ready to leave the project:

“Every week or so [project worker] would call me up and say ‘are you ok, do you need anything for the flat?’ I appreciated the fact that he checked up on me to make sure I was OK”.

How does it help?
Sustaining suitable accommodation was a key outcome for this project. Currently, 10 clients are in independent or supported housing, and another three are staying in hostels. Of the five clients that we interviewed for this project, all had previously slept rough for between 3 and 15 years, and all were now accommodated – two in their own flats, two in hostels or supported accommodation, and one in a B&B. A few clients, however, have found it hard to stay in accommodation over the long-term, have lost tenancies and started again with the project.

Clients described the importance of securing housing in helping them reduce or stop drinking or using drugs. One explained:

“Having a flat has made me realise my life is worth more than being dead and I have stopped using drugs. When you feel like you have a life ahead of you it makes you want to work on it and achieve something”.

What does it take to run?
There are three project workers and a manager in the Pan-London project. Each client is offered a personal budget up to a limit of £3,000, although most have used much less than this, with the average spend per client so far at £888.

What factors help make it effective?
The important factors identified by interviewees in making the project effective included:

Staff responsibility: Project workers have a lot of flexibility in this project, with the freedom to decide how best to allocate their time. This allows them to spend the time needed with different clients, including by working as the job demands and not to a prescribed shift pattern. Staff also have the ability to respond to clients’ demands and have the discretion to make decisions on behalf of the project.
Persistence: It often took project workers a long time to find, talk to, and then engage prospective rough sleeping clients in the project. Staff described the importance of having a lot of patience and persistence, and the ability to keep trying to engage those clients who may be rude, ignore them or consistently refuse offers of support. The relationship with clients was viewed over the longer-term, however, and even small attempts to build trust, such as sitting with someone in silence and not going away, were seen as important groundwork. This approach continued after clients had moved into accommodation, providing continuity to support them as they settled into tenancies.

Personal budgets: This project used personal budgets as an effective hook to engage clients in starting their journey to move off the streets. The budgets were an important starting point to gaining clients’ trust, and were also useful in facilitating client choice during the course of their engagement.
CHRONICALLY EXCLUDED ADULTS PROJECT, CAMBRIDGE

The chronically excluded adults project is jointly commissioned by Cambridge City Council and Cambridgeshire County Council in 2013-14 and operates out of the county council’s offices. It works as an independent advocate for a group of people with complex needs to open up access to mainstream services.

Why was it set up?
This project developed from the Cambridge Making Every Adult Matter (MEAM) pilot, set up in 2010 to improve coordination of existing local statutory and voluntary services for people facing multiple needs and exclusions. There was an identified group of people who were known to be costly to the system, accessing expensive crisis services rather than structured support. The project aims to advocate on behalf of this group to improve their access to mainstream provision.

Who does it work with?
Although the project operates across Cambridgeshire, most referrals have come from Cambridge city so far. It currently works with people with multiple or complex needs including homelessness, of whom 10 are women and 18 are men. All of the clients are British, and most are aged between late 20s and early 40s. All of the current clients have alcohol issues, and many also have drug and mental health issues. Many of the clients have experienced abuse or a significant trauma in their childhood which has affected their relationships later in life.

How does it work?
Referrals to the project came from any of the services currently working with chronically excluded adults. Most referrals came from the police, street outreach and accommodation providers, but some have also came from probation and mental health services. Referrals were assessed using a points-based system promoted by MEAM (the NDT Assessment), which was slightly adapted to fit local requirements in Cambridge.

Clients were then allocated to a member of the project staff although, if the client already had a good relationship with a worker in another service, they would act as the client’s advocate and broker. Project workers met clients with no pre-conceived ideas about what they wanted or what the service could offer.

The project aimed to help clients identify what they wanted to change and support them to make the necessary steps to achieve their goals. For some clients who had already identified what they wanted to change, project staff might convene a case conference with other relevant services to agree a way forward to achieving that goal. For others, the project offered some support work and encouragement to attend appointments and engage with existing services.

There was a small budget for the project which staff used to help engage and support clients. It was used for food shopping, bus passes, mobile phones, to cover rent arrears and for B&Bs. For some clients, the money was used for specific activities, like a guitar, fishing equipment and, for one client, clothes and shoes for a job interview.

How does it help?
Of the five clients that we interviewed for this project, all had been homeless for between 3 and 30 years, had slept rough, and had spent time sofa-surfing. Two were currently sleeping rough and three were now in rented or temporary accommodation.

As the needs of these clients were very complex, positive progress was often accompanied by set-backs in other areas. For example, one client was starting to manage their alcohol use better, but then their new baby was taken into care, which was highly distressing. Even small positive steps, however, were seen as worthwhile outcomes for this client group: “even if someone goes through detox for a short time, that’s still a good outcome, not a failure”. Other clients have been taken into custody during their time with the project, and staff have continued to visit them and build relationships ready for when they come out of prison.
Several clients described how having their own flat had made an important contribution to helping them change their way of life: “one of the good things about getting my flat was I isolated myself from some of the idiots that I was mixing with”. For others, the project had helped them make successful applications to get on the council housing waiting list, or appeal being given a low band: “I think knowing that I am not far off getting a place [through council housing] is help me to cut down [on the alcohol]”.

Some clients described the importance of having an advocate to support them, who recognised their abilities and value:

“It’s nice to know you have that back-up, that someone will be there to defend you. In [social services’] eyes you are a bit of scum, but you have someone sitting there going, well, no actually, wait a minute, she’s done this and she’s done that, which is really good”.

**What does it take to run?**
The project has one member of staff and a project manager who also has a case load. Personal budgets are not used, but there is a fund of £10,000 allocated for staff to use as appropriate to engage and support clients.

**What factors help make it effective?**
The important factors identified by interviewees in making the project effective included:

**Client-led:** Central to the success of this project is that clients decide what they want to achieve and how, when, and with whom they want to engage. People who used this project had often rejected previous offers of support, so giving them a sense of choice and control over the options available was especially important.

**Consistency:** The project workers were well-respected within the homelessness community in the city, which formed a good starting point to build trust and confidence in the project. They provided consistent support to clients, and were important advocates for clients even during set-backs in their lives.
PAN-WEST MIDLANDS ROUGH SLEEPER PROJECT, MIDLAND HEART

This outreach project aims to support long-term rough sleepers into suitable accommodation. It works across the local authorities in the West Midlands to identify people who have consistently refused services’ previous offers.

Why was it set up?
The project was originally set up as a year-long pilot by a partnership of the local authorities in the West Midlands. It aims to support an identified group of around 25 long-term rough sleepers in the area and give them an alternative to the usual offer of a direct access hostel, which many had previously refused. The project runs out of Midland Heart’s Homeless Service Centre in Birmingham which offers a range of advice and health support to rough sleepers and other homeless people in the city.

The project secured funding from the Homeless Transition Fund in April 2013 and is currently expanding, increasing the staff team, and working with more clients.

Who does it work with?
There are currently 27 clients using the project, of whom all but two are men. Most (24) are White British, and the average age is 46 years. Over half of clients have alcohol issues (18) or mental health issues (17), 11 have drug issues, and 17 clients have two or more of these issues. Many clients have also been in prison or had contact with the police. 17 are currently still sleeping rough, four are in hostels or supported accommodation, and two clients are housed.

As the project is expanding, there have been more rough sleepers referred with no recourse to public funds.

How does it work?
Referrals to the project came from the local authorities, from other services like drug or alcohol treatment, or from Street Link, a helpline for members of the public to alert services to rough sleepers in their area. There were six members of staff who worked in three teams in pairs to cover the West Midlands area.

Clients were allocated to a project worker who attempted to locate them across the region, and worked with them to move them off the street. This involved building a trusting relationship and getting to know clients, before starting to talk about what would help them move into accommodation. One client said: “the difference with this service is that is much more one to one … it’s very much suited to the individual and what their needs are and what they require. It feels very nice to be treated in this way”. Project workers had considerable freedom to support clients as they needed. They used the Outcomes Star with clients to help understand where they felt they wanted to make progress in different aspects of life.

This project offered a high degree of support to help individual rough sleepers address their issues and move into secure accommodation. Compared to other outreach services, it offered more time and flexibility to get to know clients and help them connect with the support available:

“[Other outreach services are about] hand-holding once or twice to an appointment and then [clients] are supposed to be able to do it, it’s about referring them to an agency not taking them there”.

Project workers explained that they would persevere with trying to engage clients even if they initially refuse support.

The project also allocated a personal budget for each client to help them move away from sleeping rough. It could be used by clients on anything that would support them, particularly drinks or meals when meeting project workers, a B&B or hotel for a night, or paying off rent arrears that prevented clients from accessing accommodation. Some clients asked for items that would make sleeping rough more bearable, including one requesting a generator to heat his sleep site. In this case, the project worker explained to the client, who was
due to move into accommodation shortly, that they could not use the budget to support his continued rough sleeping.

Once project workers had engaged with clients, they were invited to take part in a range of social activities to help them to meet their outcomes. The project has run some day trips out of Birmingham and also visits to the cinema which clients had requested.

“Many [of our clients] are loners and like to keep themselves to themselves; changing that and getting them to build a support system around them is one of the difficult things”.

If clients wanted to move into other accommodation provided by Midland Heart, or use a floating support service to help their own tenancy, they would continue to get support from their personalisation project worker: “it’s about having personalisation and mainstreaming it into other services”.

How does it help?
The project aims to get long-term rough sleepers off the streets and into sustainable accommodation. It has been running for only a few months with most clients, however, and so outcomes are not yet clear. One client described how the project had helped him engage with statutory services: “with this project every choice I make is mine that’s how it feels. The best thing about this project is the fact I make it to appointments and they take me there, I never used to attend anything.” Another client described having support to attend his appointments with a psychologist to address his mental health problems.

Of the three clients that we interviewed for this project, all three had previously slept rough for between one and ten years, and all were now accommodated in a hostel or supported housing. Staff described positive outcomes for some clients, including accessing appropriate health care; moving into residential care; securing a council tenancy; and building relationships with family members.

What does it take to run?
This project has six project workers who support clients, as well as a team manager. It is located in the Homeless Service Centre that Midland Heart runs in Birmingham so gets some support from other staff at the centre. Several of the project staff are peer support workers, having experienced homelessness themselves, and were recruited as a way of helping clients engage more effectively.

There is a personal budget allocated of £700 for each client, although most are not using the full budget. It is managed by the project workers and clients do not have access to the budget independently.

What factors help make it effective?
The important factors identified by interviewees in making the project effective included:

Learning from other specialists: This outreach project is one part of a wider offer of support to homeless people provided by Midland Heart. Project workers can draw on expertise from other parts of the organisation, such as detailed advice on benefits for Eastern European clients, or support from the people trafficking team.

Working across boundaries: This project is a partnership between local authorities, so project workers have the mandate to work with rough sleepers across the West Midlands region. This has been helpful in engaging with a transient population and offering a consistent message of personalised support to help them move off the street and into accommodation.
CHAPTER 3:  
KEY FINDINGS

This chapter explores different aspects of how personalisation is being implemented in services for rough sleepers. It is based on qualitative analysis of interviews from the five case study projects and examines the following four main areas:

1. Engagement by clients
2. Choice and control
3. Client outcomes
4. Working with other services

1) ENGAGEMENT BY CLIENTS

- Client engagement was a central aim of services using personalised approaches.
- Building trust and taking the time to get to know rough sleepers was critical for engaging them in services.
- Project workers were flexible in their support of rough sleepers, not conforming to usual shift patterns but meeting clients when and where they wanted.
- Having a small, flexible budget was effective for engaging with clients.

In personalised services for rough sleepers, engaging effectively with clients is the central aim of the service. Long-term rough sleepers have, by definition, not previously been offered a route off the street that is acceptable to or appropriate for them, so using a personalised approach to engagement is the starting point for these types of services. One manager explained: “I hate the term ‘they are too hard to engage’ … it’s not that person's responsibility to engage with you, it’s your responsibility to engage with them” (manager).

Building trust with clients was an essential element of engagement, particularly given that the life experiences of many long-term rough sleepers have made them suspicious of ‘the system’ or reluctant to form relationships. Trust and reliability were important to project workers, for whom building that initial relationship was the foundation for helping clients off the streets. Developing this relationship was essential, and if it was not progressing well, project workers would move clients between them until one was able to establish a sense of rapport. Projects understood that they had to prove their trustworthiness, and workers would do whatever was needed to demonstrate to clients that they were reliable. One described finding out that, although he was reluctant to engage with the project, a prospective client wanted a bus pass, and using that to build his confidence that staff would follow through on their promises.

When they had developed a degree of trust with clients, project workers would spend a long time getting to know them and understanding what clients wanted to do to move off the street. Spending time with clients was critical for both project workers and rough sleepers – having someone listen and be interested in them. Understanding a rough sleeper’s history was seen as important, with staff talking about the excitement when clients ‘opened up’, which was both a sign of trust and a way of finding out what had led that person to the street. It often took months of effort from project workers to get to know rough sleepers to the point where they would choose to engage with the service. One client described how the relationship felt: “the difference with S and B is that they have time to listen to you, they sit down and chat to you like a mate rather than a professional. This allows you to build that trust in them, I feel I can tell them anything” (client).

Spending time with clients was also an indication of project workers’ persistence. To be effective in building trust, the personalised projects needed to demonstrate to rough sleepers that they would keep offering
support until they were ready to accept it: “if you look at the CHAIN records, sometimes our client has only been seen once a year, so you can understand why they are a bit shocked when we turn up twice a week” (staff). Some workers saw rough sleepers' rejection of the service as a way of testing whether their offer of support was trustworthy, given the previous experience of many who had had inconsistent engagement from other services: “sometimes people will reject you just to see how much you’re committed” (manager).

For project workers, engagement had to be led by clients and be on their terms: “if the client says ‘I will meet you in Barnes by the bridge at 7pm on Thursday’, we’ll be there – even though we often get stood up, there will be times when they do turn up” (staff). To make this way of working possible, it was essential that project staff had the resources to be flexible. Even in those projects with no personal budgets, there was often a small central pot of money that could be used, for example, to buy breakfast or coffee for clients, as a way of helping them engage with workers in a different way, although those projects that offered a personal budget tended to do so after they had established a relationship with rough sleepers. Flexibility in shift patterns was a critical element in enabling workers to be responsive to clients’ requests. One project allowed staff to exchange shifts amongst themselves so they could fit key working around clients’ needs.

Because personalisation projects had the resources to be persistent, they were able to offer rough sleepers something different from mainstream services: “we can keep going back to check on people, whereas if they have refused accommodation from the outreach teams, they tick a box saying ‘refused’ after trying so many times” (staff). Being independent from and different from other services was important for engaging with clients: “I think the clients are pleased that we are not actually outreach workers as there is a barrier there, it can almost be them and us” (staff).

2) WORKING WITH OTHER SERVICES

- Engagement with existing local statutory and voluntary sector services was essential in getting rough sleepers the support they needed.
- There was frequently a lack of understanding on both sides by homelessness personalisation projects and other local voluntary or statutory services.
- Personalisation project often saw their role as an independent advocate for rough sleepers to engage them in existing services.

As well as providing a way of engaging clients, personalised projects for rough sleepers can also help them work more effectively with local statutory and voluntary sector services, and challenge local services to provide suitable support to the clients. The attitudes and approaches of other local services were significant factors in the effectiveness of the support that projects provided to rough sleepers.

Clients described how the personalised projects had helped them engage with services and support they needed: “I was referred by [them] to … the drug and alcohol workers, they also got me a solicitor.” “[The project workers] have been bidding [for council houses] for me now my application has been reassessed; I can be a bit scatty and miss appointments so they have been sorting it out for me.” “Having the help to get myself to these appointments has helped me get back on my feet.”

Some personalised projects were set up with a multi-agency partnership or consortium, and effective joint working was particularly important for those projects that worked with rough sleepers with complex needs. This was useful in bringing together agencies at a senior level to set the project’s direction, identify target clients, and agree how services would work together to support clients’ support plans. Having a consortium could also mean that each partner wanted to address different issues amongst the client group:
“the police want the chaotic, complex offenders or the anti-social as do the council, but the council also want the homeless group to be picked up … The [council] want those picked up that don’t meet the threshold for social care, and the NHS want people to be picked up who are impacting on multiple emergency attendances… The great thing about a consortium is that you have everyone putting in something around the table, but obviously everyone wants slightly different things out of it” (manager).

Some projects did have close relationships with local statutory and voluntary sector front-line services and worked together to provide support to clients. One had good relations with a health team who came to the project and monitored clients’ health, taking pressure off project staff who then focused more on key working.

Engagement with partner organisations tended to be easier when the client was already using local statutory services, but it was difficult to persuade some services to take on new clients. Even where there were partnerships at a strategic level, projects found that information about the project and the intention of working together did not always filter down to staff in front-line services. Part of the lack of enthusiasm from other services seemed to come from the additional responsibilities that the personalisation project put on them:

“This project has brought people who weren’t engaging before out of the woodwork so in some ways we are not popular… When we were setting up the project [our partners] couldn’t have been more excited; now it is up and running it’s like they are saying ‘well, it’s your problem’” (manager).

“There are some examples of conflict from staff in other services, including from social care and mental health professionals in case conferences as project workers’ views were seen to be less valuable (BW manager). Others apparently saw personalisation projects as interfering: “they can, with the current climate, be very protective of their own jobs, thinking that you are taking over… a lot of diplomacy and patience is needed at times” (staff). This attitude was also found in voluntary sector agencies:

“You get a lot of services thinking you are stepping on their toes, saying ‘we are commissioned to do this and not you’” (manager).

“We have certain areas that hate us coming in and working with their customers. They seem to think that their funding will be threatened” (manager).

To limit these difficulties and get other services to support clients, project workers built informal relationships with front-line staff. One project described using personal contacts to bypass the usual regulations and enable a client, who was at a point where they were ready to engage, to see a doctor about their heroin addiction.

There have been some difficult situations for project staff and clients’ trust in them when engaging with external services. In one example, project staff attempted to introduce another service to a client, which concluded with the client withdrawing engagement from the personalisation project. Staff also had to make the judgement about when to introduce clients to statutory services, as having a poor experience may put them off engaging with project staff as well.

Independence was seen as an important principle for personalisation projects. “We need to be independent of other services and we have to stay like that as it is one of the reasons people engage with us, that’s what makes us different” (manager). Independence was also important in bringing a degree of neutrality when trying to coordinate services around an individual. Some projects found that clients took time to realise that personalisation projects were different from statutory services, and there would be no negative consequences if they chose not to engage.

Advocating for clients was a central part of many of the projects. This frequently involved helping clients to attend appointments with statutory services:
“We will make appointments with probation – for example, they get two appointments and if they don’t show up, they are knocked off the books. Some of our clients are so chaotic that they don’t know what day it is” (staff).

Two projects were specifically set up to help connect those clients with complex needs into statutory services. One explained that by staff attending court with clients, and magistrates seeing them engaged in a service, clients were more likely to get a non-custodial sentence.

Staff described the problems of engaging statutory services such as social care with clients who had mental health issues. This was a particular problem for those clients with dual diagnosis. One project described older clients in their 60s and 70s who had long-untreated psychotic illnesses, who were unwilling to engage with mental health treatment. A client was described with ulcerated legs, who did not attend healthcare appointments, making assessment slow. He continued living on the streets for two years until he was accepted into a nursing home.

In liaising with statutory services, project staff recognised that clients often did not fit into the service’s structure, making it difficult for clients to access the support they needed:

“Lots of these people need statutory services but they don’t fit in to how they are set up” (staff).

“Many people want support but they are falling through the gaps. We need to make sure services take a flexible approach so people fit into the box and not outside of it” (manager).

In some cases, staff were able to negotiate a client assessment by statutory services on the street. This was further complicated if clients were excluded from services, such as having an ASBO barring them from a local hospital.

There was an understanding that, with statutory services increasingly under pressure, they were not able to accommodate the more demanding needs of some clients:

“One of the main issues [for statutory services] is limited resources and case load numbers, they cannot be as flexible as we have to be to engage with the client, they just don’t have a chance with some of them” (staff).

3) CHOICE AND CONTROL

- Many rough sleepers had previously had little choice of the support they were offered.
- Having choices was key for many rough sleepers to feel a sense of agency in their lives.
- Projects differed in the degree to which clients chose their own goals.
- Project workers were critical in challenging rough sleepers to raise their aspirations and achieve more stretching goals.
- Clients generally felt they could make some contribution to their support and how it was delivered, but understood that they were not fully in control of the services or budgets they received.

For many people sleeping rough, their choices had previously been limited by the services available, the times they could use them, and the attitude of staff. People’s choices may also be limited by their self-confidence, or by mental health or substance use issues. Offering a flexible service that allowed clients to express what
they want and make decisions was new to most rough sleepers involved, although: “this way of working … makes so much sense at a human level; giving people choice and control over their own lives is simply the right thing to do” (stakeholder).

For some rough sleepers, having choices could be difficult if they were familiar with years of being told by services what they could or could not do, particularly older people who had little agency during many years on the streets. It was central that “they [clients] are leading this, not anyone else, which is important because in most cases that is where the other services have failed” (staff). The process of being asked that they wanted, however, was new and difficult for some rough sleepers to comprehend:

“At first, I could not believe that I was asked what I wanted to do… Having choices feels quite different for me, normally it’s ‘this is the way you have to do it’ rather than ‘what do you want to do?’ It’s a refreshing change that’s very important.” (client)

For many, however, being asked to make a choice to move off the street was critical to their engagement:

“I was asked three simple questions at the beginning by [R]: what would you get out of this service; how would it affect your life; and how would it help you to keep a flat?” (client).

“When I came off the street, I was asked what I wanted to do; I believe this was a key factor … in getting me off the street” (client).

As well as choosing to move off the streets, it was important for clients to retain the ability to make decisions when they engaged with services. These decisions were frequently small-scale, such as choosing their key worker, or where and when they wanted to meet, but they allowed clients to exercise some control.

“Before I got my flat, we looked at others; I saw one in Acton but it wasn’t for me” (client).

“I feel as though I have a choice, we look at the Argos book and see what I need” (client).

“Asking you what you want does make a difference; you are given choices and listened to … I feel I was treated like an adult, it was about where I wanted to live not where they wanted to put me” (client).

For some clients, making the decision to move off the streets by a particular route gave them a sense of responsibility for their own future: “if it goes wrong and it’s your own fault, you can only blame yourself, whereas if it’s someone else then you blame them; it’s about taking responsibility” (client). A client with complex needs appreciated the supportive challenge that project staff gave her in taking responsibility: “my worker helps me to work out what I want to do … She gives me a kick up the backside which I need” (client).

One project involved clients in writing their support plans, and so could use them to hold clients to account about their progress against agreed goals.

There were differences, however, in the extent to which projects gave clients the freedom to determine their own goals. One project, working with long-term rough sleepers with less complex mental health or substance use issues, had an explicit focus on getting clients into sustainable accommodation. Those projects which worked with rough sleepers with complex needs tended to give clients the control to choose which issues they wanted to work on first. This could lead to challenges for project workers, who had to recognise that clients’ priorities may not be the same as theirs:

“we may see someone sofa-surfing and putting her in difficult situations but, if she accepts that is part of her life, as much as we think accommodation is a priority need for her, it may not be – it might be shoplifting or prostitution. We have to take into account the person’s ideas and where they want to go, even if we disagree” (staff).
One project explained that they wanted to be realistic with clients about what they could achieve, managing their expectations so that they were not disappointed. Others, however, saw a role for project workers to challenge clients to raise their aspirations and achieve more stretching goals: “often what customers want is to be able to drink when they want to … They may not be thinking aspirationally, so that has to be gradually introduced” (manager).

Although clients tended to feel they had control over some decisions relating to their support, they generally considered that they did not have control over the money allocated to support them.

“I would not say I had control as I have to ask.” (client)

“It’s not our money, it’s theirs, it’s charity, isn’t it?” (client)

There was a sense from some clients that control was not fully given away by project staff, but rather that now “my views are getting heard” (client). Limits on the amount of resources available also limited clients’ choices: “you can’t go for extravagant things but for the basic stuff you have control over what you want to buy, it’s not ideal but I think it is good enough” (client). Some clients also felt they had few options, perhaps due to earlier behaviour that had disqualified them from accommodation: “my flat wasn’t a choice, but just somewhere that would take me” (client).

4) OUTCOMES FOR CLIENTS

- Securing suitable accommodation was a key goal for many clients and gave them confidence to address other issues in their lives.
- For many clients, re-building family relationships was important, but could be challenging for them.
- The personalisation projects supported a number of long-term or complex needs rough sleepers to move into or sustain accommodation.
- Other outcomes achieved included reducing drug or alcohol use, increased confidence, moving on from a destructive lifestyle, and an increased sense of a future.
- Project workers had a role in challenging clients to achieve their goals and in holding clients to account for them.
- There is no clear evidence about how cost-effective personalised services are compared to other kinds of provision.

Many of the rough sleepers engaged in these projects reported experiencing more self-confidence, taking responsibility and feeling better about themselves, sustaining a tenancy or reducing their substance use. The trusting relationships that project workers built up with clients at the start of their engagement were critical in securing positive outcomes later on. Clients often saw a role for project staff in motivating them to stay off drugs or alcohol, to attend appointments and to maintain their accommodation. One client described reducing their drinking and consequently feeling better: “I think knowing that I am not far off getting a place [from the housing register] is helping me to cut down” (client). For project workers, taking the time to build a relationship is critical in holding clients to account and challenging them on their decision-making.

Commissioners explained the importance of having realistic expectations of clients’ outcomes rather than expecting dramatic changes:
“You cannot expect to see overnight change, for these people [it] might be very subtle as in being able to have conversations with professionals without getting irate and walking out… It’s small changes for a very few people rather than big flashy things for lots of people” (commissioner).

They recognised that measuring outcomes can be very challenging when clients’ progress may be so slow, and that some positive outcomes may be around a client’s attitude. None of the projects had as yet done any evaluations of their cost-effectiveness compared with other kinds of provision.

Some projects identified that their main aim was to move rough sleepers into appropriate, sustainable accommodation. For others, however, getting suitable accommodation was the necessary first step for clients to deal with other issues in their lives: “housing is the one thing that needs to be there to tackle any other issues” (commissioner). For other projects, the aim was to bring stability to clients’ lives: “I wanted to help them remember who they were before the chaos entered their lives and for them to get a bit of that back” (manager).

For many clients, having their own flat or suitable accommodation has given them confidence and encouraged them to address other issues in their lives. Several described feeling more positive and being able to picture a future, rather than existing from day to day as they had when living on the streets. “If you can offer someone a flat, you give them a goal to work towards; this makes change much easier” (client). For some clients, having their own flat was an opportunity to move on from what they saw as a destructive lifestyle:

“One of the good things about getting my flat was I isolated myself from some of the idiots that I was mixing with” (client).

“I don’t want to mix with that same crowd” (client).

One client chose to move to small town nearby, rather than stay in the city, to get away from their previous lifestyle. Several described bad experiences of letting other rough sleepers use their flats previously, resulting in them staying too long, causing problems with the neighbours, or taking drugs or alcohol. “This place is my domain, my little castle, and I don’t want anyone messing it up for me – that’s what a lot of them will do” (client).

Supporting clients to move on to tenancies, however, could be challenging. One project described that they have to explain to local authority housing officers about a client’s substance use or offending history to get them a high band on the housing register. This history, however, can count against the client when tenants are chosen for properties. Finding money for rent deposits in the private sector can also be difficult, as well as identifying suitable rent guarantors.

There were some negative consequences for those rough sleepers who chose to start a new life in accommodation. For some, the transition from living for years on the street to having accommodation has challenged their sense of self:

“His whole identity has changed, he used to call himself ‘the tramp’ and now he is not a tramp anymore – he doesn’t know who he is or what he is doing anymore” (staff).

Getting back in contact with family members was a significant goal for several clients. Many had not seen their children in years, and described wanting to get themselves into suitable housing so that they could reengage with family. One client’s main goal was to get a job so that he could support his daughter with her university fees, and have her visit him in his own house. Another wanted to come off alcohol and maintain her flat so she could get her daughter back who had been taken into care. Another client wanted to get his own flat rather than living in hostel so he could see his family again.
Re-engaging with family could also be particularly challenging for people who reflected on the ‘lost years’ of their lives on the street: “for some people it is easier to revert back to what they have done before so they don’t have to think about it” (staff).

All of the projects continued working with clients until they decided that they no longer wanted support, although none described having a clear exit strategy with clients. One explained the importance of developing this: “Clients often … want to continue to work with us, which is not good. We have to try to get them to engage with other services” (staff).
CONCLUSION

Personalised approaches are being adopted across homelessness services, particularly with those rough sleepers whose needs have previously not been met by existing provision. Although they take different forms, personalised approaches 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. Alongside these factors, organisational or cultural change is important so that decisions are truly client-led and appropriate to each individual.

There are three challenges to services wanting to implement personalised approaches, particularly with long-term or complex needs rough sleepers:

- In delivering personalised approaches, homelessness services need to be aware that the degree of choice they can offer to clients may be limited by the structure of their service or the provision available locally. It is critical that clients are given flexible and adaptive support that meets their personally identified needs, so that client choice is meaningful and personalisation is more than tokenistic.

- Personalised approaches with rough sleepers often involves advocacy for individuals' access to local statutory or voluntary services. It is important that personalised projects support homeless people's use of existing local universal services rather than create a parallel 'homeless' system. Local services, however, may need support to change their access routes or working practices so that homeless people can use them routinely and without the need for an on-going advocate.

- Personalised approaches seem to be most effective where workers are given time and flexibility to support clients as they require, with no time-bound targets to achieve results and with small case loads. Across the homelessness sector, however, funding for services is reducing. Services may need to work with commissioners to explore the long-term cost-effectiveness of using personalised approaches with those rough sleepers who would otherwise use local provision in a cost-ineffective way. These approaches may represent good value for money with that specific high needs group.
APPENDIX 1: METHODOLOGY

This research was commissioned by Broadway, a London-based homelessness charity, and funded by the Oak Foundation. It aimed to answer the following questions:

How have organisations working with rough sleepers implemented personalised approaches and what can we learn from this to support more people to find and keep a home?

I. How is personalisation being implemented in the homelessness sector and other sectors?

II. How effectively have five case study areas used personalised approaches with rough sleepers to improve their housing outcomes?

III. What lessons can the homelessness sector learn to use personalised approaches to support more rough sleepers to find and keep a home?

FIELDWORK

There were three phases to the fieldwork, carried out between February and June 2013.

(1) Desk-top review
The desk-top review was carried out in February and March 2013, gathering practitioner, academic and grey literature about personalisation in the social care, health and learning disability sectors. The literature was reviewed to get a broad understanding of how personalisation was introduced and has developed in other sectors, and then compared how personalisation is being interpreted in the homelessness sector and particularly with rough sleepers. Findings from the review were incorporated into the final report, and it has also been published separately as a supporting paper.

(2) Stakeholder interviews
Key stakeholders in the homelessness sector were identified by the project team and by the project’s Advisory Board. They were interviewed face-to-face by Homeless Link during April and May 2013, using a standard set of questions, to explore the approaches to personalisation used in the sector and to gather views on how it would develop in the future. Each interview lasted around an hour and were recorded where interviewees gave permission. The stakeholders interviewed were:

- Sue Baxter, Policy Officer, and Burcu Borysik, Policy & Research Co-ordinator, Sitra
- Ruby Casey-Knight, Senior Project Officer, Greater London Authority
- Peter Cockersell, Director, Health and Recovery, St Mungo’s
- David Fisher, Director of Services, Broadway
- Steve Guyon, Head of Rough Sleeping, DCLG
- Ceri Sheppard, Transformation Manager, Look Ahead Care and Support
- Andrew van Doorn, Deputy Chief Executive, HACT

(3) Case studies
We carried out five case studies between April and June 2013 to reflect the range of personalised support available to rough sleepers in England. The areas were chosen by Homeless Link and Broadway, and approved by the Advisory Board, based on:

- Whether they worked with rough sleepers or former rough sleepers
- Geographical spread
- How developed were the personalisation approaches
- The data on client needs and outcomes available in the case study area
The range of personalisation approaches used

The five projects that we used as case studies were:

- Broadway: personalised budgets outreach project, pan-London (specified as a case study by Broadway in commissioning the research)
- First Stop: complex needs project, Darlington
- Cambridge councils: chronically excluded adults project, Cambridge
- Midland Heart: rough sleeper project, pan-West Midlands
- Look Ahead: Hopkinson House, Westminster

Two members of Homeless Link’s research team spent two consecutive days at each project, with the exception of Cambridge (2 staff for 1 day) and Midland Heart (2 staff for 1 day and 1 for the second day). At each case study we carried out the same methods of data collection:

1. **Individual interviews with up to 6 clients using the project**

   We identified clients using a purposive sample, according to who was available and agreeable to be interviewed. Although we intended to interview 6 clients at each case study, we conducted interviews with only 5 at all the projects, except for Midland Heart where we interviewed 3. This was because some of the clients, particularly those with complex needs, did not want to speak to us when the time came, or because project staff decided not to ask them to take part if they were dealing with particular difficulties on that day.

   We asked clients about where they currently lived; what they thought of the project and whether it was helping them move off the streets; where they wanted to go in the future; and how important they thought personalisation or choice and control was for helping rough sleepers find accommodation.

   At the start of the interview, we explained to clients that the interview would be anonymised and we would not discuss their comments with project staff; that the work was intended to help other services improve how they support rough sleepers through personalised approaches; and that they did not need to answer the questions if they did not want to. Interviews lasted between 15 and 45 minutes. At the end of each interview, we offered clients a £5 supermarket voucher as an appreciation of their time. We also asked clients to answer some short questions about their experiences, their time spent homeless and their current living situation.

2. **A group interview with up to 4 project workers**

   We carried out a group interview with all the project staff available during the case study visit which lasted around an hour. At most case studies, we interviewed 2 or 3 staff, but spoke to 4 at one project and just 1 at the fifth.

   We asked staff about the project and what they thought about it; the challenges and opportunities of working in a personalised project; how personal budgets interact with other services’ offers (if appropriate to the case study); and ways of improving the project.

3. **An interview with the project manager**

   We interviewed the project manager at each case study, except at Midland Heart where we interviewed two project managers (as one was new) as well as the overall service manager who had set up the pilot project. Each interview lasted around an hour.

   We asked managers about the project and other services that they provide; why the project was set up and which clients it was for; challenges and opportunities of running a personalised project; relationships with the commissioner; future plans for the project; and lessons for other personalised projects.

4. **An interview with the local authority lead or the project’s commissioner**
We interviewed the commissioner or local authority lead at each case study to understand how the project worked with other services for homeless people in the area. We interviewed just one commissioner at each case study, apart from Darlington where we interviewed two staff from Supporting People along with the drug and alcohol services commissioner. Each interview lasted around an hour.

We asked commissioners about the sorts of services available in the area; the reasons for commissioning a personalised project; the outcomes from the project; value for money; risks and opportunities of commissioning personalised projects; future plans for the project; and lessons for other commissioners.

The interviews are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>No. interviews</th>
<th>No. interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client interviews</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Project staff</td>
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<td>12</td>
</tr>
<tr>
<td>Project managers</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Commissioners</td>
<td>5</td>
<td>7</td>
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<td>Key stakeholders</td>
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<td>7</td>
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<table>
<thead>
<tr>
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<th>Cambridge</th>
<th>Look Ahead</th>
<th>Broadway</th>
<th>First Stop</th>
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<tr>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
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<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Commissioner interview</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Clients</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total people interviewed</strong></td>
<td><strong>9</strong></td>
<td><strong>8</strong></td>
<td><strong>11</strong></td>
<td><strong>10</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

5. A review of project and performance data held by the project

We gathered data about the clients who used the project; client needs; client outcomes; length of time homeless; and personal budgets. The data were largely provided as project progress reports, and we collated relevant information into a spreadsheet for each case study. Some projects were not able to provide us with the full range of data. Details of the project data is in Appendix 2.

ANALYSIS

Where interviewees gave permission, and the situation seemed appropriate, we recorded interviews, and detailed contemporaneous notes were taken with those who did not.

The interviews were transcribed in-house during June and imported into NVivo. Emerging themes were gathered during July using an initial sample of interviews, and re-coded as the coding structure developed. Models for the major themes were developed in NVivo to understand the links between sub-themes. Key findings were identified through a detailed review of the themes.

ADVICE AND OVERSIGHT

We convened an Advisory Panel to help direct the scope of the research. The panel met in March 2013 and commented on the draft report in September. The panel consisted of:

Liz Blackender, Personalised Budget Co-ordinator, Broadway
Burcu Borysik, Policy & Research Co-ordinator, Sitra
Dr Michelle Cornes, Social Care Workforce Research Unit, King’s College London
Corrine Gray, Policy Advisor, DCLG
Davina Lilley, Street Population Manager, City of London Corporation
Mark McPherson, Director of Practice and Regions, Homeless Link
Becky Rice, Head of Research and Information, Broadway

Dr Cornes provided oversight by reviewing draft interview questions and consent forms, attending the Advisory Panel, reviewing emerging themes, and commenting on the draft report. We are very grateful for her assistance.

Homeless Link’s Expert Advisory Panel, made up of people who are or have been homeless, provided helpful comments on the draft questions for service users.
APPENDIX 2:
CASE STUDY DATA

We gathered information at the case study projects about the clients who used the services.

(1) INTERVIEWED CLIENTS

We collected some basic data from each client that we interviewed. Of the 23 that we spoke to, all had slept rough at some point, and the average length of time sleeping rough was 5.6 years (minimum one night, maximum 15 years). Most were now living either in a hostel or supported housing (12) or in their own flat (7). Only two were still sleeping rough.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of clients</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td>Types of homelessness experienced</td>
<td></td>
</tr>
<tr>
<td>Sleeping rough</td>
<td>23</td>
</tr>
<tr>
<td>Hostel or supported housing</td>
<td>21</td>
</tr>
<tr>
<td>Sofa surfing</td>
<td>15</td>
</tr>
<tr>
<td>Squatting</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Average total time homeless</td>
<td>9.7 years</td>
</tr>
<tr>
<td>Average total time sleeping rough</td>
<td>5.6 years</td>
</tr>
<tr>
<td>Other services used when sleeping rough</td>
<td></td>
</tr>
<tr>
<td>Day centres</td>
<td>20</td>
</tr>
<tr>
<td>Hostel or supported housing</td>
<td>12</td>
</tr>
<tr>
<td>Nightshelters / emergency shelters</td>
<td>12</td>
</tr>
<tr>
<td>Other services</td>
<td>1 (Big Issue)</td>
</tr>
<tr>
<td>Where currently living</td>
<td></td>
</tr>
<tr>
<td>Sleeping rough</td>
<td>2</td>
</tr>
<tr>
<td>Hostel or supported housing</td>
<td>12</td>
</tr>
<tr>
<td>Sofa surfing</td>
<td>0</td>
</tr>
<tr>
<td>Squatting</td>
<td>0</td>
</tr>
<tr>
<td>Own flat</td>
<td>7</td>
</tr>
<tr>
<td>B&amp;B</td>
<td>2</td>
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</table>

(2) ALL CLIENTS USING THE SERVICES

We also collected project data about client characteristics and budgets (including personal budgets) at the point of carrying out the case study visits. Not all projects were able to provide us with all the relevant information.

<table>
<thead>
<tr>
<th></th>
<th>Number of clients</th>
<th>Number of men</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
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<td>35</td>
<td>5</td>
</tr>
<tr>
<td>Cambridge</td>
<td>28</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>First Stop</td>
<td>22</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Look Ahead</td>
<td>36</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Midland Heart</td>
<td>27</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Number of clients using drugs</td>
<td>Number of clients using alcohol</td>
<td>Number of clients with mental health issues</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Broadway</td>
<td>15</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Cambridge</td>
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<td>28</td>
<td>22</td>
</tr>
<tr>
<td>First Stop</td>
<td>18</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Look Ahead</td>
<td></td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Midland Heart</td>
<td></td>
<td>11</td>
<td>18</td>
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</table>

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<tr>
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<td>Look Ahead</td>
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<td>Midland Heart</td>
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