Supporting couples in homelessness services

An introduction for accommodation teams
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Appendix: Couples and benefit claims

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**Introduction**

Traditionally, hostels and other services for people experiencing homelessness have been designed around individuals. Most projects treat residents as if they are single, even when they are in a relationship. Working with couples is often thought to be challenging, for example due to fears of domestic abuse, relationship breakdown or benefit rules. Yet we know that the most effective way to end someone’s homelessness is to personalise the support and services they receive, so that they can make the changes that are right for them. If being in a relationship is a key part of someone’s identity, and their hopes for the future are about being with their loved one, supporting the individual is unlikely to be enough. Services should develop their capacity to recognise the value of personal relationships and to offer support to couples – including same sex couples – as well as to individuals.

This document aims to help managers of homelessness accommodation services, and their teams, to reflect on how they support couples. This initial version is not comprehensive guidance, but we have sought to highlight key areas of service delivery and improvement.

This is an area of emerging practice and we hope to include further case studies as services adapt their provision. If you have good practice to share or any feedback on this document, please email: tasmin.maitland@homelesslink.org.uk.

**Case studies – Look Ahead and Riverside**

This document draws on the practical experiences of two providers across three services – Look Ahead’s Hopkinson House in London, and Riverside’s Newbury and Brydon Court projects in Manchester. These services work with people who have been sleeping rough and who, in most cases, have complex needs. Their approach varies in some respects. For example, Hopkinson House only has single rooms, so couples referred in by street outreach are offered joint support, including move on, but housed in individual hostel rooms (there is a women-only area). Newbury and Brydon Court accept people from the streets without assessment and use a range of options, including Housing First, to offer couples joint housing and support.

We’re grateful to the organisations involved for taking part. Please note that the case studies are included as snapshots of practice, and do not necessarily show the full complexity of each couple’s situation and the support offered.

**‘Single homeless people’: a note on language**

The term ‘single homeless people’ is frequently used in the homelessness sector. It doesn’t denote relationship status and is usually shorthand for ‘people who have no dependent children in their household and who are not owed a statutory homelessness duty by a local authority’.

Using ‘single homeless people’ implies that nobody in this group is ever in a relationship. The language we use may, albeit unconsciously, be another source of stigma for people who are already at high risk of social exclusion. As a result, this phrase should be avoided. In looking for another option, consider what it is that you are trying to communicate about the person or people in question. If it is their homelessness status, ‘non-statutory homelessness’ is often a more accurate alternative.
Supporting couples off the streets

“If we have a room or flat that can house two people, why wouldn’t we? It means we’re getting more people off the streets.”

“We have a room that can house two people, why wouldn’t we? It means we’re getting more people off the streets. Most of these people have been in their relationships a long time, some of them before they were on the streets. We can’t offer a room to one and not the other – they’ll say no if it means being separated.”

The urgency of bringing people off the streets is a common theme when talking to teams who support couples. Both of the project managers interviewed have worked with long term couples who slept rough together for months or years, and who would not accept accommodation unless it was offered to both people at the same time.

At Newbury, beds are accessed directly from the streets through contact with outreach workers, and the assessment takes place over time after they have moved in. This allows staff to build rapport with the residents before a decision is made about who the keyworker(s) will be and what format a couple’s support will take.

At Hopkinson House, referrals are via the outreach team. There is a joint assessment for couples (and any pets), followed by individual assessment during their first week. At times flexibility has been required:

Case study

Kay and John were sleeping out together. Kay engaged with outreach and was referred into Hopkinson House, but John refused to engage with the process, which left them both on the streets. Hopkinson House offered to accept John as a direct referral, because Kay’s health was visibly deteriorating and she wouldn’t leave the streets without him. Eventually this was agreed and they moved in. Kay started to receive medical treatment and her condition improved.

The approach to support varies on a case by case basis for both providers. Hopkinson House allocates separate support workers and looks for additional opportunities to provide joint support. At Newbury, where there are concerns such as co-dependency, conflicting support needs/goals or domestic abuse, different keyworkers are assigned and individual support is offered when the couple is living together as one household. In other cases, a decision is taken to work with the couple as one unit because this is the most effective way to achieve their shared goal of moving on to a flat of their own. Opportunities to meet with staff one-to-one and to change the format of support are always made clear.

“Pat and Kate preferred to share a keyworker, Gary and Tina preferred separate workers as their needs were very different, Simone and Nigel had separate workers but changed to one once they decided to move on together. Couples make the decision and we assess their needs on an ongoing basis. It’s about choice and control for the residents.”

“There are always opportunities to meet staff informally around the project, so if someone wants to get support away from their partner, they don’t have to say ‘I need a separate appointment’, they can just drop in for a chat and it’s not a big deal.”

Flexibility is needed around non-critical house rules such as engagement with support. This is to manage the risk that, if one half of a couple disengages or breaches rules to the point of eviction or abandonment, their
partner will follow them back to the streets. It requires a more flexible tolerance across the service, with a clear distinction between behaviour that could lead to eviction, and behaviour that can be managed as part of an effective service for people whose needs are often complex. See the Further Information section below for a toolkit to develop flexible responses to prevent evictions and abandonments.

Partnerships and training

Support for couples may require specialist intervention, in particular where there are concerns about domestic abuse. Most of the couples housed by Hopkinson House and Newbury/Brydon Court are long term drug and/or alcohol users who have been sleeping rough for extended periods, and often have serious physical health issues. A range of support interventions are offered, both in-house and through external agencies, to meet this complexity of need.

Partnerships with specialist agencies, such as addiction and women’s services, can help support workers to respond to the needs of couples. Even if the residents don’t engage with external services, these partnerships can help non-specialist workers to get the advice and support they need, and to develop their knowledge and skills, in order to provide a better service.

Hopkinson House has a nurse and doctor available on-site. There are weekly visits from a psychologist for one-to-one support, although staff have found women sometimes reluctant to engage with this support. One woman in a couple has engaged positively with an Occupational Therapist to manage her physical health needs. Referrals are made to the local Marac multi-agency meeting where there are concerns about abuse and high risk of harm1.

While the project manager would, in an ideal world, also recruit a social worker and a couples or co-dependency worker, at present staff in generic roles are providing the support. The team has been trained in domestic violence and trauma-informed care, with support from Westminster City Council. Staff also receive fortnightly clinical supervision with a psychologist to explore how they are feeling and why people respond in the way that they do. This enables the team to manage the risk of secondary trauma and burn-out when working with people with complex needs, whose behaviour can be challenging and whose situation may deteriorate while living in the service. The team works to an ethos of unconditional positive regard, and their awareness of trauma is underpinned by a vision of the service as a positive place where people can recover and move on to greater independence.

Case study

Carol was supported with a referral to a domestic violence service after she disclosed abuse by her partner, however she didn’t engage and preferred to receive support from staff in the project. She asked to start working with an older female worker who was closer to her own age and had lived experience – her original project worker was a similar age to one of her children and she felt this limited their interaction. This created quite a lot of pressure on the new worker to offer intensive support around an ongoing situation of abuse. The worker met regularly with staff from the domestic violence project to get specialist advice and support, as well as support and supervision from her line manager to ensure she was able to cope with the demands of this situation.

1 For more information and resources on Marac meetings please see Safe Lives: www.safelives.org.uk/practice-support/resources-marac-meetings
The team at Newbury includes staff with lived experience, and men and women of different ages. This gives residents choice and flexibility about who provides their support, and a range of perspectives among the team which strengthens colleagues’ ability to support each other.

“Sometimes it’s not about training and being a professional, it’s about lived experience, learning though doing, understanding the dynamics of a relationship, using initiative and gut instinct.”

Support workers also need to be aware that they may make assumptions based on their own values and cultural norms, and this could lead them to the wrong conclusions.

“Staff might hear a couple arguing and, if they personally find raised voices stressful, they can jump to conclusions about that relationship. But some people are loud and that’s how they communicate – you have to know the people and the dynamics of their relationship, not read your own stuff into it.”

An organisation’s training and support should be reviewed with couples work in mind. For example, teams should have the confidence and skills to support people in a way that acknowledges the significance of personal, cultural and sexual identity. They should have access to specialist support or training in order to understand how to speak to someone about leaving an abusive relationship. And they will need to know how to manage their risk of secondary trauma when working with people who are, or have been, in abusive relationships.

Please see links to training, information and resources below.

**Domestic abuse and relationship breakdown**

The Newbury and Hopkinson House project managers find that, as with any relationships, difficulties do arise between couples. These may be made worse by the complexity of people’s needs and the wider context of homelessness and addiction that many are experiencing.

The Hopkinson House, Newbury and Brydon Court teams offer support around relationship issues on a case-by-case basis, with decisions made by the staff team in consultation with the people they’re supporting. There may be opportunities to work with other projects so that relationship breakdown is managed via a planned move. It might not be possible to continue to house both people after their relationship breaks down. Similarly, it might not be possible to accept a referral for a current resident’s ex-partner where a risk of abuse remains. These situations call for tailored decision-making, rather than a blank policy or rule.

**Case study**

Carol and Rob initially came off the streets during cold weather, and were housed on a licence agreement in a room set aside for severe weather emergency provision. Their stay was extended to help them engage with support and avoid a return to the streets. After a month, Carol was seen with bruising on her face and disclosed to staff that Rob had hit her. Staff discussed what she wanted and agreed to evict Rob.

Carol moved from the emergency room and into a room in the project. An on/off relationship continued with Rob. She was offered access to specialist domestic violence support, but preferred to work with staff who had lived experience. Rob was involved in multiple incidents, including smashed windows and violence towards Carol and other residents. He was eventually sent to prison. Carol’s confidence and
motivation increased while he was in prison and dipped as his release date approached, but after just over a year at Newbury she moved on to her own flat with floating support. Rob is still in her life.

Both projects have accepted couples whose relationships were a cause for concern, because otherwise they would have remained on the streets. Housing the couple provides an opportunity for intervention on at least some of their support issues, with the aim of developing supportive relationships with staff ready for further disclosures or additional support when the relationship ends. Support workers look for opportunities to achieve positive change by getting alongside individuals. This requires them to be non-judgemental about a person’s decision to be in a relationship (especially as this might be a coerced decision) and to have the skills to recognise and act on opportunities for intervention, so that people feel safe to leave abusive relationships.

Staff will need opportunities to reflect on and talk through their emotions, including the frustration they may feel when someone remains in an abusive relationship or is in ‘off and on’ contact with an abusive partner. Support may also be needed for other residents around an increased risk of vicarious, or secondary, trauma. It is also possible that exposure to an abusive relationship could be re-traumatising, as a result of their own history.

Case study
Staff had concerns about co-dependency and potential abuse in John and Kay’s relationship. When they first moved in there was a period of relative stability and Kay’s health improved. However, her condition deteriorated when John was sent to prison. Her situation became less stable – she was involved in a series of abusive relationships with different men. Staff had fewer opportunities for supportive interventions, as she was rarely alone and often on the streets, begging on behalf of these men.

Relationship breakdown is a risk when housing couples. Decisions have to be made on a case by case basis, in consultation with the people involved, about both the emotional and practical support offered when a relationship ends.

Case study
Gary and Tina were in a long term relationship. They moved into a self-contained flat with support, with Tina designated lead tenant, as she was pregnant and would return to the flat after her baby was taken into care. The relationship started to break down a few months before the birth. Gary was given access to sit-up emergency provision in Brydon Court to give them some respite, but the relationship ended. Gary’s drug use had increased. He abandoned and returned to the streets, where outreach staff continued to work with him.

Couples might go through different stages in their relationship while receiving support, so the type of support offered should be flexible enough to work through this. Staff won’t always know how things are going to turn out – a non-judgemental approach and willingness to try different things can help to achieve positive outcomes in complicated situations.

Case study
Kate and Pat were in a long term relationship but not living together. Pat was in Brydon Court and Kate had her own place but was struggling to maintain her tenancy, so Brydon Court agreed to house them as a couple.
Kate was a survivor of domestic violence. She had a history of drug use, serious health issues, prolific offending and was sex working. Pat had a prolific offending history. Their presence changed the hostel dynamic, as they were both strong, jealous personalities who often caused disruption in the project.

Initially they wanted to go into recovery together but this didn’t work out. Kate moved into a private rented tenancy. Pat was held on remand for a long time and his housing benefit stopped, so he lost his tenancy. He had started detox in prison and, on release, was given emergency accommodation at Brydon Court and then housed in a quieter service with drug testing to support his recovery. Pat and Kate remained in touch and, in the end, Pat moved into the same building as Kate, offering each other support but remaining in separate households.

**Benefit claims**

Please refer to the appendix to this document for detailed information about welfare benefits for couples.

“When they’re moving on from separate rooms into one household, we explain that there will be a reduction in their benefit once they claim as a couple. We work out how much, so they can start planning.”

While the issue of money is often cited by projects as an obstacle to working with couples, Hopkinson House and Newbury have not found this to be a significant issue, as long as there is clear communication about changes to entitlements and shared responsibilities. Sometimes there is reluctance to make a joint claim, but if a couple is living as one household they can’t maintain separate claims (see Appendix). Sensitivity is needed to explore any reluctance. It could be a practical concern, such as wanting their partner to develop better money management skills, but might indicate an underlying issue such as financial abuse, which requires a safeguarding response.

**Case study**

Nigel moved in to the project with Simone as a couple, but he already had rent arrears from a previous stay. Staff discussed the situation with both residents, giving Simone the option of keeping the arrears on a separate account. Simone decided that they would accept shared responsibility for the arrears on to their joint rent account.

**Move on**

Move on can be a bit more challenging for couples, as it may involve changing to a joint claim and receiving less money, and landlords might be more reluctant to accept two people with support needs instead of one. However, services with experience in moving individuals on to greater independence will already have skills and processes in place that they can apply to working with couples. An excess of caution around move on shouldn’t prevent a service from working with couples.
Actions for service development

Improving support for couples:

1. Assess your building – can some/all rooms accommodate couples?
2. Consult with your staff and residents about the decision to accommodate couples.
3. Tell referral agencies that you will support couples.
4. Update referral forms to include relationships (both same/opposite sex).
5. Review support planning/safety management/risk assessment paperwork to include relationships.
6. Review and/or develop local policies and procedures that might affect couples differently e.g. options for joint keyworking, managing incidents and arrears, move on as a couples, move on after relationship breakdown.
7. Assess team skills/knowledge gaps e.g. welfare benefits, domestic abuse. Identify gaps and implement an action plan e.g. training, briefings from partner agencies, visits to services already working with couples.
8. Establish partnerships with specialist services e.g. LGBT support, domestic violence and women’s services.
9. Develop joint working protocols with partners for referrals, joint casework, team briefings/training, and casework support.
10. Keep the change process under review, allow for resistance, accept there will be challenges, focus on the benefits to the people you’re there to support.
11. Share your new practice with Homeless Link!
Further information

**Homeless Link guidance and briefings**
[www.homeless.org.uk/our-work/resources](http://www.homeless.org.uk/our-work/resources)

Supporting LGBTQ+ people in homelessness services
[www.homeless.org.uk/supporting-lgbtq-people](http://www.homeless.org.uk/supporting-lgbtq-people)

Supporting women who are homeless
[www.homeless.org.uk/supporting-women-who-are-homeless](http://www.homeless.org.uk/supporting-women-who-are-homeless)

Social networks and relationships

Reducing Evictions and Abandonment

Trauma Informed Care and Psychologically informed Environments

Creating gender and trauma-informed approaches for women

**Homeless Link training**
[www.homeless.org.uk/events/training](http://www.homeless.org.uk/events/training)

**Look Ahead Care Support and Housing**
[www.lookahead.org.uk/our-services/services-we-provide/homelessness-and-complex-needs/](http://www.lookahead.org.uk/our-services/services-we-provide/homelessness-and-complex-needs/)

**Riverside Care and Support**

**AVA Project – resources and training**
[https://avaproject.org.uk/resources/](https://avaproject.org.uk/resources/)

**Galop – LGBT Domestic Abuse Helpline**
[www.galop.org.uk/domesticabuse/](http://www.galop.org.uk/domesticabuse/)

**Safe Lives – resources including risk assessment and Maracs**
[www.safelives.org.uk/knowledge-hub](http://www.safelives.org.uk/knowledge-hub)

**Women’s Aid – information and support**
[www.womensaid.org.uk/information-support/](http://www.womensaid.org.uk/information-support/)
What we do
Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

Let’s end homelessness together
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