Transatlantic Practice Exchange 2018

Reports from ten frontline professionals on an international exchange of knowledge and practice
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About the Exchange

The Transatlantic Practice Exchange is funded by the Oak Foundation and delivered by Homeless Link in England and the National Alliance to End Homelessness in the US.

Exchanges took place between April and July 2018, with participants spending up to two weeks on placement with their hosts and other local organisations.

Homeless Link and the National Alliance to End Homelessness would like to thank all the hosts and participants for their commitment and enthusiasm throughout the project.

This is the final year of the current Transatlantic Practice Exchange programme. For updates on new projects, policy developments and our ongoing work to end homelessness, please see www.homeless.org.uk and www.endhomelessness.org or look out for tweets from @HomelessLink and @naehomelessness.

Participant blogs

Some of our participants blogged and took to social media to share their experiences of the exchange using the hashtag #homelesslearning.

Catch up on blogs from this year’s exchange:
www.sologlobehopper.wordpress.com
www.swords-to-plowshares.org/2018/05/09/week-one-with-veterans-aid
www.rachelwoolflondontotacoma.wordpress.com
www.voicesofstoke.org.uk/2018/05/24/from-stoke-to-seattle
www.cardboardcitizens.org.uk/blog-ny-don%E2%80%99t-forget-fun-factor

Further information

UK
For further information on UK participants and hosts please contact Tasmin Maitland, Homeless Link’s Head of Innovation and Good Practice.
tasmin.maitland@homelesslink.org.uk
+44 20 7840 4451

US
For further information on US participants and hosts, please contact Mary Gable, Program and Policy Analyst at the National Alliance to End Homelessness
mgable@naeh.org
+1 202 942 8298
Opening thoughts

From the UK

This year’s Transatlantic Practice Exchange has taken place at a time when homelessness, and in particular rough sleeping, is receiving unprecedented attention from politicians and the public. From February’s severe weather highlighting the urgency of helping people off the streets, to the Government’s new Rough Sleeping Initiative and Rough Sleeping Strategy, there is a renewed focus on ending rough sleeping in England. This creates an opportunity for the homelessness sector to achieve positive change. To do this effectively and achieve sustainable change, we need to champion what works, while remaining open to new approaches and accepting where we can improve.

This year’s exchange reports reflect the need for diverse approaches to end homelessness – looking only at housing models or approaches to support will not be enough. We can improve practical and frontline responses: Rachel Woolf looks at prioritisation and fair referrals from the street into housing, and Ed Addison reflects on extending good practice in street outreach with multi-disciplinary teams. We should develop how we engage people with lived experience: Steven Barkess explores the importance of peer specialists and peer leadership, and Flora Newbigin shows the power of legislative theatre to harness the potential of lived experience in systemic change. And we have to find solutions that work for every part of the country: Rachel Inman highlights challenges and solutions for working with rural homelessness.

Our US guests were hosted by organisations in Swansea, Manchester, London, Exeter and Stoke and we’re hugely grateful to the hosts who volunteered their time – the Welsh LGA, the Booth Centre, Veteran’s Aid, Exeter CoLab, and Expert Citizens and VOICES of Stoke. A huge thanks also to the US organisations who hosted the UK participants. We hope that these relationships will lead to the continuing exchange, promotion and implementation of good practice.

The Transatlantic Practice Exchange has shown us the value of experiencing practice in other countries, by changing perspectives and inspiring people to approach challenges in a new light. Earlier ideas highlighted by the exchange, such as Trauma-Informed Care and Housing First, have now become established as good practice, while approaches like Assertive Community Treatment and Critical Time Intervention have led to new teams and pilots, led by exchange alumni. The impact of the exchange will continue as alumni find new ways to implement their learning, influencing in the homelessness sector and beyond.

We’d like to thank the Oak Foundation for their support of the Transatlantic Practice Exchange, and the National Alliance to End Homelessness for being our partners and colleagues on this exciting project.

Jacqui McCluskey
Director of Policy and Communications
Homeless Link
In the United States, preventing and ending homelessness through proven, evidence-based practices has led to an overall nationwide decline in the problem since 2010.1 But we still have a long way to go – doubling down on bold housing solutions and improving services for people experiencing homelessness will help us to achieve our goals. In that regard, the Transatlantic Practice Exchange not only fulfills its primary goal of allowing frontline staff to explore and share new and different areas of practice; it also gives us, at the Alliance, new ideas and input.

For example, while peer involvement is certainly not new in the US, there was a lot to learn from its more comprehensive and creative employment in some UK programs. The US is strengthening its efforts on coordinated assessment and entry processes, and more holistic approaches in some UK programs provided real food for thought. And of course, we here in the US are always inspired by the much more robust level of basic housing, income and health care support provided in the UK – how it works both to prevent homelessness and to resolve it more quickly when it does occur.

We know from past experience that US participants in the exchange act quickly upon what they have learned from their colleagues in the UK. While the interventions cannot necessarily be replicated in their entirety, they change the way people think about problems and inspire them to try new things. Participants share their findings with us here at the Alliance, challenging us to also think differently about solutions to homelessness. And every year at our conferences we invite them to reflect on what they learned – both positive and negative – with participants from around the country. It is also important to note that the US programs that host UK participants benefit in a similar way from the exchange.

The exchange plays an invaluable role for participants, hosts, and their communities in the effort to prevent and end homelessness in the US. We would like to extend our gratitude to the Oak Foundation and our partners at Homeless Link for making it possible. Thank you also to the generous hosts who opened their doors so this great work could happen. Finally, we extend a special congratulations to the US and UK participants who will continue the exchange’s legacy through their continued passion for and dedication to improving the way we end homelessness in our nation.

Nan Roman
President and CEO
National Alliance to End Homelessness

Flora Newbigin

Legislative Theatre: Engaging people with experience of homelessness in decision making to effect systemic change.
Flora Newbigin: Theatre of the Oppressed, New York City
Legislative Theatre: Engaging people with experience of homelessness in decision making to effect systemic change

Cardboard Citizens has been making theatre by, with and for people with experiences of homelessness for over 26 years. In my role as Programme Delivery Manager, I have a foot in both arts and homelessness: project managing artistic events and programmes that respond to the current needs and issues facing our members, all of whom have experience of, or are at risk of, homelessness.

In both the arts and homelessness sector, there is increasing recognition of creative, ethical and practical value of co-production; where communities, ‘consumers’ or ‘service users’, shape the design and delivery of services. Making art or services ‘with not for’ the people who use them is a central principle of co-production. 1 A criticism of services that claim to be co-produced is that involvement of people with lived experience can be tokenistic and that, in order for this to be meaningful, they should be involved in decision-making at a systemic level. 2

We use theatre to enable people to tell their stories – raising awareness and provoking dialogue about what needs to change in order to end homelessness. Our work is always informed and, where possible performed by, our members. Through our work we aim to put their real life stories at the heart of the discussion about ending homelessness.

I took part in the exchange to visit Theatre of the Oppressed New York City (TONYC) who, for six years, have been making Legislative Theatre. This is a method we have begun to use through our recent play ‘Cathy’, where audiences generated a list of ‘Cathy Laws’, 3 which went on to inform the Homelessness Reduction Act, and was the precursor to our current ‘Citizens Do’4 campaign. TONYC’s method is slightly different from ours and I wanted to see how they are using it to engage communities affected by homelessness in decision-making about policies that affect them.

Artistic Director, Katy Rubin, founded TONYC in 2011. TONYC’s mission is to “partner with communities facing discrimination to inspire transformative action through theatre.” They work with marginalised communities experiencing oppression, generally through social sector partners such as hostels, day centres and advocacy organisations, and explore issues including homelessness, gender and sexuality-based prejudice, unjust criminalisation, racism, health and economic injustice and immigration. Their troupes are made up of community actors engaged through partner organisations, who for a number of weeks work together to create a piece of theatre based on their real life experiences. Whilst I was there, five troupes were working across the city but TONYC have worked with up to 12 at a time.

My key questions were:
- What is TONYC’s method of legislative theatre to provoke dialogue between decision makers and people with lived experience?
- How do they involve people at different levels?
- Do participants feel they have more agency in shaping policy?
- What are the challenges in turning the policies generated through Legislative Theatre into realities?

What is Legislative Theatre?
Legislative Theatre is a facet of Theatre of the Oppressed (TO) methodology, developed by Brazilian artist and activist Augusto Boal in the 1970s. 5 TO is a set of theatrical approaches to support communities experiencing oppression to realise and create social and political change. Probably the most well-known TO method is Forum Theatre, which has always been a key part of Cardboard Citizens’ practice. In Forum Theatre, after watching an issue-based play, the audience brainstorm and enact strategies the characters could use to challenge oppression on a personal level. In Legislative Theatre, the Forum springboards the audience into a discussion about ideas for policy reform that could bring about systemic change. As a council member in Rio, Boal used Legislative Theatre as a method to consult communities on the policy changes they wanted to see.

A TONYC Legislative Theatre event brings together policy makers, advocacy organisations and communities and through theatre, provoking political discussion in a fun, accessible, non-threatening way. Performances take place in neutral community spaces, are free and performed in multiple languages where applicable to ensure inclusivity. These are not like conventional plays nor conventional political debates!

“People come in as innocent bystanders and they think they are going to leave and clap and go back home and clean their kitchen. But something changes…”
Maaji Nishizaka, Actor, Joker in Training

Who’s involved?
- Actors: members of community troupes who are united around a common issue or experience. This may be homelessness, racial injustice or gender discrimination for example.
**Flora Newbigin: Theatre of the Oppressed, New York City**

Legislative Theatre: Engaging people with experience of homelessness in decision making to effect systemic change

- **The Joker:** the facilitator of the theatre making process and interaction between audience and actors. In TONYC’s performances, at least one of the Jokers will have experience of the issues in the play.
- **Audience or ‘Spect-Actors’:** the participatory nature of the Forum means the audience are not passive spectators but active in the changemaking process, highlighting our shared responsibility around the issues explored in the play.
- **Protagonist:** the main character who is facing oppression
- **Antagonist:** the individuals who are preventing the protagonist getting what they need
- **The Legislative Panel:** an invited group of ‘experts’ in the issues explored in a legislative theatre play. These are generally a combination of councillors, lawyers, housing professionals, government officials, activists or organisations advocating around housing and homelessness. The role of the panel is to digest the policy suggestions given by the audience and use their expertise to come up with ‘workable’ policy suggestions to put forward to the audience to vote on.

**The process**

A Legislative event has three stages: Watch, Act, Vote.

1. **Watch**
A play is performed by a troupe of actors, all of whom have direct experience of the issues explored in the play. For example, a previous Legislative Theatre play ‘Apartment Complex’ was performed in 2017 by a troupe of actors recruited through Housing Works, an advocacy organisation working with people with AIDS/HIV. The play explored the impact of lack of landlord regulation and housing voucher (rental subsidy) discrimination.

The devising process is always led by the needs of the troupes, who identify the issues they want to explore. At least one of the Jokers who facilitates this process will have some experience of the issues facing the troupe.

“When we are working with communities, we are not telling you what to do… we are saying here is a platform to tell your story, candidly in whatever way you want to...You are your voice.”

Mike Gee, Advocacy Delegate, Joker and Former Actor and Board Member

2. **Act**
After watching the play, the Joker facilitates the Forum between actors and audience, who identify and act out strategies for the protagonist to navigate the situation. This encourages the audience to empathise with the characters’ situation and provokes discussion around the issues explored. The Joker then asks the audience to think of ideas for policy changes that would change the situation on a systemic level. A discussion takes place and the audience are invited to write down their ideas on cards which are given to the Legislative Panel who sort and review these to decide which policy ideas can be taken forward.

In the 2017 Legislative Festival, TONYC tried a different approach to generate policy ideas in effort to make the process truly democratic. Rather than the Legislative Panel coming up with policy ideas based on audience suggestions, the audience were facilitated to work through the whole process themselves. Based on discussion during the Forum, the Joker facilitated the audience to identify three overarching themes around which change could occur. In Apartment Complex these were tenant support, landlord harassment and voucher discrimination. The audience and actors then joined one of the three groups and collectively agreed on a policy proposal for that theme. These were then presented to the Legislative Panel who were able to give context to and advice about the issues and ideas raised. Whilst this process was more directly led by the people as opposed to officials and ‘experts’, it was less pacey than previous shows, making it harder to maintain audience engagement.

3. **Vote**
Once the panel, or audience as was the case in 2017, have identified their policy ideas, these are presented and debated, until they are clear and concise. This is a chance for audience and actors to question the panel and get a wider sense of the implications of a particular piece of legislation. A vote then takes place and government representatives commit to take action in some way following the play.

Policies proposed in Apartment Complex were:
- Make rental payment systems anonymous so that landlords cannot see which tenants receive benefits and of what kind
- Develop an online landlord rating tool
- Instate fines for landlords who do not maintain properties or treat tenants unfairly
- It transpired through the discussion that some of these proposals were already in existence in some form. This is therefore also an opportunity to raise awareness about people’s existing rights as well as where policy is lacking.
Follow-up
Following an event, TONYC pledge to meet with government officials and to push forward the most popular policy proposals. Following Apartment Complex, for example, further discussions have taken place between TONYC Actors, Jokers, council member representatives and advocacy organisations. Whilst no legislative change has taken place to date, the conversations that are happening here are feeding into policy briefings and a further investigation into voucher discrimination is being undertaken by the New York City Centre for Human Rights.

Pre and post show activism workshops
A pre-play Advocacy Fair connects audiences with advocacy groups and campaigns that are of interest. This is a chance to learn more about the issues they are about to see performed and embed them in the ‘real world’. Since 2015, TONYC Legislative events have included post show activism workshops, which offer taster trainings in grassroots organising, for example, information sessions as well as practical activities such as role-playing speaking to a council member or making power network maps. The aim of these sessions is to embed the dynamism from the play and to support audiences to actively engage in making change in their communities.

From the stage to the statute book – transferring ideas into realities
While considerable time is invested in following up policy proposals with government representatives, TONYC acknowledge that they cannot guarantee that policy ideas will become law. They are realistic about the limits of their capacity given their size, funding structure and expertise as a theatre company. Furthermore, political agendas and proposed policies change as they move through the legislative process. TONYC concentrate their efforts on two key aims for Legislative Theatre:

1. Community building and civic engagement and
2. Shifting perceptions of policy makers. In this sense, the impact on policy is on the role of Legislative Theatre as a creative catalyst for change, facilitating discussion between marginalised communities in decision making, challenging the conventional power structures that dictate how decisions are made and empowering communities to further the discussion.

“…You might not be the kind of people who goes to the [council] office but these are the people of New York City… It lets people in the council see: Wow! This is a lot of people and we need to listen. It’s powerful… It gives everyone a good feeling like they were included in the vote.”
Letitia Bouie, Actor, Joker in Training, Economic Justice Delegate

Nevertheless, past events have brought about some ‘real’ policy changes. For example, ideas explored in a 2013 play, ‘Save the Drama’, proposed changes outlined in the Community Safety Bill on fair policing. Council member Jimmy Van Bramer linked his support for the bill, which was eventually enacted, to his experience of the play, which deepened his support for the issue.

“We voted just a couple of months later on ending stop and frisk as we know it in the city of New York; that piece really helped me solidify my thinking on that issue”

Meeting people where they are at: Community Engagement and Agency
Legislative Theatre makes the complicated, slow and bureaucratic law-making process fun and dynamic, thus more accessible and engaging. Whilst not bypassing the ‘real’ legislative process, it offers a fast track experience of making policy, activating the audience to feel empowered to make changes they want to see.

“We communicate with policy-makers, we have them in the room with us. It’s not just writing a petition… It gets us past a lot of the bureaucracy that is a barrier… getting people to identify with what you’re going through and getting people up on stage, to try out an idea ‘Let’s hear about it!’ It’s not just lip service.”
Mike Gee

While of course, there are other forums in NYC in which people with homeless experience are consulted in shaping policy, Legislative Theatre offers something quite unique in its capacity to bring together a diverse spectrum of voices and stakeholders in a creative and engaging way. Probably the most notable of these other consultation forums is the NYC Continuum of Care (NYCCoC). CoCs are coalition bodies of city-based homeless services that together develop a strategy to suit the local interest and bid for Federal funding from the Department of Housing and Urban Development (HUD). CoCs are required to involve ‘consumer’ voices and in NYC, the Consumer Committee holds nearly a third of the votes on the NYCCoC Steering Committee, thus a considerable chunk of decision-making power. Other services are increasingly expected to set up similar ‘consumer’ advisory boards and
I was able to visit a few such forums during my visit. I also spoke to people who have been part of the CoC Consumer Committee, some of whom were also TONYC actors.

The key difference, it seemed to me, was that these spaces often replicate conventional ‘boardroom’ type environments, which may not feel accessible to some people who feel disenfranchised and mistrusting of institutions and governing systems. Whilst the CoC structure is a progressive means of shaping consumer-informed services, its structure sits within systems and institutions from which many people already feel excluded. Legislative Theatre, on the other hand, brings the process to communities in a more neutral and accessible way, engaging people who may not necessarily feel politics is for them. Through audience surveys, TONYC found that audiences overwhelmingly agreed that they were more likely to engage with a Council Member or other elected official on issues that matter to them than before the event.

Furthermore, the authenticity of the Legislative Theatre process challenges assumptions about why someone becomes homeless, a hugely important task in NYC, where there is a lot of stigma and misconception about who experiences homelessness and why. Homelessness equals failure, an activist and advocate with a history of homelessness told me, “We don’t see it as a social issue, we see it as a personal failure.” Empowering communities to tell their own stories through a participatory theatre-making process builds empathy and understanding. It also highlights our collective responsibility in making policy that works. In a society where inequality runs deep (89% of people in shelters are people of colour versus 55% of the general population), naming the wider narrative around these issues is important.

TONYC have committed to enabling the communities they work with to lead the change-making process by building more leadership opportunities for former actors within the organisation, as freelance Jokers and permanent staff. They have recently introduced the role of Advocacy Delegate, a paid role for actors and Jokers, who are responsible for keeping up to date with policy changes, events, and rallies on relevant issues of which they have direct experience. This increases TONYC’s capacity to further their advocacy efforts and empowers actors as experts by experience.

I was also struck by the readiness to talk about the challenges this brings. I spoke with a Joker in training about what it’s like to transition into a leadership role within a troupe, the challenge of establishing new boundaries, the impact this has on relationships and the way they now understand their own experiences. The training and support around this is something TONYC continue to navigate and develop. Regular reflection takes place with Jokers in training and monthly ‘Joker Workouts’ offer a place for new and experienced Jokers to support each other.

There is regular consideration of where internal structures may be replicating wider oppression. TONYC have a policy of being ‘race explicit’, for example naming the fact that a character in a play is homeless and of colour and how this changes the story. Or naming when a troupe needs a Joker with a particular background to be able to effectively build links in that community. Katy Rubin told me being explicit about difference “makes us all more comfortable in talking about it”, which is essential in making people conscious of these issues and thus shifting structural inequalities.

Applying learning and drawing conclusions

The Legislative Theatre model shares many of the principles of co-production: it challenges perceptions, focuses on strengths, challenges conventional power structures and is based in facilitating rather than delivering change. I hope that energy for working creatively in the sector continues and that theatre techniques become an increasing part of the co-production toolkit.

The Homelessness Reduction Act and the impact of austerity have highlighted the need for a culture shift within the sector and that this requires a more radical approach. Increasing interest from sector partners, in our theatre-based training models and how we engage service users, reflects this openness to creativity.

While not everyone in the sector has the resources to deliver a theatrical project, what we can all do is think creatively about how people with lived experience are engaged, to take risks and think outside the box about the spaces we use and the way we ask questions. This allows different voices and strengths to come through and can remove barriers to participation. Crucially, we need to consider ways we can use our networks to facilitate the people we work with to talk directly to the individuals who hold power at a system, not just service level, as this is where change needs to occur if it is going to be meaningful.

As Cardboard Citizens’ campaigning work grows and continues, the exchange has helped me reflect with my team on the importance of clarity of mission, capacity and strategic partnerships to strengthen and develop how we capture impact. We are taking...
next steps in our Legislative Theatre work: we have commenced our Citz Storyteller programme, a creative campaign training with our young people and we are experimenting with a ‘rapid response’ team of members, who are able to turnaround short plays in response to current social issues. I have been working with my team to consider how we can grow and embed our peer leadership model in a sustainable way so that it is our members who are at the forefront of shaping and delivering our work.

The exchange has been a deeply valuable, challenging process and my learning far exceeds the scope of this document. It has provoked me to reflect deeply on our processes and my own practice, to explore where we could be doing more to empower our members to be active in shaping our programmes. I am inspired and energised by my time with TONYC. Three cheers for the power of theatre!

Notes
1. For co-produced theatre see: www.thestage.co.uk/opinion/2017/lyn-gardner-theatre-with-not-for-local-communities-is-the-way-forward/ For co-produced homeless services see www.homeless.org.uk/co-production-toolkit
3. For more information on the legislative outcomes of Cathy see: www.cardboardcitizens.org.uk/blog-cardboard-citzs-role-homelessness-reduction-act
4. For more information on Citizens Do visit: www.cardboardcitizens.org.uk/JoinCitizensDo
5. For more information on Theatre of the Oppressed visit: www.cardboardcitizens.org.uk/theatre-oppressed
Introduction to the coordinated entry system

In the US, approximately 400 Continuums of Care (regional or local planning bodies that coordinate housing and services funding for homeless families and individuals) follow a coordinated entry (CE) system. This is a unified point for individuals experiencing homelessness to walk in, call or be found by an outreach team and then referred to housing and housing-related services available to them. The initiative matches homeless individuals with the housing models and services most suited to them to aid holistic rehabilitation.

Conversely, in the UK, it is common to see duplication of key work with clients who move between services and find themselves cycling back and forth between various charities and organisations.

I hoped to answer the following research questions during my exchange:

- What is the theory behind CE and why was it introduced?
- How does it operate in practice?
- What are the positives and negative effects of the CE?
- How have clients experiencing homelessness and service providers responded to the CE?
- How can the UK learn from CE in the US?
- How do the practices of both countries compare and/or complement each other?

Below is a brief outline of this system and how it works in practice.

**Identification**

Homeless families, young people and single adults are identified and alerted to the CE agencies in the following ways:

- Outreach/PATH Teams
- Crisis phone line and CE access phone line
- Walking into a service in the county
- Staying at a shelter
- Hospitals and the prison system.

Clients complete a basic needs assessment, answering questions to establish individual levels of vulnerability and what the best next steps for their situation might be. This usually leads to a diversion conversation or them being told they are not eligible for housing help at this current time and instead given resources to help them survive on the streets.

The brutal truth of the context in Pierce County (as in the England) is that there is only the provision/housing available to house those who are top of its vulnerability list – the demand far outweighs the supply.

**Diversion conversations**

A creative conversation that takes place after the initial assessment where case managers take time to understand the client’s barriers to housing, their housing history and their current needs. Clients are scored on their vulnerability through a system called HMIS – homeless management information system – and through this conversation are encouraged to stay with family, friends, at neighbours, return to their home.
state, stay in shared housing provided by the county and so on, as a last resort alternative to living on the streets. All possible options are explored.

**The priority pool and housing options**

Clients who are not suitable for diversion for whatever reason are placed in the priority pool. Similar to the English council housing waiting lists, it is a pool of people waiting to be housed who are ranked by their vulnerability score on HMIS. In the UK council homes go to those in ‘priority need’, or the most points on a council’s scheme, and it is the same in the US. Those with highest priority are most likely to receive one of the following housing options:

- **Emergency shelter** – temporary respite of up to 90 days.
- **Transitional housing** – temporary and conditional on move on – usually targeted at a specific group likely to move on with goals attached to housing.
- **Rapid re-housing (RRH)** – graded financially assisted housing where the state pays rent and gradually reduces their contribution over time, and the individual or family pays more over time. Goal: to have lease in own name and pay independently of the state within 12 months.
- **Permanent supportive housing (PSH)** – usually for chronic homeless (who in the UK would be called ‘entrenched’), who are unlikely to succeed in any other form of housing option.

Those who are not considered the most vulnerable in society will remain in the priority pool for 90 days, when they will leave the pool and can re-enter to go through the system again. While it means those likely to die on the streets are often saved, it also means those who have low support needs have very little hope of securing county housing.

**Learning and findings**

It was a privilege to see the whole system from top to bottom in just two weeks. I visited agencies, policy makers, collaborations, forums and heard from funders, politicians, staff, the community and the clients.

I wanted to develop an understanding of what the positive and negative effects of the system were/are on staff and clients, and how service providers and clients experiencing homelessness in Pierce County responded to the CE system.

**The pre-coordinated entry days**

Staff certainly agreed that it is much better than before. One staff member pointed out that pre-CE days, individual agencies would all be inundated with calls, some relevant, some irrelevant, some coming to totally the wrong place and using up already limited staff time and frustrating callers. With no diversion conversations in place, case managers would have to compete with other staff to house their clients whereas now it is one, unified system of objective eligibility over subjective favouritism. The CE phone line where referrals first enter the system, and which is funded by the county, has made this a lot more streamlined, and the CE system is far better than the coordinated intake that preceded it.

**International challenges**

As an objective foreign researcher, I was privy to some very honest evaluations of the system from service providers that are specific to Pierce County.

CE agencies are in huge demand and occasionally those in training complete the initial screening phone calls and refer clients to the wrong organisation or for the wrong diversion/housing option. This means diversion/housing staff at the ‘next stage’ of the process often have conversations with clients, most of whom have been given new hope, only to tell them they are not eligible for immediate support. Agencies who run the CE phone lines have, in the past, changed their operating hours and days frequently and this was often not communicated correctly, or at all, to frontline agencies.

Diversion conversations tend to solve a short term problem and clients (and therefore case managers) find themselves back at square one months later. There are clients who have dropped out of the CE system, or who have not successfully phone line being engaged a lot of the time echoes perfectly the challenge for anyone in the UK trying to contact government helplines like HMRC. Eligibility for CE housing options is strict, as it is in the UK (priority need, local connection, housing points). And of course, Pierce County is victim, as we absolutely are in London, of increasing rents, low wages and a significant, concerning lack of housing. Once housed, tenants need support to maintain their housing and there is little incentive to engage in further development or services. This is similar to some of those who have moved from the streets in the UK and don’t then move into education or employment.
Rachel Woolf: Pierce County, Washington State
Pierce County coordinated entry

‘exited’ who then have to re-enter (and re-tell their story), which can be traumatic and testing.

Another challenge to providers is that they are now all working with ‘the hardest to serve’ in the population. Their performance outcomes often reflect how hard this client group can be to house and support, as many cannot maintain tenancies, or are placed in housing programmes like Rapid Re-Housing, meant for goal-oriented, able to work clients, when there is no chance of them achieving the conditions required. In the pre-CE days, agencies could (fairly or not) cherry-pick the easiest clients to help or the easiest cases to solve - and as a result had ‘better’ performance outcomes than they do currently.

Wrongly inputted data, using both a HMIS (homeless management information system) and DVT (daily vacancy tracker) system, as well as agency specific systems, means it can be hard to monitor progress and staff are constantly reviewing data systems in their already tight schedules.

Agency loss of identity can come hand in hand with a CE System. I spoke to one manager who described the negative response from peer councillors when their role changed from solely mentoring (around issues of mental health, substance misuse) to housing as a priority – a common result of implementing the CE system. It caused a change in the relationships with their clients as it seemed they now had an agenda to achieve.

Successes

Despite these challenges, Pierce County service staff are showing great resilience in the face of change, and have had reasonable successes despite the limited resources available to them.

Diversion costs money but has huge return on investment. Since the start of their data collection, Pierce County has seen a very low percentage of multiple Diversion conversations, which implies once given an appointment for a diversion conversation, a suitable, safe solution will most likely be found. While the CE system after diversion (if diversion is unavailable) only houses 25% of people in the priority pool of those waiting for housing, this is more to do with lack of housing, increasing rents eligibility and client decisions than any inherent system flaw.

Staff spoke highly of the county’s attempts to boost collaboration amongst service providers – a huge advantage of having a centralised system is that providers are all working towards the same goal. It has grown organically and still continues to in creative ways. There is a clear process, an understood route for all to adhere to, which promotes accessibility and equality.

The county does not have all the resources/money/staff to make CE work as efficiently as it could, but perhaps no homelessness no system does. Providers are making improvements to the system every year – better data entry, better use of funds, more training and increased community engagement. They are collaborating monthly through different forums and coalitions around challenges and how these can be tackled and continue to improve its effectiveness.

Staff across the board are positive with CE as a system, particularly compared to older systems used in the county that seemed unfair, subjective, inefficient and complicated. They continue to display a determination to make it work, which is admirable.

What’s the impact on Pierce County’s homeless population?

How does Pierce County’s coordinated entry system effect people who are experiencing homelessness? What is their experience of ‘the system’ or has it not had any effect on their day to day struggle against the streets?

Client opinion – the negatives

While some clients were extremely negative, understandable in their extreme situations, most have provided me with a balanced view of being in ‘the system’.

I met Joey (not his real name) at a shelter funded by the county, and he talked at length about the CE system from start to finish and the ‘unfairness’ of being “a white guy, 50 something with no addictions, and limited mental health issues ... oh and I’m not a vet.” This echoes a lot of the client frustration we hear in the UK. It is hard for staff to tell, and clients to hear, that there are few housing options available to them. The system often works against people’s safety but it’s the only way to prioritise the actual unsheltered people in Pierce County.

This dilemma also means that if someone in the priority pool takes steps to better themselves – education, employment, temporary housing with friends, it means they are much less likely to be vulnerable enough to be housed. As Joey described, clients in his demographic and those similar will always be bumped down in place of someone far more
vulnerable than them. While this is objective, prioritised and resource-dependent, it is hard to experience, over and over.

Once in the CE system, clients are in the priority pool for 90 days, after which they have to re-enter, re-tell their trauma and update their details/situation to a different worker, sometimes with a totally different agency, often to be told their situation won’t (can’t) be changed.

One client told me that clients are expected to “find housing the same as any normal person, I can’t do that man.” He’s right – a lot of clients are unable to search for housing through Google, rent websites, agencies and private landlords because of anxiety, computer illiteracy, general illiteracy, mental ill health etc. Clients (as in the UK) sometimes have unrealistic expectations of the housing market, its availability and the conditions of public housing. This leads to refusals of sought after housing units and/or repeated evictions of those housed in units not designed for them, where they are unable to maintain a tenancy and are unable to adhere to the housing conditions placed upon them.

Client opinion – the positives

However, clients are clear that when CE works, it works well. Joey mentioned to me that the Associated Ministries phone line is clear around the process he is part of. He talked about how the staff, when asked, explained the system and his options clearly to him. Joey mentioned that this makes him feel part of his solution and the process, and not that he was being ‘told to **** off as soon as I called’.

The county and the staff in housing and diversion are transparent with clients. They are honest about the lack of housing, and supportive with the resources they do have to allocate these to everyone who comes through their doors. Clients are less often pushed from pillar to post for resources and are given clear information about what is and is not available to them, and for how long. Diversion works. It allows for creative solutions to be explored with clients in crisis to discuss options they may have forgotten they had – to get them off the streets in whatever way possible before they enter the CE system.

Similarly, as there are so many parts to the coordinated system, there is no opportunity for clients to blame one staff member for them not being housed. In the UK I have heard multiple clients blame their one to one case manager for ‘slacking’, for not caring, or for being slow to even try to get them housed. In Coordinated Entry this personal staff responsibility is taken away completely and there is less directed anger, which is healthier for the staff and the clients.

If offered housing, clients have the Right of Refusal without becoming intentionally homeless as they might in the UK I visited a PSH unit and the clients were unanimous in their praise of the unit, its quality, and the maintenance and tenancy support they receive.

Many clients don’t feel like it is a system like foster care or jail, and that it is more progressive, which, for the county I’m sure, seems a hugely positive thing. Clients who are coherent and articulate understand the system and why it is the way it is – there is no one person or entity to blame. Clients who are not aware of the huge processes behind housing people in Tacoma should be informed, where possible and realistic. Educating clients in different ways around why and how would minimise negative reactions to the system.

Learning and conclusions

I would love to see some form of coordinated system in place in England, in London or just in Islington. It would aid collaboration, it would make it easier for clients not to be pushed from pillar to post, and it would unify the efforts of our individualised agencies and charities. Diversion conversations are a significant difference between the countries that could be explored in the UK further.

I have focused here on features of the Pierce County homelessness sector that the UK could implement fully or partially at a low cost and without huge systems change:

- Outreach teams – employed to engage law enforcement and business owners, to educate and inform but also to act as a bridge between clients and businesses.
- Consumable data – Pierce County uses data to educate residents about the sector and what the county/service providers are achieving. The county has a live dashboard: www.co.pierce.wa.us/3715/Homeless-Programs, as do agencies and services across the area. These highlight everyone’s efforts, the housing situation, the programmes available, and people’s reasons for homelessness/denial of housing etc.
- Political conversations – the Service Providers Coalition interviews local county candidates campaigning for election throughout the year, to enhance their understanding of homelessness and encourage learning. This is something we should ask of our local Borough councillors.
- Coalitions – in Pierce County, agencies are working under a joint system, for the same goal, and funders require collaboration. They have area specific, system specific, topic specific coalitions and they include service providers,
law enforcement, politicians, schools around the issues of homelessness.

- **Property conversations** – through county Landlord Liaison Programmes, agencies are working hard to provide incentives to landlords to rent to those with lived experience in the form of Mitigation Funds, Tenancy Case Management and Eviction Grievance Boards.

- **HMIS/CHAIN** – in London, CHAIN is only accessible to statutory organisations and a limited number of services. There are independent charities who would benefit from having CHAIN access and duplication of work would be reduced. HMIS are free in the US and available to anyone working in the homeless sector for any agency.

- **Creative housing solutions** – Pierce County’s Stability Site is a legal campsite/encampment for people under an old aircraft hangar, with showers, hygiene kits and visits from support services each week which has had a huge impact on some clients as it feels one step closer to housing. It is safe, and it provides a community for the most isolated homeless individuals.6,7

Having safe, stable housing for all in the current climate seems like a pipe dream – but there is much that can be done to help transform the lives of people experiencing homelessness in other ways. We are not able to wave a magic wand and house thousands of the UK’s homeless population, but I believe we can make some simple changes in our existing system that can alleviate the stress on our services, staff and its clients.

While in Pierce County I made some fantastic connections to people enhancing community engagement, working on consumable data, and training other states in Coordinated Entry. These contacts would be happy to contribute to research in the UK and would be happy to share their experience with our sector. There is much that can be learnt from the staff I met in the county and I plan to keep those contacts for my future in the sector and for the benefit of the UK homelessness sector in the future as well.

**Sharing my learning**

My involvement in the local Labour Party and my connections with Islington Council and Islington Homeless Forum mean that I may be given the chance to present some of my findings here in Islington. My previous contact with The Mayor of London Sadiq Khan and his team may allow me the chance to share some of my research with London-wide Housing officials. I am writing a longer report for my hosts as an objective consultant on their behalf, and I could easily share this once it is published.

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Ed Addison

Multi-disciplinary outreach teams – learning from New Haven
I am an outreach case coordinator working for St Mungo’s Street Impact Team – a Social Impact Bond (SIB) service commissioned by the Greater London Authority working with 175 individuals across London experiencing repeat and prolonged episodes of street homelessness. The aim of the service is to enable individuals who have experienced long term homelessness to move away from the streets for good, while simultaneously supporting people to link in with support for healthcare needs and substance misuse, and also to facilitate individual potential to improve skills and return to the workplace in a voluntary or paid capacity.

Over the past seven years of austerity, rough sleeper numbers in London have doubled and cities throughout the UK have seen huge spikes in the number of rough sleepers. Outreach teams are effective in finding individuals who are new to the streets and use quick interventions to prevent entrenchment, however there has been an upsurge in the number of people who are living on the streets and presenting with significant support needs. Substance misuse and mental health are often issues that can compound street homelessness and there remain significant barriers to individuals who are currently rough sleeping in accessing appropriate treatment and support to address these issues.

I recently had the opportunity to participate in the Transatlantic Practice Exchange. My intention was to look at how a multi-disciplinary outreach model could be used to support individuals who are rough sleeping and presenting with complex support needs, and to ascertain whether there is a best practice model that could be incorporated into outreach teams to ensure a consistency in support was available to all those who are rough sleeping in the UK.

My specific area of interest was how we can improve health outcomes for individuals sleeping on the streets and engaging treatment resistant clients. In the UK there is a growing number of people living on the street presenting with a complexity of support needs including substance misuse, mental health and physical health. Many individuals find it difficult to engage with services in a structured way, therefore, to what extent is it more effective to incorporate healthcare within outreach teams so that problems can be dealt with at the point of street contact?

The US context

Many of the issues and challenges that are faced working with street homeless individuals in the UK are mirrored in the United States. In the 2017 point-in-time (PIT) count it was estimated that, US-wide, there were 553,742 homeless people. People experiencing homelessness are counted as either being unsheltered (rough sleeping) or living in shelters. The focus of my study was those individuals living outdoors, and many of the issues faced by unsheltered people in the US are all too familiar to people who are sleeping rough in the UK: significant health issues related to sleeping outdoors, leading to increased mortality rate and significantly lower lifespan than people living indoors. In the US many people who are homeless do not have access to healthcare and this leads to significant strain on emergency rooms across the country. Furthermore, it is estimated that 49% of unsheltered people have been victims of violence and 73% have unmet health needs.1,2

I was hosted by Columbus House, an organisation which operates a number of services for homeless and unsheltered people in New Haven and state-wide in Connecticut. The 2017 PIT count estimated that there were 529 homeless people, of which 18 were unsheltered and 15% chronically homeless.3 New Haven is a city of roughly 130,000 and located in the state of Connecticut on the northern shore of Long Island Sound. It is principally known for housing the Ivy League university, Yale, and it was evident to me that there is a divide between the University and general population. There is a perception that Yale is responsible for the gentrification of large areas of the city, leading to the displacement of people from their communities. Crime has historically been an issue in New Haven and I learned that these factors, including a significant issue of gun crime, have implications for outreach practice in the city.

Host organisation – Columbus House

Columbus House is a homelessness service provider that was founded in 1982 and operates in New Haven, Connecticut. It is an organisation that predominantly operates in New Haven but also has services state-wide. Its mission is to serve people who are homeless or at risk of being homeless by providing shelter and housing and by fostering their personal growth and independence. Columbus House follows a person-centred approach to working with individuals who are homeless or at risk of homelessness. It has a number of services that include providing housing via permanent supportive housing or rapid rehousing. It also provides services for veterans and families and runs a homeless shelter in New Haven and an overflow shelter in the winter months. In addition to providing shelter, Columbus House operates services transporting individuals to...
inpatient treatment facilities across the state. The team I was hosted by for two weeks was the outreach and engagement team, which consists of seven outreach and engagement workers locating and supporting individuals who are sleeping outdoors or in other spaces that are not meant for supporting people to live in, such as abandoned and derelict buildings.

**Community-based organisations**

Perhaps the most striking aspect of homeless outreach services in New Haven is how rooted the workers are in all aspects of community life. Outreach workers started their day at the Sunrise Café, a volunteer led drop-in breakfast programme that was run by Liberty Community Services. On any given day at the Sunrise Café you could find doctors, nurses, substance misuse workers and other healthcare professionals undertaking assertive outreach to ensure that client needs were met. Outreach workers would target those individuals that they believed were unsheltered and initiate first contact with a view to allocating a case management worker to take on their case and verify their eligibility to attain a service. First contact forms are allocated at a weekly meeting called the ‘outreach rounds’, which is attended by partnership organisations who were also conducting street-based outreach in New Haven. What was evident from spending a lot of time at Sunrise was the high esteem that the clients had for their workers. This was related to the close links fostered by these workers through strong relationship building, by having an intimate knowledge of the city and its community

**Street psychiatry and medicine**

Mental health continues to be a major challenge when working with homeless individuals and there remain significant barriers for individuals who are rough sleeping to access mental health support. It is estimated that over 40% of individuals sleeping rough in the UK have a diagnosed mental health support need. While sleeping on the streets there are significant barriers to accessing support, including: stigma, not being able access services due to having additional support needs including dual diagnosis, not being registered with a GP, and not being able to attend appointments as a result of sleeping rough. St Mungo’s has been proactive in petitioning government to provide funding to incorporate specialist mental health services to focus on those who are experiencing homelessness: incorporating services such as LifeWorks to provide psychotherapy to St Mungo’s clients regardless of diagnoses or substance misuse and working closely with Enabling Assessment Service London (EASL) to target and assess rough sleepers who are showing signs of mental illness.

In New Haven homeless individuals are equally as susceptible and vulnerable to medical and mental health problems and, historically, it was apparent that there were significant gaps in services for unsheltered homeless individuals who were presenting with severe mental illness. It was my privilege to spend time with Emma Lo, a Yale Psychiatry PHD student in residence at the Connecticut Mental Health Centre (CMHC). Through partnership with CMHC and Cornell Hill Scott Hill House and other community organisations, healthcare professionals were utilising a street psychiatry approach to offer medical and mental health outreach to unsheltered individuals in New Haven. This includes support and counselling to people living on the streets and coordinating referrals in to mental health services at CMHC. Via partnership with Yale Psychiatry, there is an ongoing development of a Street Medicine Curriculum which puts in place strategies to change the culture of learning and understanding when it comes to working in a homelessness setting with mental health. Giving students exposure to working in an outreach setting with unsheltered individuals can have far-reaching consequences for changing cultures of learning and undermining the stigma attached to working with street homeless individuals. Unsheltered individuals who are reluctant or unable to access mental health services in a traditional setting are being met and assertively engaged by mental health professionals on the streets. This can make the difference in receiving essential support that would otherwise not be available to them.

**Recovery model, substance misuse and rehabilitation**

In the United States there is currently an opiate epidemic that has far reaching consequences in a number of communities. Pharmaceutical companies have been offering incentives to doctors to prescribe opiate based painkillers in large quantities to individuals. ‘Pill mills’ enabled doctors to dispense large quantities of medicine with legitimate purposes such as

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**Ed Addison: Columbus House, New Haven**

Multi-disciplinary outreach teams – learning from New Haven
In New Haven the outreach team and partner organisations were forthcoming in explaining the significant barriers to working with substance misuse in the city. I was able to experience first-hand the incredibly strong recovery networks that are prevalent in the city. I visited a number of drug treatment facilities that offered opiate-based substitute prescribing, and also visited a residential recovery house and attended a community-based recovery support group at Trinity church on New Haven Green. The Green is in the epicentre of the city itself and a place where many of the homeless community gather in the day time. One thing that struck me was the strong recovery and support networks that exist in New Haven. While there remain barriers to accessing treatment, the main one being the need for correct insurance, same-day methadone subscription was readily available throughout the city without insurance. In addition, if an outreach client (who had the necessary insurance) was asking for a detox then, if there was a bed available, this would be offered to them and the plans put in place for that individual to access detox immediately.

Having worked as an outreach worker in a number of East and Central London teams over the past four years, I have noticed a significant rise in the number of chaotic substance users on the streets of London. Statistics collated by local authority treatment services suggest that the UK has an ageing opiate-using population which explains the increased numbers of drug-related deaths. However, my own experiences on the streets would suggest that there are an increasing number of individuals using substances chaotically, including younger people, who may not have yet reached treatment services and therefore not been recognised by official data. One only has to spend a small amount of time on street corners and in the parks of London. Statistics collated by local authority treatment services suggest that the UK has an ageing opiate-using population which explains the increased numbers of drug-related deaths. However, my own experiences on the streets would suggest that there are an increasing number of individuals using substances chaotically, including younger people, who may not have yet reached treatment services and therefore not been recognised by official data. One only has to spend a small amount of time on street corners and in the parks of London.

In New Haven, drug dealing and using is occurring, but in more deprived areas around the city and in trap houses (the US equivalent to a crack house) in more deprived neighbourhoods. In New Haven the outreach team and partner organisations were forthcoming in explaining the significant barriers to working with substance misuse in the city. I was able to experience first-hand the incredibly strong recovery networks that are prevalent in the city. I visited a number of drug treatment facilities that offered opiate-based substitute prescribing, and also visited a residential recovery house and attended a community-based recovery support group at Trinity church on New Haven Green. The Green is in the epicentre of the city itself and a place where many of the homeless community gather in the day time. One thing that struck me was the strong recovery and support networks that exist in New Haven. While there remain barriers to accessing

Verification and eligibility

My preconceived perceptions of homelessness in the US was of tented cities such as those evident in Skid Row in Los Angeles, or the sheer numbers of individuals I have seen bedded down in San Francisco and New York. This expectation was not matched in the time I spent in New Haven. Roaming the streets late at night, I could not see much evidence of people bedding down on the streets, yet my work with the outreach team targeting homeless individuals in day centres, soup kitchens and other community organisations told a different story. This gave rise to a number of questions regarding the verification of unsheltered homeless people i.e. rough sleepers.

The Columbus House outreach team is commissioned by the Department for Addiction and Mental Health Services. The remit for the outreach and engagement team is to work with those individuals who are defined as chronic homeless and who also have a physical or mental health support needs or a behavioural disorder, which can include substance misuse. The US definition of chronic homelessness is an individual who has been homeless consecutively for 12 months continuously, or who has had four or more episodes of homelessness in a three year period totalling 12 months. This homelessness is defined by being unsheltered or by living in a shelter. My experience of outreach practice in New Haven did not yield expected results in terms of meeting individuals bedded down in sleep sites, which is my experience as an outreach worker in London. Due to law enforcement activity in the city, it is difficult to bed down in visible locations in the city centre, which results in many unsheltered individuals hiding in woods around the city and coming in to access services during the day. I was therefore
interested to learn how a homeless or unsheltered person is verified given the lack of visibility on the streets.

There is a huge reliance on outreach workers and local community-based knowledge as to whether someone is homeless. These assertions are often made on gathering local knowledge, visiting people at locations deep in woodland where there are known encampments or through intelligence received by the community, including faith-based organisations. Difficulties for the outreach team to meet people where they were sleeping were compounded by safety implications of working on the streets. High rates of gun-related and violent crime meant that it was unsafe to conduct outreach shifts late at night. Often, by the time the outreach and engagement team were out in the morning, people had already got up and moved on. I visited many sites in New Haven where there was evidence of rough sleeping however the homeless people were not at their sites.

This has raised questions for me regarding the relevance of the current verification process used in London and other parts of England, whether we are missing people who are experiencing homelessness. The Greater London Authority (GLA) commissioned outreach service targeting transport in London has been crucial in recognising the significant numbers of homeless individuals seeking shelter on buses and tubes in London, however there remains much work to be done in addressing gaps in services that mean that people who are homeless and unsheltered are not being verified. From my experience working on the streets of London there is a growing cohort of unsheltered individuals, who are often drug using for days on end and rarely bedding down on the streets, and therefore not being verified as street homeless. Not to mention the many female rough sleepers who will go to unimaginable lengths and compromise their safety and wellbeing to ensure they do not have to bed down on the streets. Are these individuals less entitled to services than those who are seen bedded down on the streets for one night?

**Conclusion**

Working for St Mungo’s Street Impact Team I see daily the commitment and hard work that my colleagues are putting in to breaking down barriers that exist between support agencies and those individuals living on the streets. They work creatively to build therapeutic relations that encourage dramatically positive change in individuals who have experienced long term homelessness, which is often compounded by significant trauma. Workers of this calibre are present throughout the homelessness sector in outreach teams, hostels, day centres, substance misuse services and tenancy sustainment teams. From my experiences in New Haven, what has stayed with me is the strong connection between the homeless community and grassroots organisations, and Columbus House and the outreach and engagement team. I think that, because of the vast numbers of homelessness services operating in the UK, organisations are competing for contracts, and focusing on contract management and outcome measures, protocols, and professional boundaries. As a result, we have lost some of the essence of what it means to support the individual who is sleeping on the street: essentially, to meet individuals where they are at, to keep returning to them and to build a relationship that helps that person to realise that there is a life beyond sleeping on the streets, and to maximise their potential to be active members of their communities.

Despite this, I am confident that, within the GLA for example, there are people who are willing to listen to frontline workers and respond to the challenges those workers are experiencing in getting people off the streets. This demonstrated in the commissioning of services, such as St Mungo’s SIB, that offer a creative and therapeutic way of working with people living on the streets and providing the continuity of support and through-care needed to exit street homelessness. I have seen the risks that commissioners of homelessness services are willing to take in working with substance dependent rough sleepers to give them an opportunity to access treatment in a residential setting when community-based treatment has not worked for them previously. I have also worked alongside commissioners who recognise the importance of flexibility in health services and the need to bring support to the client in some cases rather than putting conditions on their access to essential services.

I am confident that, by listening to the experiences of homeless individuals and their support workers, and working together to develop these services on a multi-disciplinary, pan-London and UK-wide level, we can alleviate the suffering that is far too evident on the streets. There is much to be done in coordinating a response and achieving a multi-disciplinary approach to working with rough sleepers, whether in London, the UK or the US. While aspects of this approach already exist on both sides of the Atlantic, this work can be improved through effective communication between organisations,
Ed Addison: Columbus House, New Haven
Multi-disciplinary outreach teams – learning from New Haven

commissioners at local authority level and central government. Most importantly, we can listen to the rough sleeping community to inform service design and delivery, and put those individuals at the heart of the improvements that we aspire to make in reducing the number of people sleeping rough in the UK and giving them the platform to achieve real progress in their lives.

References

Rachel Inman
Rural Housing First
good practice at Pathways Vermont
I live in the beautiful South West of England and have been an Outreach Worker at the Elim Connect Centre for the last five years. Based in Wells and serving the District of Mendip, our outreach team covers a largely rural area, the smallest city in England and a handful of market towns.

Rural homelessness in the UK has recently been receiving increased attention as the number of homeless individuals has risen dramatically nationwide. In 2017 rural rough sleeping statistics showed a rise of over 50%, with a 30% increase of rough sleeping across the country.

In the last five years in Mendip District the provision for, and understanding of, rural rough sleeping has expanded. Consideration has been given to what does and doesn’t work to help rural rough sleepers move forward into safe and secure accommodation.

Together with an outreach service and a thriving community centre, Elim Connect has partnered with the local council and a sympathetic farm to create Mendip’s first direct access accommodation project. The Dairy House or DAC (Direct Access Community) featured as the final good practice case study in ‘Rethinking Rural Homelessness’, a report by Charlotte Snelling, published in July 2017.

Dairy House is a six-bed cottage and was born of the need for a specific rural solution to rough sleeping in the Mendip Area. This unique project offers a six to 12 week stay in a beautiful and remote location, providing a supportive environment where a transition from rough sleeping to indoor living can happen and a place where further housing options can be explored.

Despite this unique approach and the growing success and recognition of DAC, there are always folks who will not manage or choose the communal nature of life in the house, whose history and housing record considers them too ‘high risk’ or who simply do not want to live there.

Repeatedly this ‘high risk’ label denotes a combination of trauma, addictions, homelessness and surrounding mental health challenges and is a barrier to an individual’s ability to jump through the institutional and in-built, systematic hoops into any kind of accommodation. Unable to ascend the traditional stairway requiring abstinence, compliance and psychiatric stability before being considered ‘ready’ to move into their own homes, these folks become ‘entrenched’ and are often homeless for years. There is an urgent need to find solutions for the complex cases that do not fit the traditional models of housing provision and support.

Evidence that Housing First is a specific solution for this demographic is undeniable, yet in the United States and in the UK, HF projects are predominantly an urban success story. In Vermont, since 2009, there has been a rural evolution of Housing First practice, developed and provided by the pioneering organisation Pathways Vermont.

I applied for the Transatlantic Exchange to explore and develop a wider understanding of Housing First in a rural context. Inspired in my own job by the Good Practice Guides developed by Homeless Link in the UK, I hope to further the conversation about good practice to address rural homelessness worldwide. The areas I wanted to explore in my visit were threefold:

1. How have the principles of Housing First been adapted to work in a rural area?
2. How can peer support be incorporated into rural Housing First practices?
3. How does Housing First in a rural setting enhance and advance community integration?

Homelessness in Vermont

Vermont is a state in the north-eastern United States, known for its natural landscape, which is primarily forested. Part of the New England region, the state has a population of fewer than 650,000 people, set in a geographic area measuring 9,614 square miles. This ‘Green Mountain State’ has become largely liberal since the 1960s, home to the progressive, independent politician Bernie Sanders, and historically the first state to give women the vote, (1880), to introduce civil unions (2000) and to legalise same-sex marriage. Despite this, over 94% of the population of Vermont identifies as white and the multicultural sparsity brought to mind Somerset where 98% of the last census identified as White British.

Similar to England’s annual rough sleeper count, the US operates a point-in-time (PIT) count, taken annually at the end of January. This year 1,291 Vermonters were found to be homeless on a single night. This figure includes people in households with children (40%) and people in households without children (60%) in sheltered (emergency shelters, transitional housing programs, or safe havens) and unsheltered homelessness.
The rough sleeper figures in Vermont tell a different story to the rising numbers of rough sleepers we are witnessing in Britain. This year’s count saw the lowest number of people staying in unsheltered locations in the past eight years. 82 unsheltered people were counted state-wide, a 38% decrease from the 2017 PIT count. Vermont has a humid continental climate but the winters are cold, with temperatures dropping as low as -40 degrees Celsius. These extreme winters in Vermont bring the majority of unsheltered folks into the hostels or motels provided in populated areas of the state.

Pathways Vermont

Pathways Vermont is a dynamic non-profit agency whose mission is to “transform the lives of individuals experiencing mental health and other life challenges by supporting self-directed roads to recovery and wellness in an atmosphere of dignity, respect and hope.” By providing permanent housing and support services to Vermonters with histories of chronic homelessness through embracing and promoting the elements of “choice, connection and home,” Pathways Vermont exemplifies the potential of permanently ending homelessness in our lifetime with its state-wide Housing First services.

Complementary to this mission, Pathways Vermont integrates intentional peer support (IPS) at every level of its operations. In IPS, relationships are viewed as partnerships which encourage and inspire both parties to learn and grow. Instead of assuming there is a ‘problem’ to fix, IPS aims to develop greater awareness of personal and relational patterns and promotes a trauma-informed way of relating.

Pathways Vermont understands that housing is a basic human right and the way to ensure this right equally, is to prioritise access to permanent housing for everybody in the community. Housing First provides independent housing and community-based support to people who are experiencing homelessness, who have a history of mental health and other life challenges and who have not been able to use traditional services.

The statistics speak for themselves: each year the State of Vermont saves over $1,700,000 in service costs as service coordinators (Housing First Workers) support over 200 individuals to maintain permanent housing within their communities. Additionally, avoiding over $2 million per year in hospitalisation costs. These huge financial benefits have helped Pathways Vermont expand their service base and they now operate state-wide delivery of Pathways Housing First in Vermont, with two distinct teams of over 80 individuals covering the North and South counties.

Pathways Vermont, through its good practice and sustained success in all of its services, has been designated as a Special Service Agency by the Department of Mental Health. This designation is a testimony to the originality of their approach and recognises that a specialist service is provided, which is not offered by anybody else in the service arena.

Housing First

In the United States, permanent supportive housing – what we know in the UK as Housing First – is recognised by the Department of Housing and Urban Development (HUD) as the most effective intervention for addressing chronic homelessness. HUD defines Housing First as an evidence-based, permanent supportive housing program that supports individuals to maintain independent housing and lead meaningful lives in their community.

Due to this recognition and the funding streams and grant provision it can now elicit, Housing First programmes have proliferated to the extent that in the 2016 book ‘Housing First, Ending Homelessness, Transforming Systems and Changing Lives’ (Padgett, Henwood & Tsemberis) the authors describe this phenomenon as a “zeitgeist” and call distinction between Pathways Housing First (PHF) and Housing First (HF) approaches, the latter of which often uses the label but adjusts the model to suit its own purposes. In this book, and entirely relevant to my experience with Pathways Vermont, Tsemberis notes:

“PHF is a complex clinical and housing intervention that comprises three major components: (1) program philosophy and practice values emphasizing consumer choice; (2) community based, mobile support services; and (3) permanent scatter-site housing (Tsemberis, 2010) … Because PHF does not require psychiatric treatment or sobriety as preconditions for attaining housing, the model includes a fourth component, harm reduction, so that support services can help reduce risks associated with psychiatric or addiction-related behavior.”

Pathways Vermont runs many progressive services which were inspiring to witness during my visit. For further information about Soteria, the Vermont Support Line, Supportive Services for Veteran Families and the Pathways Vermont Community Centre: www.pathwaysvermont.org
Rachel Inman: Pathways, Vermont
Rural Housing First – good practice at Pathways Vermont

**Rural Housing First with Pathways Vermont**

Pathways Vermont adheres rigorously to all these components and from the first day I joined the team, the philosophy of the organisation was palpable, the first component of choice is at the heart of everything done there.

In order to offer Housing First in a rural setting and to enable wider geographic populations to be served, a combination of funding streams and services is vital. At Pathways Vermont a variety of income options are required to be able to deliver the multifarious services and to employ the number of staff appropriate for this delivery in a rural state. Additionally, all staff are trained in a wide curriculum of socially aware and current responses, which equips them with a comprehensive toolkit. Thus they are supported in their work practices and diligently supervised for their own professional and personal well-being.

The team at Pathways Vermont Housing First, operate in two distinct roles:

- **The housing team or Red Clover Properties create and broker relationships with landlords and assist in securing apartments, and negotiating agreements and tenancies. They also work closely with local service providers and housing authorities. Responsible for supporting housing retention and stability for individuals once housed, they manage the maintenance of properties that they lease and sub-let – ‘master leasing’.

- **Service coordinators work with the residents and people awaiting housing, they meet regularly with each person every week and, during my visit, I witnessed the closeness, trust and camaraderie often built between them. The definition between these two roles within the service as a whole, serves as a buffer to protect the relationships between the service coordinators and the residents on their caseload.

**Rural challenges**

Hilary Melton, Executive Director of Pathways Vermont, worked in early 90s New York with community psychologist and Housing First founder, Sam Tsemberis. Championing this ground-breaking approach ever since, Hilary’s wealth of experience has been instrumental in implementing and developing this rural Housing First model. Founded in 2009 and funded initially by the Substance Abuse and Mental Health Services Administration for a five-year pilot project, the programme quickly produced positive outcomes, mirroring the economic savings and the 85% housing retention rate exhibited by its urban counterparts.

Discussing my questions on rural homelessness and Housing First in Vermont with Hilary, she recalled initial resistance to the project, both at strategic and local levels. Lack of affordable housing in Vermont, together with the wide distances covered to visit and support residents, were the primary and speculative barriers raised by local cynics. A specifically rural challenge was the small-town nature of communities, where landlords might hold onto negative experiences, further affecting availability. In Vermont, Red Clover Housing initially ‘master leased’ properties, cushioning potential issues and developing trust with landlords. ‘Master leasing’ eased the way and enabled stronger relationships to build and, as a result, Housing First tenancies are now usually held directly between the resident and landlord.

Providing support across a rural setting was also logistically difficult. Initially in the pilot, it was hoped that technology could help bridge these distances, so residents were given a refurbished computer and an internet connection. Contact was haltingly made through these devices as well as through regular visits. However, due to capricious internet connections and bulky, unreliable computers, this part of the programme became redundant. Devices are now more available, smaller and connections to the internet easier, so it is usually possible to keep in touch. Computers and connectivity are essential to the organisation and staff are trained in the note-taking systems and programmes used in their induction. Often, more remote staff will join weekly clinical supervision or co-reflection online, and screen presence at these meetings saves a huge amount of time and money in fuel costs and enables ongoing contact between teams.

The ‘power of the pilot’ was an essential factor in the success of Housing First in Vermont. The Pilot project showed, relatively quickly, the positive impact of Housing First, specifically on the chronically homeless population, a historically ‘hard to house’ and often highly visible demographic. Along with the clear and substantial financial savings achieved by housing such vulnerable people, the positive results worked wonders to convince the sceptics and the funding bodies that Pathways Vermont was offering a vital service.

Since the pilot, Pathways Vermont has partnered with the state Department of Corrections, Medicaid (a joint federal and state
programme that helps with medical costs for people with limited income and resources) and the Department of Veteran Affairs. Together they have expanded Housing First across the State of Vermont and increased access to human-centred services and resources that actively support diverse roads to wellness for a wide spectrum of Vermonters experiencing homelessness.

Adhering to the scattered-site principle of the PHF approach ensures the continuous encouragement and achievement of community cohesion, with residents given as much choice as possible regarding the apartment, neighbourhood or town in which they live, with support provided to achieve this. Likewise, the implementation of IPS across the organisation contributes to community integration, encouraging us to be mutually supportive in exploring challenges and in finding solutions together. IPS is a way of thinking about and inviting transformative relationships.

Intentional peer support is concisely summarised in its three principles:
1. From helping to learning together
2. Individual to relationship
3. Fear to hope and possibility.

And four further tasks:
• Connection
• Worldview
• Mutuality
• Moving towards.

Pathways Vermont integrates IPS at every level of its services and offers in-house training in the core principles through the year, with a number of staff trained as trainers. Furthermore, on a daily, weekly, monthly and annual basis the core principles of IPS are practiced and nurtured at every level of the organisation. The practice takes various forms, principally in daily interactions with residents in their homes and/or out in their communities. Prior to my visit I had imagined the IPS mainly as a training programme for the residents of the Housing First programme. In Vermont, I understood that due to the choice element of PHF practice, there is no prescriptive training for residents of the Housing First programme. Instead IPS is embraced by the organisation and exemplified in the work of all employees who are trained and supported by this model.

Another ongoing practice of IPS is co-reflection in this group sharing, small circles of people spend at least an hour together each week, processing and reflecting on what has happened that week. What has been challenging? What has been helpful? It’s a regular opportunity for co-workers to support each other emotionally with difficult situations that may have arisen, to share experiences and to off-load in a safe space anything and everything that happens in their day-to-day roles. To negotiate the wide distances between teams in rural Vermont and to accommodate everyone, co-reflection and other regular supervisions and meetings are often joined remotely by Google Hangout.

The Community Center in Burlington acts as a fulcrum around which the IPS philosophy and the mission of Pathways Vermont revolve. Entirely peer-run, everybody who works there has lived experience of the challenges facing the community. Pathways Vermont Community Center offers everyone the opportunity to feel welcome, and to get involved, and aims to actively dismantle and redefine what separates us and what we have in common.

Intentional Peer Support training is accessible to anyone from the Pathways community yet, in this choice-based paradigm shift in housing provision, the depth and holding of IPS in practice is embodied and elucidated by the staff in their time with the people they support: www.intentionalpeersupport.org

Conclusion
Padgett, Henwood & Tsemberis (2016) propose that Housing First is creating a “paradigm shift” in homelessness service provision, challenging the “institutional logic” that has become embedded in Europe and the US, both socially and economically throughout modern history. Housing First has innovated system change since its inception by engaging and involving the ‘consumers’ in its design and delivery.

With the advent of the Homelessness Reduction Act in April this year, Local Authorities in England now have a legal duty to provide meaningful support to homeless people. The legislation focuses on prevention, local joint working and person-centred services and is in line with this system change.

However, as rural communities are generally smaller and more familiar with each other, a change in the status quo may be challenging. Where these communities can be a boon and relief to those considered to ‘fit in’ to an acceptable demographic, it can mean the opposite for those suffering
Rachel Inman: Pathways, Vermont
Rural Housing First – good practice at Pathways Vermont

from trauma, addiction and the surrounding mental health challenges that often lead to homelessness.

With or without Housing First, community integration develops when we focus on what we have in common rather than what divides us. Witnessing the work of Pathways Vermont, where the focus is on building and sustaining healthy relationships, I am inspired by the collaborative nature of the organisation, where equality is embraced and the archaic concept of ‘us and them’ is put to rest.

The challenges of implementing Housing First in a rural setting are the challenges facing many communities across our societies worldwide. Lack of affordable housing, cuts to primary services such as mental health, social care, drug and alcohol treatment and the welfare system, all play their part in the rise of homelessness we are witnessing in England today.

I am hopeful that with funding, a realistic time period and acknowledgement that cultural and systematic change are inevitable, we can house the most vulnerable people in our communities and reduce rough sleeping throughout the UK. At home in Somerset, Mendip District Council was recently awarded Government funding to address high levels of rough sleeping. There is potential from this fund: a rural Housing First Pilot could emerge.

Based in Burlington Vermont, IPS training also takes place worldwide and a handful of organisations in the UK are currently working with this model. I will attend a five-day core training in Scotland in September this year to learn more about Intentional Peer Support and how it can enhance my work. I have started some exciting conversations with contacts I have made in Vermont and intend to continue this shared learning experience.

Onward learning
The Transatlantic Practice Exchange has created new colleagues and friends in my life and the opportunity to be a part of an organisation working at the pioneering edge of social change.

References
2. www.pathwaysvermont.org
Steven Barkess

The importance of the peer specialist and peer leadership
Steven Barkess: All Home, Seattle
The importance of the peer specialist and peer leadership

My name is Steven Barkess and I have been working with VOICES as a community development coordinator since 2014. VOICES is a Big Lottery project in the Fulfilling Lives funding stream. The Fulfilling Lives approach brings communities together to develop strategies that ensure people experiencing hardship can access services at the point of need. Participants are people experiencing a combination of homelessness, addiction, mental ill health and current or historical offending patterns. Each project is required to involve people with lived experience in all aspects of planning, implementation and delivery of services.

An important aspect of my role is to work with partner organisations to support, encourage and challenge the way lived experience is used and included at all levels, to support our existing peer-led group, and to manage a caseload of peer mentors. I have realised that lived experience and participatory feedback is viewed very differently throughout the partnership.

Although a lived experience approach is more widely accepted, for many this can often feel tokenistic. Many organisations are still risk averse, and people with lived experience who wish to progress into volunteer work are still required to be 'risk assessed', especially if they are a previous participant of the organisation.

I applied for the Transatlantic Practice Exchange to understand how people with lived experience can be involved in all aspects of service delivery, design, planning, implementation and policy-making. VOICES’ organisational ethos holds lived experience at the centre of system change. I researched the following areas during my exchange:

- What pathways are available to people with lived experience to be placed in strategic, board member and/or decision-making roles?
- How is this managed/brokered to outreach services?
- What evidence in there to suggest that the ‘peer specialist’ role has an effective and positive contribution to overall service delivery?
- What have been the main challenges faced by organisations to ensure that peer specialists are supported in their role and how is further development supported?

My placement

King County and All Home
In June 2018 I travelled to King County, Seattle, Washington State. This area has been fast growing with many international companies like Amazon and Google basing their headquarters there. This gentrification has had a huge impact on housing availability and affordability. The 2018 Kinsey report suggests that, to combat the lack of affordable housing, funding of $360-410m should be made available. This report also suggests that there has been a steady increase in homelessness, on average of 9% each year, however funding has only increased by 2.4% each year. In times of economic stability, construction companies develop high-end properties aimed at a more affluent buyer. Therefore, affordable housing supply is extremely limited. In 2017, 8,100 individuals were placed in permanent housing, yet the point-in-time (PIT) count showed that there were over 11,000 people experiencing homelessness.

Funding for housing support comes from a variety of sources within King County including state and federal funding, philanthropist and family foundations, community donations and community fundraising. King County has a well-established ethos of involving people with lived experience in agencies and organisations, to ensure system change and ongoing consultation with those who access their services.

I was hosted by All Home (AH) who are the lead organisation for the Continuum of Care (COC) in King County. There are 435 COCs in the US and AH is one of very few lead organisations directly employing people with lived experience. AH plays an active part in decision-making about funding, policy making within agencies and support the design, implementation, delivery and ongoing training for frontline staff across agencies. AH bring together these agencies to work towards the development of new initiatives that aim to tackle homelessness. They are also responsible for ensuring that annual homelessness PIT counts show the developments and challenges faced in working towards an end to homelessness.

Mobilisation and preparation of agencies to work with people with lived experience is another key aspect of the work done by All Home and state employers within King County. Trina Van, All Home Deputy Director, explained to me that, seven years ago, people with lived experience being involved was rare in comparison to today. One of the ways this has been challenged is by employing people with lived experience, as this has spurred the shift in leadership from those without to those with lived experience. Another aspect was the ‘mobilising’ of agencies. Peer Programme Administrator Pattie Marshall, who is employed partly based on her lived experience, explained...
Steven Barkess: All Home, Seattle
The importance of the peer specialist and peer leadership

to me that organisations do not know how to work with those who have lived experience and that they often lack trust and confidence, and are unsure of how to work around them or maintain professional boundaries. This was tackled by training, supporting and monitoring the supervision and practical support offered when people move into employment.

“We are playing a major part in the workforce development of the sector, not only for those with lived experience but those who will in the future be working alongside them, within King County it is an expectation of all agencies to involve lived experience directly in all aspects of work.”

My learning

The peer specialist ‘Bridgers’ programme
There has been a visible increase in people within the US with lived experience of multiple needs being employed within services, and this is still increasing today. This is based on a belief that those who are experiencing multiple need are “uniquely qualified to contribute to improving service provision and developing solutions to homelessness” (Sakamoto et al 2008). The US has gone further to allow people to access an interstate community forum to share knowledge and developments within the peer specialist arena. Within the US, 47 of the 50 states have a recognised certified programme and platform that allows people with lived experience to be recruited within support services. Each year 250 individuals complete the peer specialist certification programme. Settings for peer specialist roles include housing agencies, crisis centres, case management and employment focussed schemes. Peer specialists can also be found within peer-led groups and within state/federal run services.

Recognising those who are at risk of homelessness
The infographic below shows the levels of sheltered and unsheltered homelessness in King County. One of my areas of interest is how they present the findings of point in time (PIT) counts. In the US they not only count the number of people who are living in unsheltered conditions, but also those that are accessing shelters. This shows the extent of homelessness within the county. In comparison, the UK only counts those who are street homeless and the true figure of those who are at risk or being supported in inappropriate accommodation is not recognised. The US approach could create a true understanding of

2018 King County Point-in-Time Count Results

From All Home: www.allhomekc.org/king-county-point-in-time-pit-count/
not only the current housing crisis but also issues around poverty and inequality, so that support services are able to adapt and develop the necessary system change to tackle homelessness.

For example, 30% (3,585) of people were sheltered in emergency shelters at the time of the King County PIT count, which may not be secured the following night. By including this within the figures it allows the state to measure the extent of the homelessness crisis.

The methodology of the count is also of interest. Many groups were involved including homelessness services, community groups, system partners and county judicial representatives, and the count was further enhanced by the support of over 206 individuals with lived experience. Everyone with lived experience acted as the lead for a small group who benefited from their experience of recognising those who are homeless and advising on locations to complete the count.

An additional 50 youth and young adult members supported the count, giving a total of 256 people with lived experience directly involved within King County. AH explained that this was the second year that the count had been conducted directly involved within King County. AH explained that this was the second year that the count had been conducted following this methodology and this has provided them with a more effective process of understanding the serious concerns around homelessness.

Those with lived experience not only supported initial training and workshops for those involved in the count, but were able to use their first-hand experience to educate AH and its volunteers on more effective ways to complete the point in time count, managing locations and identifying those who are homeless.

Findings

Pathways for those with lived experience are actively encouraged and developed through the King County COC and within federal state funding. Washington is also one of the first states to access and establish peer support effectively. Initially this was related directly to Medicaid as a method of funding, as those accessing it would generally fall under psychiatric or mental health provision. Over the last five years this has developed to work within other sectors. All peer specialists (known as Bridgers) are now trained extensively to work with those who are homeless and affected by mental ill health and trauma. The Bridger programme focused on three main routes of entry:

- **Certified peer specialist:** an addition to existing services to allow those with lived experience in mental ill health or addiction to support others to navigate systems and access services. Peer specialists complete a curriculum of competencies to help them to enhance existing services.
- **Recovery specialists and coaches:** work within drug and alcohol services to support customers to access specific services and support the daily management of recovery through lived experience. Some focus on employment and personal development.
- **Community focused approach:** through voluntary work, support is offered through a variety of community groups that have their own variations of peer specialist certification and/or training. Similarly, recovery coaches have an emphasis on employability and personal development.

Although there are similarities to peer-led pathways in the UK, a key difference is the stipulation of US state services that people with lived experience are directly employed in specialist roles. Further funding, recently approved by state governors, has been made available to employ 22 more Bridgers. Recovery coaches and recovery specialists are viewed as equally important as the peer specialist programme and they are now being developed to tackle homelessness and support more effectively those who have drug or alcohol dependency.

The Seattle Area Support Group (SASG) is a non-profit organisation which provides support to individuals experiencing mental ill health, behavioural addiction and chronic illness based on peer or lived experience. This organisation began in the 1980s in the wake of the HIV/AIDS crisis to support its LGBTQ+ communities and continues to do so today. The SASG are fully self-funded and made up exclusively of people with lived experience. SASG primarily support LGBT+ homelessness and support more effectively those who have drug or alcohol dependency.

Findings

- **What pathways are available to people with lived experience to be placed in decision making/commissioning/board member/influencing roles?**

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agencies to blend lived experience into all aspects of service delivery. The King County Behavioural Health and Recovery division actively recruits people with lived experience and has ringfenced funding to ensure that this is achievable. This is brokered by a well-established peer-led community who advertise and share good practice through regular meetings. Each year 250 people are trained as Bridgers state-wide, which highlights how they are working towards workforce development at a state level.

Another aspect of state and federal employment processes is to advertise all employment opportunities, from frontline to director level, specifying that those with lived experience are encouraged to apply. Recruitment activity within the US is structured in a different way to that of the UK due to differences in employment law. This could be viewed as positive discrimination. Several of the people that I met had been promoted or highlighted for employment moves or development based on their lived experience and insight.

What are the benefits of peer specialists having certification within the sector; how has lived experience developed the delivery of support services to beneficiaries; and what challenges have agencies faced when ensuring peer specialist roles have an effective and positive contribution to overall service delivery?

The benefits of peer specialist roles share many similarities with peer-led work which is carried out in the UK. Not only do Bridgers bring with them a non-clinical approach to service delivery, but this has also enhanced engagement with traditionally disengaged participants. The benefits of peer specialist roles include:

• Supporting customers to access all elements of support through a focused, yet flexible and empathetic asset-based approach
• Highlighting areas of resistance with services, organisation and agencies throughout all arms of the sector
• Raising concerns about the delivery of services commissioned directly by state/government funding
• Advocating self-assessment as part of an ongoing goal and aspiration setting from a realistic perspective
• Challenging and promoting of positive and assertive outreach for service delivery.

Challenges have mainly been within existing agencies concerned with issues such as determining boundaries and providing the right kind of supervision for peer specialists, as well as people being unsure how to work alongside people who have lived experience. It was explained to me that concerns about confidentiality, ethical boundaries and future progression are some of the key concerns, especially if an individual was a previous participant of the service. Within King County however, this is something they have overcome to some degree by building lived experience within services and developing this as a cultural expectation that this within all agencies.

Would peer specialist certification be a viable option in the UK and could this lead to developments within commissioned services to require a specified staffing level of lived experience?

Since returning home and reviewing practices both on an individual and organisational level, I feel strongly that a peer specialist programme would be not only viable but beneficial within services throughout Stoke on Trent and the UK. By developing peer specialist programmes, peer support has not only been well accepted in the US but has also professionalised the role. VOICES has existing relationships with local Universities and has established a peer mentor programme, with the potential to allow participants to achieve a qualification ranging from levels 3-7, developed from a peer-led perspective.

Applying my learning

Service provision

VOICES, working alongside the Expert Citizens group, is well placed to ensure that involvement of people with lived experience in service provision continues to develop both within Stoke on Trent and nationally. This could include:

• Peer mentors working with rough sleeper teams to engage with those who are street homeless. This would improve the identification and data collection of homeless individuals.
• Influencing the local authority to play a role in ensuring that people with lived experience are encouraged to apply on all job adverts.
• Develop a future workforce by up-skilling peer volunteers to develop skills for service delivery roles. VOICES is starting to do this. Several years ago, I developed a proposal for assistant coordinator volunteer roles which will now be piloted to consider if this can become a paid role.

Systems change

Prior to my exchange I attended a networking event to discuss how we can include those with lived experience to influence system change. It was clear that they are under-represented
and that many organisations are still extremely risk averse, focusing on risk assessment instead of asset recognition. I now think there can be further development in the following areas:

- Development of workshops and training packages to mobilise agencies to include lived experience at a more structured and measurable level
- Research and develop better understanding of permitted work rules to allow those in receipt of benefits to have access to part time roles within services to support their transition to full time employment and self-sufficiency
- Approach local media to discuss options of developing strong partnerships to educate people at a local level, within the general population and service providers on the causes and effects of homelessness, trauma and mental ill health
- Develop a culture of ‘consultancy through experience’ rather than ‘lived experience’ to prevent tokenism, learning from other sectors.

Peer specialists

A programme of this nature may also allow a more focused community approach to peer-led developments, both on a local and national level, by having a stronger and focused representation. As funding is being reduced and the welfare system favours those seeking or entering employment, we need to be more flexible and creative in how we design and deliver services. A peer specialist programme could act as a catalyst for system change. As part of the Fulfilling Lives funding and ethos we are fortunate to have the following resources available to achieve this:

- Financial stability until 2022
- A well-established partnership with the Expert Citizen group with CIC status

- Established partnership with educational institutions
- Partnership working with local authority representatives.

Access to funding around peer-led and community activity is available from a variety of sources, which could support the development of peer leadership.

Continuing international learning

I have been fortunate to develop several strong relationships with people I met in the US who have shown an interest in developing and maintaining an international learning platform on this topic. I would like to further explore this with Homeless Link and locally within my own organisation, which would initially include the Consumer Advisory Council and Youth Advisory Board as key members of this platform to drive and lead discussions.

Changing language and incentives

All Home have also worked to develop a shift in language to ensure that people with lived experience are viewed not only as such but also as consultants with expertise. An All Home staff member said:

“Let’s use language to legitimise lived experience and treat them as consultants if we want them to be part of the design and planning process.”

Not only do they focus to on changing language, they ensure that payment is made relative to the input and work that is done. All Home currently pay a consultation rate of $20 per hour. Although in the UK we are risk averse towards this, we do have options of using permitted work rules. In addition to this, as the UK welfare system moves towards Universal Credit, transitioning into employment while remaining in receipt of benefits may become easier.

Conclusion and recommendations

The UK homelessness sector is shifting from a prescribed, process-based approach to one which is holistic and person-centred. Lived experience has played a huge part in this by allowing those with direct experience of the systems to explain barriers and best practice. The peer specialist programme demonstrates how services in the US are being changed, not only structurally but also culturally, with an expectation that all services involve lived experience at all levels.

The CoC model also prevents service delivery being monopolised by a single agency and could therefore ensure that homelessness is addressed at a community level. The development of the recommendations above could allow for a community of recovery to be established. This in turn would prevent national companies, with limited or little knowledge of the needs of the local area, from dominating service provision.

The PIT count includes those who are street homeless and those in emergency shelters and hostels. This practice could be adopted in the UK street count methodology to show the true extent of those experiencing homelessness in the UK.

The Fulfilling Lives project has the resources and potential to develop a peer specialist programme on both a local and national scale working alongside local authorities by:
Steven Barkess: All Home, Seattle
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- Mobilising agencies and services to work with people with lived experience in a more supportive and effective way
- Mobilising agencies and services to encourage the employment of those with lived experience
- To develop a certification programme that provides people with the necessary skills and competencies to work within the sector
- To encourage and influence local media to positively challenge stigma and myths surrounding homelessness
- Recognising the benefits of permitted work rules and how to incentivise work undertaken by people with lived experience by making stronger links with Department of Work and Pensions (DWP) representatives
- Direct involvement of people with lived experience in homelessness counts and with rough sleeper and outreach teams.

“Peers provide navigational and advocacy to under-served and vulnerable populations across the recovery process, and their services help individuals and families to initiate and stabilise early recovery and sustain long term recovery.”
McDaid 3

References
2. A recent national study revealed that one in five young people experiencing homelessness identified as LGBTQ. That proportion varies nationwide, with larger shares of homeless youth identifying as LGBTQ in urban areas. The study also showed that youth identifying as LGBTQ also had 2.2 times the risk of reporting homelessness. www.voicesofyouthcount.org/wp-content/uploads/2018/05/VoYC-LGBTQ-Brief-Chapin-Hall-2018.pdf
Jessica McKown

Improving outcomes and client success through co-production and asset-based assessments
In Allegheny County, Pennsylvania, we have approximately 1.2 million people with over 1,500 served within the homeless system. Our homeless system consists of federal funding from the US Department of Housing and Urban Development (HUD), including its Emergency Solutions Grants (ESG), state funding through the Homeless Assistance Programs (HAP), and a small amount of funding from the Allegheny County Department of Child Youth and Families (CYF). The Bureau of Homeless Services within the Allegheny County Department of Human Services administers most of the HUD and HAP funds.

I hold the position of Program Data Specialist and track data entry and accuracy, benchmarks, and overall program performance across 80+ programs. I work closely with the Program Specialists who institute trainings, develop best practices, and develop and monitor programs. As program/data specialists, we conduct annual monitoring of all county programs and ensure adherence to requirements. While we offer technical assistance to any program, programs still occasionally have difficulty meeting federal benchmarks. Many programs work so diligently, but still aren’t reaching a certain standard. This sparked my interest in determining how we could enhance program performance and improve services to people experiencing homelessness.

I first heard about the idea of co-production from the National Alliance to End Homelessness. I realized it could be an excellent way to enhance program performance to meet — and exceed — requirements and benchmarks, and to deliver better services to our clients.

Co-production as a model includes those with lived experience at all levels of organizations and through all phases of program design, development, and implementation/delivery. The model bases itself on the understanding that the people being served have the most experience in what they need and want from a program. Through the Transatlantic Practice Exchange, I studied co-production and observed its implementation first hand.

My hosts were Expert Citizens and VOICES of Stoke in Stoke-on-Trent. These were the research questions I explored:

- What are the views of those with lived experience on the current or emerging approaches to homelessness response and to maintaining housing?
- How are traditional services and the Fulfilling Lives Projects integrating?
- Where are opportunities for collaboration?
- Can providers integrate client voices and choices (co-production) into their business practices?

**Funding streams**

When I arrived in the UK, my first goal was to understand the different funding streams and requirements for each program. I started by learning about the system: population characteristics, the priorities in the work, and the services. Unlike homeless programs in the US, this system handles clients with multiple and complex needs: mental health, substance abuse, homelessness, justice system involvement, domestic violence, and other needs.

Expert Citizens and VOICES of Stoke differ in their conception and funding. The customary process of funding services is through the local commissioners. These commissioners complete a procurement process to commission a new service for between one- and three-year contracts. Once these contracts end, they are often recommissioned to a different provider. These services also usually focus on only one of these multiple and complex needs (e.g. drug and alcohol services are separate from mental health services).

The 11 Fulfilling Lives Projects around the UK deviate from this usual process. VOICES of Stoke and their partner, Expert Citizens, are one of the 11 Fulfilling Lives Projects, funded by the Big Lottery Fund. The Big Lottery Fund, which administers the funds raised by the National Lottery, identified 12 key areas in the UK that had a great need and insufficient resources for clients with multiple and complex needs. The Fund invited service providers in these 12 areas to apply for a piece of the £112 million pot. VOICES of Stoke received an award of £10 million over 8 years. The project requirements are significantly different from the usually procured services. The programs must address all the needs of the client with a person-first approach and coordinate these services. The programs must also be asset-based and provide holistic, individually tailored services. They must operate using co-production at all levels of design and delivery of the program.

**Insights**

I learned much from my observations of how funding streams operate. I learned that the services of Expert Citizens and VOICES had evolved and were much more progressive than in

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**Jessica McKown: Expert Citizens and VOICES of Stoke, Stoke-on-Trent**

Improving outcomes and client success through co-production and asset-based assessments
the past. The Big Lottery Fund was more flexible than previous funding entities and more willing to listen to the service providers and ultimately to the clients.

My conversation with local commissioners who worked with the drug and alcohol services, and with a representative from the local city council, changed my perspective on my research goals. I realized that my office in the US more closely aligns with the city council and commissioners in the UK than with the Fulfilling Lives Projects funded by the Big Lottery Fund. Like my county agency, they have to meet certain standards, benchmarks, and requirements for funders; they don’t have as much flexibility as Fulfilling Lives Projects.

Upon this realization, I recognized that if I wanted to apply any of the information I learned from this exchange, I would have to pay close attention to the way Expert Citizens and VOICES of Stoke interact with typical services.

Expert Citizens and VOICES of Stoke

Expert Citizens began as the co-production component of VOICES of Stoke. They run a peer mentorship program where individuals with lived experience can team up with the service coordinators, consult on several projects in the community, or work with the local universities to conduct training sessions and workshops. Expert Citizens also developed and currently oversees the Insight Evaluation and the Insight Evaluation Awards.

Any organization in the community can sign up for an evaluation by Insight Awards. These evaluations cover a few key areas of service delivery. Expert Citizens is currently in the process of condensing those areas slightly. The evaluators are the clients receiving the services – an excellent demonstration of co-production at work. The service is then given a rating/score. The awards were developed based on the realization that one staff person could be the difference in achieving client success. Organizations can nominate anyone for exceptional service. The winners receive an award at the ceremony in November.

Expert Citizens also serves as a consultant by partnering with local universities, agencies, and commissioners on future procurements, and with other Fulfilling Lives projects.

During my exchange, Expert Citizens and I participated in a Big Community Conversation. At this convening, local service organizations came together, played games, shared food and face painting, and participated in other fun activities. Expert Citizens developed a game of Snakes and Ladders (similar to the children’s game, Chutes and Ladders) to tell clients’ stories. Observing the level of community involvement and collaboration among Expert Citizens and the local universities and services was a learning experience.

Their partner organization, VOICES of Stoke, is technically the larger component of the Fulfilling Lives Project. VOICES of Stoke consists of a team of service coordinators who are the connectors between local services and the clients. They have small caseloads, (approximately 7 clients per coordinator) and help clients to address all of their needs and coordinate their services and appointments. VOICES is also participating in a housing first pilot program.

Fulfilling Lives projects

While I spent most of my exchange with Expert Citizens, we also travelled to two of the other Fulfilling Lives projects in Manchester and Birmingham.

Manchester

In Manchester, program structure was slightly different from that of VOICES and Expert Citizens. They have a lead on the project, Shelter. This lead contracts out the service coordination component to another organization. They do not have a peer mentorship program, as Expert Citizens and VOICES do. They operate a Getting Real Opportunities of Work (GROW) Traineeship.

The GROW Traineeship is a training/internship for clients once they have completed the project. They enter this training/internship to learn work skills pertinent to a job in the project. The co-production component involves helping individuals to stabilize and to complete the GROW traineeship and, eventually, to help to develop and implement future projects.

While in Manchester, we attended their Housing First steering committee meeting. In this meeting they covered a few key topics that were thought-provoking: Elephant’s Work, No Wrong Door, and Systems Change.

Elephant’s Work

Elephant’s Work was an initiative to eliminate power dynamics between government and its clients. The program places a client and a local government official (e.g. a commissioner) in the same room to talk. Because this sometimes created tension, the program coached clients before they went into the room to ensure that they felt safe, secure, and supported. Overall, the...
initiative was successful. It forced transparency and bridged gaps between government actions and client impact.

**No Wrong Door**
No Wrong Door helped me to connect with the work of the service coordinators. Traditionally, service providers are often only serving one of the multiple and complex needs, clients were often presenting with multiple needs (e.g. mental health, homelessness, and substance abuse). Since each service is only equipped to handle one of those needs, they often would refer the client to fix one of the other issues first before helping them with their specialty. For example, if I presented at a mental health service, but was currently abusing drugs, I would be referred to a drug and alcohol service to address that issue first. If I then travelled to the drug and alcohol service and they assessed me as presenting with a mental health need, they would then refer me back to the mental health service.

The Fulfilling Lives Projects, however, avoid this lengthy process because they help clients to navigate these services by simultaneously providing referrals to all services necessary. Service coordinators manage appointments, caseworkers, and services. They encourage collaboration and coordination among service providers to make navigating the system easier for clients.

In No Wrong Door, they do this by training the service providers to handle the issue at hand. If they are a mental health service, the provider should work to address the client’s mental health need while helping them connect to the drug and alcohol service.

**Systems change**
The Fulfilling Lives Projects were meant to combat a few of the issues identified earlier using traditional services. But they were not meant to last forever. Fulfilling Lives Projects goals included creating systems change. In Manchester, they spoke about their hopes for systems change in three ways:
- Person-centered approach
- Co-production/organizational cultures
- Optimizing systems.

The person-centered approach required a change in the way services interacted with clients. Services should use asset-based approaches, trauma-informed care, and peer mentor groups. The Projects created Communities of Practice to include the service providers, the outside community, and the clients to ensure all stakeholders had input and agreed on the plan.

The co-production/organizational cultures approach would ensure participation of people with lived experience at all levels and all phases of development, design and delivery. Optimizing systems stressed the No Wrong Door approach and Housing First pilots that the UK was implementing nationwide.

While each of these elements had its own focus, the overarching idea was that you cannot have success in one of these three areas without incorporating all them. All three of these ways to implement system change are closely intertwined. In order to have the lasting impact they desire, they had to tackle all three areas at the same time.

**Birmingham**
In Birmingham, their project structure differed greatly from Manchester or Stoke-on-Trent. A lead agency contracted out all services, which included a peer mentorship, navigation group, and service coordination.

The peer mentorship group is a pairing of service coordinator and a peer mentor. The lead agency pays both sides for their work and they always work in teams. The idea is that this teamwork can bridge the gap between a person with a degree with no lived experience and a client. These teams travel to find clients who are in need assistance and have four of the five multiple and complex needs. They then, like the VOICES coordinators, help the clients to navigate the system (e.g. by coordinating appointments and services).

The navigator service offers a less intense level of service for those clients who have one to three multiple and complex needs. They do the same work of coordinating services and keeping appointments, but with no peer mentor counterpart.

The project has also worked closely with the police in the surrounding areas. First, they conduct in-prison/jail visits for clients who are approaching release. Conducting diversion and exit planning ensures that clients maintain stability and engage with services. They also meet the client upon exit and drive them to their next destination. The idea is that if they can plan with the clients before release, they can prevent them from reoffending and returning to jail.

Second, the local police have connected with the service coordination team to provide prevention services to frequent callers. These callers often have multiple barriers and tend to be those at risk of going to jail or prison, or of presenting for services.
After learning about the different aspects of their program, we discussed how they expanded so rapidly after the project began. Their impetus for such a swift expansion was that they met their benchmarks almost immediately. Their main benchmark was whether their clients were engaging with services. With the asset-based approach to these teams, the motivational interviewing, and trauma-informed teams, clients were engaging at an extremely high rate. Specifically, clients with the most barriers (those targeted for the peer mentorship program) were engaging at a rate not seen before. The team of service coordinators and peer mentors was a huge success.

Third, Expert Citizens has become more than a co-production component of the VOICES Fulfilling Lives Project. It has become a community-focused interest organization that now conducts consultancy work across the UK. Their consultancy is influencing how local universities conduct research and how providers deliver services, and is empowering other peer mentorship programs across the country.

Manchester’s most significant impact is how they affect the system in their three identified areas and the job skills the clients develop as a result of the GROW traineeship.

Birmingham’s impact lies in the collaboration between the police and other services. Their peer mentor program has shown tangible results: peer mentors are gaining job skills, their service coordinators are learning from the peer mentors and overall, the collaboration is very strong.

Insights

After learning more about Expert Citizens, VOICES of Stoke, and the Birmingham and Manchester projects, I had a better understanding of the mission of the projects and their need to create lasting impact on the cities where they work.

The legacy of Expert Citizens and VOICES of Stoke will be three-fold. First, the service coordination team’s work on collaboration and coordination of services will be used by other service providers. As the Housing First pilot begins, service coordinators from VOICES are being recruited to train and work with the clients in the same way they are working now.

Second, the local commissioners have agreed to have Expert Citizens participate in the procurement processes for newly commissioned services to include and use co-production in a committed way.

Findings

After processing all of these ideas, I answered two of my original research questions and all of my new research questions.

Q: How have the outcomes differed in programs that use co-production compared to those that have not?
A: While I did not see reports or outcomes from traditional programs not using co-production, the Fulfilling Lives project in Birmingham revealed the benefits of using co-production alongside traditional service coordination.

Q: How have funders included those with lived experience in their work?
A: The Big Lottery Fund included those with lived experience by requiring co-production to be a component of the Fulfilling Lives projects. While they gave each project the freedom to determine how best to do so, this aspect was a commonality across all of them.

Q: What are the views of those with lived experience on the current or emerging approaches to homelessness response and maintaining housing?
A: Expert Citizens are very engaged with the Housing First pilot and are working on systems change as their consultancy work expands and with their Insight Evaluations and Awards. Their involvement in these initiatives demonstrates how highly they think of these approaches to addressing homelessness among people with multiple and complex needs.

Q: How are traditional services and the Fulfilling Lives projects integrating?
A: Moving forward, all procurement in Stoke-on-Trent will include one or more people with lived experience on a substantive level. In Manchester, the No Wrong Door approach is taking hold in traditional services and in the Fulfilling Lives project. Finally, the expansion of the Birmingham Fulfilling Lives Project demonstrates the government’s willingness to expand and accept new ways of operating.

Q: Where are opportunities for collaboration?
A: In Stoke-on-Trent, collaboration occurs at the commissioner’s level and with local universities. In Manchester, collaboration takes place in small sections across all levels.
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In Birmingham, collaboration is happening at the service-coordination level and with the police.

Q: Can providers integrate client voices and choices (co-production) into their business practices?
A: While I want the answer to be yes, the main takeaway I have from the exchange is that co-production is not a model. It is a way of operating — a state of mind. When we start to think of it as something we can incorporate, we begin to just check a box. If we truly want to implement co-production, we need to do it from the beginning in a meaningful way. The people we serve survive because of their resourcefulness. The more we see that as an asset, the more successful we as programs and services will be and the more successful the clients will be.

Practice and policy implications

Peer mentor groups
Allegany County could replicate aspects of Birmingham’s peer mentorship program. Pair a service coordinator (or in our case, a street outreach worker) with a client, formerly on the streets but now either participating in or graduated from a homeless program. This could lend knowledge of information that only a peer would have. It could also assist the client in gaining volunteering and case management skills. I also think it would be possible to pair up clients with similar barriers within the same program. They can support each other in overcoming these barriers, and the longer-term client could offer guidance on achieving success. I saw evidence of this support during my exchange — peer mentors had significant insight into how a client thinks and, having confronted similar challenges and succeeded, provided a window into the possibilities for success for the new client.

Communities of practice
In using a person-centered approach, the UK’s Fulfilling Lives Projects created, and achieved success with, Communities of Practice that includes the input and agreement of all stakeholders. In Allegany County, our county government also hosts Communities of Practice. Their current potential challenge is that the County leads them. If the providers and programs could take a larger role in driving them, these practice communities (potentially as voting bodies) could achieve similar success.

Training sessions
In the UK’s Fulfilling Lives Projects, I observed the success of trauma-informed care, co-production, and strengths-based approaches. Allegany County service providers could also benefit from training sessions on these topics. Because our county is the Continuum of Care lead agency, we do not hire the case managers for the programs we oversee. The individual organizations hire, vet and train their own staff members. If there is a funding stream that funds training sessions alone, offering this training could be very beneficial to program outcomes and client success. Potential training sessions could include trauma-informed care, motivational interviewing, solutions-based practices, co-production of service/housing goal plans, and strengths-based approaches.

Risk assessment versus asset-based assessments
In the UK, they use an asset-based approach to assess clients for eligibility for services. Providers assume that clients have something to offer and bring their own motivation and resources (assets). Too often, when someone is struggling, that is all that we see. In Allegany County, we have a coordinated entry system which uses a vulnerability index (a scoring system) to assess the overall risk of the clients. I think that we could implement an asset-based assessment to determine how resilient a client is, despite their circumstances. I believe that using this approach could change the way that we interact with and view our clients. After all, they have survived this long and will continue long after our intervention is over. The clients are the experts on what they need and what they will do moving forward.

Conclusions
Overall, my experience opened my eyes to how often governments work in a silo. Now that I have seen the benefits of co-production on program performance and client success, I believe it is something we cannot afford to miss. We should apply this approach across all of our services. In the areas where I work, I will do my best to ensure that it is.

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Lauren Dreyer
Effective reentry: a coordinated approach, peer support, and a holistic intake process
Too many vulnerable people are caught in a cycle between jail and homelessness, often with mental health, substance use disorders, and physical health issues. I work in the Housing and Homeless services division of Integral Care, the local mental health authority for the Austin/Travis County area of Texas, where I am a program manager of a diverse team providing collaborative services in various settings, including the county jail. We focus on adults living with mental illness and/or substance use disorders with a history of homelessness. Using a housing first philosophy, we help them to find a sense of well-being on their individualized recovery path. Integral Care embraces a person-centered, trauma-informed and harm reduction approach with an understanding of systemic barriers that can impact individuals on their journey. These barriers often include a history of criminal justice involvement. Travis County has approximately 1.2 million residents and counted 2,147 people as experiencing homelessness in the 2018 Point-in-Time count – a 5% increase from 2017.1

While housing and access to other resources can help an individual find more stability upon release from jail, a coordinated effort among service providers and a comprehensive knowledge of the interrelatedness of issues are instrumental in helping improve outcomes. My primary objectives for the Transatlantic Practice Exchange were:

• To explore new ways to make the best use of resources while also drawing from the expertise and services available throughout the community to improve outcomes to serve more individuals
• To help staff feel more engaged and involved, and
• To make more strides in ending homelessness.

Within our community and agency in Austin, providers can easily feel siloed. Some individuals receive duplicated services while others fall through the cracks. I set out to examine the hypothesis that having a more coordinated approach throughout the continuum from arrest to reentry can help improve outcomes for criminal justice-involved adults with a history of homelessness. Following are my research questions:

• How can we improve the coordinated approach to provide more efficient and comprehensive services while also preventing vulnerable individuals from falling through the cracks?
• How can a multi-disciplinary team approach including persons with lived experience help to provide support to individuals while they are incarcerated and upon reentry?
• What are some ways to expand housing opportunities and other community supports for individuals exiting jail?

CoLab

CoLab in Exeter (in the county of Devon in south-west England) was my host. Exeter has a population of approximately 125,000 residents. CoLab acts as a hub for approximately 30 community and social enterprise organizations working together to strengthen local services and achieve positive community outcomes on homelessness, addiction, reentry, and health inequality. The path toward the CoLab began in the 1940s during rebuilding efforts following extensive bombing in the war. Originally named the Exeter Council of Social Services, it was initially a group of public, voluntary, and political groups. As the public sector took more responsibility of its core services, it became the Exeter Council for Voluntary Services and focused on being a voice of the charitable and voluntary services to the state. As government scaled back public services and called upon communities to find ways to provide more services, the CVS developed Co-Lab: “a new initiative to act as a broker, enabler, and catalyst for so much of what is best about our city – people coming together in strength and solidarity, to meet local need.”

With a mix of public and private funding, the CoLab partnership is similar to Continuums of Care in the US (although CoLab partners aren’t currently applying collaboratively for public funding – a potential growth area for the partnership in the future). With a structure based on the Collective Impact Model, CoLab focuses on different organizations coming together with a common agenda, shared measurement, mutually reinforcing activities, open and ongoing communication, and a distinct organization that serves as the backbone for the initiative.

Findings in Exeter

Improving the coordinated approach

During my time in Exeter, I connected with many diverse providers in one building. This helped me to learn more about how the CoLab works, its place within the greater Devon community, and how public policies affect these programs. CoLab is two years into the experiment of following the Collective Impact Model and is making progress in improving collaboration through collective members working toward a similar mission, and through an investment from the Exeter Council to continue their work. CoLab is continuously engaging new partners and seeking effective ways to measure impact and outcomes.
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Effective reentry: a coordinated approach, peer support, and a holistic intake process

The physical space of the CoLab exists to provide efficient and comprehensive services to prevent vulnerable individuals from falling through the cracks by decreasing the barrier of having to visit multiple places to access resources. The space is bright and open. Upon walking in the door, a volunteer meets people at the Welcome Desk and helps to connect people to someone who can help. Participants sign only one release of information form that allows all of the CoLab agencies to be involved in their care as appropriate. Several weekly programs encourage collaboration at the CoLab. One program, the Resilient Woman initiative, brings staff from several agencies alongside women with a history of justice system involvement. In the group I attended, we worked together to create a banner celebrating 100 years of Women’s Suffrage. I sat near a probation Keyworker (a caseworker for people who are on probation), volunteer, and administrative staff who created the banner with women seeking a safe, supportive space for mutual empowerment.

The most recent count of homelessness in Exeter counted 38 individuals. There has been an increased focus on Exeter and the work of the CoLab as a result of an increase in deaths among those who are rough sleeping (unsheltered) and vulnerable since January 2018. While the community outreach team is engaging people each weekday, the CoLab has implemented monthly ‘hotspot’ counts to help ensure more coordinated efforts to reach out to those in need. Staff from different organizations have the opportunity to join together to count and engage those who are experiencing homelessness. I was part of a team on the ‘river route’, comprised of an outreach team member and another staff member from Sanctuary, a supportive housing organization.

Through this experience, I learned how the outreach workers continue to work with someone until they are housed. The workers then, during a two-week period, typically transition the client to a housing case manager, such as support workers from Sanctuary. We found a few camps, some active and some deserted, but did not find any individuals.

**Multidisciplinary approach including those with lived experience**

Throughout these experiences, I found that one person could easily interact with multiple systems in Exeter: a probation officer, a homelessness outreach worker, a substance misuse recovery specialist, a mental health social worker/care coordinator, a housing support worker, and a peer mentor (following release from prison). I did not meet any peer providers in the multidisciplinary team meetings that I attended, and it seemed that most positions for those with lived experience existed within organizations where peer support is a focus. I had the opportunity to join the Integrated Care Exeter (ICE) team, a CoLab project which brings together housing, outreach, substance misuse, criminal justice, and mental health workers. This proactive team delivers integrated interventions for those with complex needs and for whom conventional models of service delivery had not previously worked, despite multiple engagements. They hold regular meetings to staff a caseload of 20 to 25 individuals determined the most vulnerable via the Chaos Index and through discussion among staff. I also joined the multidisciplinary Clocktower Surgery team, where staff from the Devon Partnership National Health Services Trust mental health services met with general practitioners from the medical clinic. The team meeting also usually includes a Together Drug and Alcohol service program provider. While many of the practitioners I met had an understanding of how co-occurring disorders affect one another, they shared that the services are viewed as quite separate in practice and that the integrated teams help to address this.

I met with individuals who work in peer roles and are able to link to more organizations by being part of the CoLab. A social enterprise organization (bthechange, a CoLab partner) provides support, education, and training opportunities for first-time offenders and prevention education to schools. I observed as the founder conducted a debriefing with two young peer mentors. They spoke about a recent experience presenting at a school, sharing their passion for helping youth realize their potential and learn from their own mistakes that put them in prison. They shared their assessment of the main contributors to criminal justice involvement in their lives: difficulty accessing mental health services and the stigma surrounding mental health problems that is prevalent throughout the UK.

During a visit to Dartmoor prison, I had the opportunity to meet with a prisoner trained to be a dialogue roadmap facilitator by the Centre for Peaceful Solutions. He shared how he uses his training to reduce conflict among prisoners and their family members by providing mediation services to help resolve disputes. He also revealed that many prisoners are more likely to talk to him rather than prison staff because his lived experience breaks down a barrier. He helps to build community in the prison and those participating in this project develop skills that will be welcome in work settings upon release. This innovative project, though not ideal for remand
or county jails with shorter-term stays, could be effective in providing mentoring services (by those with lived experiences) to other inmates after release.

**Housing opportunities and other community supports**

In the UK, the 2014 Offender Rehabilitation Act states that anyone discharged from jail, whether they were there for two days or 12 years, should have at least 12 months of community supervision and a Rehabilitation Activity Requirement (RAR). Driven by participant need, the RAR has the goal of creating a safer community and can include engaging with various providers to address housing, finances, and health issues, and becoming involved in social action projects. ‘Through the Gate’ (a national program) services help individuals create a resettlement plan which takes into account the pathways of accommodation, finances, employment, health needs, substance use, family issues, and “attitudes, thinking, and behavior” necessary to reduce reoffending. In the last 12 weeks of a sentence, an individual connects with a resettlement adviser to help link to community supports. Exeter Prison is also in the planning stages of creating The Departure Lounge, a program where recently released individuals can learn about resources and connect with peer support, and where families can also receive assistance to support reentry.

In practice, in both Exeter and Austin, housing opportunities one can access upon release from jail are limited. In both places, an individual has the opportunity to meet with someone to discuss housing needs if they are unable to access housing through probation or parole. In Austin, this is often a referral to complete the coordinated assessment which prioritizes who the community will serve next based on vulnerability. In Exeter, one can meet with someone from the council, which has a duty to prevent homelessness or to assist with resolving homelessness per the Homeless Reduction Act 2017. In the UK, one may not be eligible for public housing if the council determined that the individual became ‘intentionally homeless’ as a result of ‘antisocial behavior’, which includes using a home for illegal purposes, being convicted of a serious offence, or breaching a criminal order. They also may not be eligible if they were found not to have a local connection to the area in which they are residing. However, they will still be eligible for support to end their homelessness, and to Housing Benefit, even if they don’t meet the eligibility criteria for the council’s housing waiting list. In the US, if one was experiencing homelessness prior to entry into the criminal justice system and they were there for less than 90 days, they maintain the homeless status upon discharge. However, they may lose their chronic homelessness status and, thus, access to permanent supportive housing subsidies if they were incarcerated for longer than 90 days and no longer meet the chronic homeless definition.

**Practice implications for the US**

**Greater opportunities for connecting to resources and services**

In Austin, unless someone is already connected to community social service supports, such as a mental health and/or housing team, or is on parole or probation, there are rarely coordinated efforts to connect them with assistance upon release from jail. Those deemed to need mental health reentry assistance can be flagged for assessment by the Integral Care mobile crisis outreach team, and the assessment is often carried out by someone they have never met before. If they decline connection to one of the respite centers or there is no space available, they may be released with just a bus pass and list of referrals. They often lack phone numbers or an address, so it is difficult to follow up. There should be more warm handoffs (ensuring the provision of or connection to quality services) so that individuals can have more awareness of how to access resources in the community.

While I do not think supervised probation is the answer for everyone, more opportunities for connection to resources and housing opportunities with something similar to Exeter’s ‘Through the Gate’ program could help reduce recidivism. I am optimistic that Austin’s interagency lateral criminal justice meeting will help to maximize each program’s role and find new ways we can work together to provide better engagement and linkage throughout the criminal justice continuum. I also hope issues related to criminal justice can have more of a focus in our Continuum of Care workgroups. I would like to see us find new ways to provide resources for those who do not meet eligibility for other programs and still have identified needs.

**Interdisciplinary partnerships and the Welcome Center model**

For much of the past year, the City of Austin has been holding homeless services sessions centered on healthcare, community resources, drop-in centers, and homelessness prevention. The city has narrowed the focus to eight areas (including strength-
Lauren Dreyer: CoLab, Exeter
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Based intake and universal access to resources) where it is encouraging multiple agencies and disciplines to partner. Austin Public Health recently contracted with the National Alliance to End Homelessness and OrgCode Consulting to assess existing shelter services and provide recommendations for improvement. The city has sent out a Request for Information regarding the findings and expects to implement changes in shelter provision later this year. I hope to use what I learned in the exchange to help ensure the services of Integral Care are best utilized in the new shelter model.

While Austin is too big of a city for one central hub of resources, Exeter’s welcome center model could be effective in Austin and could make opportunities to connect with a variety of providers more readily available throughout the city. There have been discussions of having more single point-of-entry availability to meet the growing needs of our community.

Austin could benefit from the interdisciplinary convening of staff from different teams and agencies regularly for outreach (not specifically outreach teams, but staff from multiple teams and agencies focusing on outreach). We could also expand the occasions for staff to connect with one another and remain current on the work of multiple teams. We often connect new staff with other teams during the orientation period, but then we begin to become more fixed in our roles and tend to see each other only in meetings or when we email requests to one another.

Revising the intake process
Within Integral Care, we have been revising our intake process to reduce the potentially traumatizing effects of having individuals retell their stories. This is still not the case in the greater community where many clients have to retell their stories to multiple agencies, largely due to confidentiality requirements that discourage sharing of data. A release form for our Homeless Management Information System (HMIS) allows some basic information-sharing related to housing. However, unless someone specifically checks a box on the form, it prohibits discussion of factors, such as mental health, substance use, and other health status. HMIS requires several steps to confirm whether someone allowed for their information to be shared. The assumption is often to share the least amount in order to protect privacy. As providers, we should have more conversations with clients about the risks and benefits of information-sharing and have a space where we can easily see what someone decides in the HMIS system. Though Exeter doesn’t have a similar HMIS system, the UK generally has a more flexible data exchange through a universal release form while maintaining privacy.

Conclusion
My participation in the exchange confirmed that the work of Integral Care in Austin is comprehensive. These Exeter experiences revealed how a multi-disciplinary team of staff with different perspectives can holistically and comprehensively serve individuals to decrease time spent in jail and recidivism. Inclusion of those with lived experience could be a vital part of improvements to Exeter’s services and program development. In Austin, we need more staff to provide linkages and to help instill hope in the reentry process. Exeter’s eligibility determination process combining the Chaos Index with staff conversations and assessments could provide a practice model for the US, whose vulnerability index sometimes excludes applicants from eligibility. However, we have many more who are in an intervention gap without access to needed resources due to not scoring high enough to be considered for housing programs. The Austin social services community is open to innovative strategies for ending homelessness, and it is an exciting time to develop new services to meet the needs of our houseless neighbors. I am hopeful that we can develop more cohesive internal strategies to ensure we are all able to recognize our unique roles, the areas where we complement one another, and how we use our connections in the greater Austin community to inform the work we are doing to end homelessness.
Shahera Hyatt (MSW)

For art’s sake: an international perspective on engaging people experiencing homelessness in the arts to create personal, practice, and policy change.
A total of 94 people were counted sleeping rough on a single night in Manchester in 2017, with a population of approximately 510,000. My hometown of Sacramento counted 3,665 people sleeping outside on a single night in January 2017, with a population of about 495,000. However, both cities are struggling with the rising cost of housing and a lack of affordable housing stock. Sacramento has had the second highest rent increases in the US for the past two years, while Manchester cites eviction as the number one cause of homelessness, coupled with a lack of social (or public) housing. Though the homelessness services strategies differ in each city, the global factors precipitating homelessness are universal. As one Manchester provider put it, “We live in a country that has historically met people’s basic needs, and to see that eroding is absolutely painful. The bottom keeps getting lower.”

A 2017 literature review of arts and homelessness in North America (conducted by With One Voice) found a lack of consolidated, accessible information about the arts and homelessness sector. They identified funding constraints, institutional capacity, and lack of political will as stifling the ability to create a movement to implement this work in the US. However, the study also identified a thirst among non-profits engaged in arts and homelessness to drive positive change and shape practice. The majority of arts and homelessness projects identified in the literature review were music-based programs, closely followed by visual arts, then theater. Study respondents overwhelmingly expressed that conversations on homelessness in the US will change only by bringing people with lived experiences of homelessness together with the larger community. Arts institutions in the US did not participate in the study’s field visits, but anecdotal evidence reveals that many independent artists are already responding – in their art and activism – to issues affecting homelessness in their community. For example, many artists have focused on gentrification. They have drawn parallels between their own displacement and housing affordability challenges and the systemic factors causing homelessness.

Globally, but particularly in the US, stigma plagues the arts/homelessness sector because policy-makers and the public alike view it as peripheral to direct services aimed at addressing basic needs. This is, in part, to blame for the lack of resources and of perceived legitimacy. By contrast, Manchester is an international leader in this sector and will host the 2018 International Arts and Homelessness Summit and Festival this November – making it the ideal location for the subject of this research.

This project’s primary focus is to evaluate how engaging people experiencing homelessness in the arts can lead to personal, practice, or policy transformation. During my time in Manchester and London, I facilitated one focus group with Arts Committee participants at the Booth Centre, and conducted individual interviews with three directors, three support workers, and four arts instructors working with the community. This paper synthesizes qualitative interviews, academic research, and observations made during my time in the UK. Pursuing this research agenda will enable me to amplify youth voices in policymaking in new, innovative ways.

Learning
For two weeks in the spring of 2018, I visited the Booth Centre, a Manchester (England) charity that provides arts and employment sessions, breakfast and lunch, and housing referrals for people experiencing homelessness. A trained professional artist and a support worker facilitate the daily art groups for the community of the Booth Centre. Well-attended and democratically run by attendees, the workshops include volunteers who have been with the Booth Centre for years. The Booth Centre also produces two annual plays, a pantomime-style comedic play in the winter and a more serious issue-based play in the summer. I had the pleasure of attending a workshop for the summer play, a musical about the National Health Service set in a dystopian future. The play is being written by a local playwright, using improvisation to develop the scenes and characters created by the group.

An Arts Committee of people served by the Booth Centre meets weekly to discuss workshops and develop a creative vision for the future of the organization’s artistic programming. During my visit, we selected community-created art (to be featured on the Booth Centre’s thank you cards to donors), built mannequins, and repaired sewing machines. The Booth Centre embraces and celebrates people at all levels of talent and participation. In a music class, some played shakers supporting the rhythm of the song while others sang. As one committee member put it, “We’re all coming together as one, as artists.”

Findings
Hypothesis
Including people experiencing homelessness in the arts can create transformational change on a personal, practice, and policy level.
Personal impact
Throughout my research, I asked arts instructors and trauma-informed support workers, “What keeps you coming back to do this work?” Their answers primarily focused on building relationships, working with people willing to take creative risks, and identifying with the agency’s mission. The following quotes are from arts instructors and support workers.

Relationships
“Getting people to use these facilities that many people don’t have access to makes me proper joyful. I got a 90-year-old artist to use an iPad and his mind was blown with possibilities!”

“This is a place that accepts me, where hardships can be seen as a strength. I have a criminal record, and so does the head of the arts program!”

“I came back because of the relationships. Meeting people and seeing them commit to arts projects and keep coming back is inspiring. They keep coming back, so I feel responsible to [come back] as well.”

“When you’re aware of the injustices that exist, it’s healing to be close to the community.”

Creative risks
“People are willing to take risks and try something new and that’s rewarding. They’re very bold in their creative choices.”

“There was a man who would come to classes drunk and half asleep the whole time, then one day he went to rehab. When he came back he said he just ran all the words to the music from arts class while he was there and returned powerfully ready to sing. Singing is so vulnerable and using your voice is something no one can take away from you.”

Mission
“I’ve been here three years. It’s creative and challenging, and it’s my job. Working at a homeless charity is good work and I want to be part of it.”

“As an artist, money can be hard to come by. But I have flexibility with my time and that’s my strength. I can only donate two hours per week, but I’ve been coming every week for four months now.”

“I don’t know any other place quite like this. I volunteered here for about three years before working here. I love interacting with people and seeing the progress people are making. Wanting to help is the reason I get out of bed in the morning.”

“The people and the ethos and values of the organization keep me here, and you can feel that. I learn so much here about life, people, needs, and wants outside of what I’ve experienced and I’m learning new skills.”

A volunteer (with a four-year volunteer history) described improvements in confidence and literacy among community members coming to the drop-in center as a result of participating in the drama club. Participation in the creative process, like becoming a character in a play, allows people to imagine previously unimaginable possibilities, allowing them to see themselves in a new way and start working toward a new reality. “They’ll miss four or five appointments with us, but they’ll never miss a creative session.” Engagement in the arts acts as a proof of concept for building confidence and self-efficacy. People who once believed they couldn’t draw – or couldn’t get off the streets – are now proving to themselves that they can do both.

Wisdom from Booth Centre participants
“Trying art here makes me want to try other new ideas. Trying arts was experimental. I want to do more with that experiment.”

“Other people’s energy here motivates and inspires you to do the best you can.”

“For me, arts are a recreational thing, but it helps to structure my thoughts, understand what I’m about, and what the world is about.”

“For anyone who doesn’t understand the value of the arts for people who are homeless, I’d say come along, have a go, see for yourself and get involved. The first time I came here, I had a piece of paper and a pencil sitting in front of me and I had no idea what to do. I told the arts instructor I can’t draw. She put both of her hands on my shoulders and said, “You can do it”. And I haven’t put the pencil down since! Now you know why I love art, because I was given the opportunity. That’s what people need, a bit of encouragement.”
Shahera Hyatt (MSW): Booth Centre, Manchester
For art’s sake: an international perspective on engaging people experiencing homelessness in the arts to create personal, practice and policy change

“I performed at the Royal Exchange Theatre and had hundreds of people watching. It felt great. The drama teacher was brilliant.”

“Performing is pretty scary when you first do it. That’s why it’s nice to get new people doing it. Years ago, we ended up on the BBC for a production through Streetwise Opera.”

One research goal was to explore whether participating in arts workshops affects participation in education, employment, or housing programs. In my view, the intersection of arts and homelessness in the UK primarily aims to help people reach their full human potential. By valuing the intrinsic worth of all human beings, it achieves multiple associated benefits. The goal of these programs is not merely survival, it is self-actualization and walking the path to self-actualization is how we survive. Greater success in employment, education, and housing, is an intended consequence—but by no means the only goal. The Booth Centre programs exhibit the cultural divide between the UK’s greater understanding of the innate worth of all people and the US’s adherence to a capitalist vision of success.

Booth Centre Director Amanda Croome said that when you ask people coming to the Booth Centre what they want, they tend to say, “a house, a wife, and a job” which she understands to mean, “basic needs, relationships, and purpose.” My observations revealed that the Booth Centre excels in helping to facilitate access to basic needs, positive social relationships, and the immense purpose associated with becoming an artist or learning a trade. Every arts group has a project or an output. This increases investment in those groups and helps people to identify themselves as artists at the Booth Centre – and in their daily lives beyond the Centre’s programs. Collectively working on a project helps people to develop positive relationships and having a social safety net can meet their basic needs, even when resources are scarce.

**Practice impact**

When asked about the impact of engaging the community of people experiencing homelessness in creative pursuits on service delivery, providers gave numerous examples. At the inception of the organization, the original focus was on arts that directly explore experiences of homelessness. But the community expressed that they’re already living the experience of homelessness and don’t necessarily want to explore it in music, theater, drawing, and other arts. People responded, “I’m not just homeless, I’m a builder, I’m a husband, I’m a Manchester United fan and that’s what I want to explore.” People are dynamic – homelessness isn’t a character trait. Linking the arts to their housing status may have the negative effect of reinforcing that identity or, at the very least, not allowing them to explore other aspects of their lives. As a result, the Booth Centre adjusted the focus of their arts workshops.

Staff report that the arts programs allow people to build relationships with the staff and community coming to the Booth Centre. This positive experience often leads to a greater openness among program participants to talk about housing and employment counseling. “People are waiting between breakfast and lunch to talk to someone about housing, so making art while they’re waiting calms people down and reduces stress.”

Volunteers provide assistance and, often just as importantly, they learn and play. They lead by example with participating in the arts workshops and give others, who may otherwise be reluctant, the courage to try. Through the interaction with volunteers, workshop participants socialize with the wider community.

Participants receive £10 for participating in five arts workshops. The Booth Centre has found that people tend to continue attending the workshops after attending five of any one arts workshop. Their routine becomes a positive habit. When participants receive recognition in the form of money and a certificate for attending workshops, they complete an evaluation of their experiences and identify goals for their future. On program evaluation forms, respondents expressed that they didn’t like ranking their experiences from 1 to 10. Using a numbered scale made them feel more like a number than a person. In response to community feedback, the Booth Centre modified the evaluation so that it is open-ended and qualitative.

In planning the international summit on the arts and homelessness in November, staff from With One Voice received feedback that the word ‘summit’ did not sound like fun – people wanted a festival. That feedback transformed the planning effort to achieve a celebration that invites the larger society rather than speaking exclusively to the arts and homelessness sector. It became the International Summit and Festival of the Arts and Homelessness, making it less of a conference and more of a showcase and celebration.

**Challenges**

It is difficult to develop truly community-led artistic programming for people experiencing homelessness. One director described their approach: “We see people as the experts of their lives, and their art.” But more typically,
co-production (involving people with lived experiences of homelessness in the creation and development of services) seems to be the preferred way of introducing opportunity to people experiencing homelessness. For people who may never have identified as artists, nor had the opportunity to express themselves creatively since childhood, providing high-quality artistic programming has immense value. In a society in which homelessness programs often reject this participatory model, co-production may be a challenge. A future area of growth would include compensation for participants from the homeless community (beyond the £10 payment for five workshops).

In addition, one London provider noted society’s “tendency to belittle the power of art in the social services, but find it absolutely brilliant elsewhere.” This underscores the double standard people have for their own lives compared with what they believe people in poverty should have access to. Another provider highlighted, “Sometimes people have huge imaginations we'd love to fully realize, but there are practical constraints... setting expectations is important, while still encouraging aspirational ideas.”

Many of the US programs that include marginalized populations in the arts focus on either political advocacy strategies or on narratives of homelessness through art for the benefit of the larger community. In Manchester, I found a greater understanding of the personal benefit of the arts. The goal is to help people achieve their full human potential. In the US, we aim to meet people's survival needs and often fall short. In the UK, they embrace self-actualization as the goal and achieve survival along the way. The reasoning behind this difference in approach might be the more severe crisis of homelessness in the US and the urgency of affecting political will in a positive way.

Policy implications

After a protest encampment in 2015, Manchester created a homelessness charter that included several targeted action groups, including Arts and Heritage. In my years working on systems change to address homelessness in the US, I have never heard of a plan (for ending homelessness) that includes a focus on the arts. The Manchester homelessness charter states that everyone who is homeless should have a right to “Equality of opportunity to employment, training, volunteering, leisure and creative activities.” These final words of the Manchester homelessness charter makes this community so unique in its understanding of the intrinsic value of the arts on our lives. They have also instituted an Arts and Heritage action group focused on “Increasing opportunities for people with experiences of homelessness to engage in the arts, through the city’s arts and cultural institutions, artists and industries.” Most importantly, all action groups include multiple people with current or former experiences of homelessness. The US should include the arts as a measure of well-being in our plans to end homelessness. By setting the bar higher for what we hope to help people accomplish, we can help people move from merely surviving to thriving. Following are my recommendations:

1. Incorporate the arts into our strategies to end homelessness by bringing the arts and homelessness sectors together to share practice
2. Find creative ways to promote social inclusion by partnering with artists and arts institutions to promote equity and elevate the artistic endeavors of communities that are historically excluded from showcasing their work
3. Invest in this work by funding programs that integrate trauma-informed artistic programming into the homeless services sector
4. Local, state, and national organizations working to end homelessness can highlight the benefit of this work by developing workshops, webinars, short films, and toolkits amplifying successful models and innovative practices
5. Create mentoring and networking opportunities across the movement to enable creative problem-solving on homelessness issues.

We should dream big in what we believe people can accomplish when given the creative know-how and encouragement to pursue artistic endeavors. We should no longer aim merely to meet people’s survival needs – and fail. Instead, we should support people in achieving their potential through freedom of expression, creative relationships, boosted self-esteem, and wellness that ultimately leads to sustainable lives. We can do better to honor and uplift communities that have disparate access to the technical, social, and material resources needed to create art. Manchester’s arts and homelessness programs show that this is possible if we work together.

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Tramecia Garner

Veteran homelessness in the UK: prevention and the Welfare to Wellbeing© model
According to US Census data from 2017, San Francisco has 25,791 veterans, while the US Department of Veterans Affairs (VA) placed this number for 2017 at 22,912. The US Department of Housing and Urban Development 2017 Point-in-Time (PIT) count of homelessness revealed that, at any given time, San Francisco has 7,499 people experiencing homelessness. Within that count, 684 veterans were experiencing homelessness — about 10% of the homeless population. Chronic homelessness among veterans is 6% (137 veterans) of the city’s population of homeless veterans.

According to the PIT count for San Francisco, the main reason that veterans become homeless is due to the loss of employment (18%), substance use issues (18%), medical issues (17%), eviction (12%), and incarceration (10%). A racial divide persists in homelessness among veterans and in the general homeless population. More than one third (34%) of homeless veterans in San Francisco are African American, compared with 6% of the general population. This population is the largest over-represented group of those experiencing homelessness in relation to their proportion of the general population. White veterans are under-represented, comprising 40% of the homeless veteran population and 49% of the general population.

According to VA statistics, Gulf War and Vietnam-era veterans make up the bulk of the veteran population: 7,271,000 and 6,651,000, respectively. The Vietnam War’s draft created noticeable inequities among communities of color. This had a significant impact on African American men, many of whom came from disadvantaged neighborhoods and returned to those same areas after discharge from the military. Vietnam-era veterans had little support from the Veterans Administration Medical Centers (VAMC), according to veterans discussing their experiences at that time. Veterans were not able to get the necessary services to be able to thrive in their communities after their return. Some were also denied financial benefits based on injuries sustained during their time in the military. Some veterans had a discharge status that barred them from accessing VA healthcare services. According to an Army Times article, approximately 250,000 veterans discharged during the Vietnam War received an other than honorable discharge, which precluded them from services at the VA.

My research on homelessness in the UK revealed a very different portrait of veteran homelessness compared with the US. Online news reports on the number of homeless veterans in the UK ranged from 4,000 to 8,000 rough sleeping veterans on any given night. Rough sleeping is generally defined as sleeping in a place not meant for human habitation and is synonymous with unsheltered homelessness in the US. During the Exchange interview process with Veterans Aid, my host organization, I learned that these data are not accurate. Veteran homelessness, or rough sleeping, in London alone is closer to 3% (or 135 veterans as a percentage of all people experiencing homelessness) for UK nationals. Including non-UK nationals in the count increases this proportion to 7% (227 veterans), according to the 2017-2018 CHAIN Report. These percentages are based on contact by Greater London Authority’s contracted outreach teams, of London rough sleepers, which was 7,484 people in 2017/2018. This figure presents a stark contrast to many news reports.

Multiple motivations could explain the inaccurate estimate of homelessness among veterans — ultimately, it garners donations for agencies that now want to serve veterans.

Learning objectives

Originally, I set out to learn more about why homeless veterans in the UK were confronting barriers accessing housing and if there were any parallels to our challenges in San Francisco. However, after talking with Veterans Aid CEO Dr Hugh Milroy and learning about the inaccurate reports of veteran homelessness counts in the UK, I narrowed my research questions to the following:

1. How has London achieved such low numbers of homeless veterans?
2. What systems are in place that make UK veterans less likely to enter the homeless system than their US counterparts?

Veterans Aid

Founded in 1932, Veterans Aid is a London-based charity providing assistance to veterans. Implementing the Welfare to Wellbeing model created by Dr Milroy, the organization focuses on veterans’ needs, not the needs of the system. While organization staff members know the general issues and needs of the UK’s veteran community, they tailor each intervention to each veteran and base services on a policy of ‘swift intervention’, which is unique to the homeless sector in the UK.

Veterans Aid intervenes immediately at the point of need. Its multi-faceted interventions can include transitional housing,
job training and placement, hotel accommodations, assistance with permanent housing, and connections to additional resources based on the veteran’s individual needs. From the outset, the intent is to get the client as fully functioning as possible as rapidly as possible. Veterans Aid’s goal is to reduce vulnerability and increase resilience to ensure post-graduation sustainability.

The Veterans Aid website records that in 2017 the charity served 479 veterans, provided 22,000 nights of accommodations, assisted 92 veterans with job placement and/or training, and found appropriate housing for 136 veterans. With only 23 staff members, they also provide services directly to veterans around the world and advocate globally on veterans’ needs.

Veterans Aid’s leadership model deliberately empowers staff at all levels. The operations staff report directly to the CEO, minimizing the need for multiple stops along the chain of command. While there are distinct departments at Veterans Aid, staff are mutually supportive and work toward the same priorities. The organization has fostered a supportive culture and an open-door policy which promote low turnover among staff members.

Welfare to Wellbeing© model

The ‘Welfare to Wellbeing’ model focuses on the holistic aspects of a veteran’s life and considers the societal context that affects each veteran. It looks at the physical, psychological, social and economic reality of a veteran’s life—conditions outlined in ‘Pathways of Human Development: Explorations of Change’. The model is based on the following tenets:

- A holistic approach that is flexible enough to respond to a veteran’s needs is most effective in a moment of crisis
- Persistent, non-judgmental, respectful engagement with the veteran
- Ability to offer immediate assistance in the moment
- Formal and informal support networks are needed during the process of recovery to quickly respond to issues and problems as they arrive
- Connecting veterans to resources necessary to stabilize their needs, such as mental health care and substance use treatment.

At Veterans Aid, they are not trying to ‘fix’ anyone or to know a veteran’s life story before they provide assistance. They only require some basic information, which they verify quickly. They immediately begin interventions based on the needs of the veteran. This often takes place over the phone in a matter of minutes. Operations staff can book a hotel stay and determine additional resources before a veteran has ever set foot in the Veterans Aid office.

For veterans living at the transitional housing program (New Belvedere House), clear processes are in place to ensure a successful exit. Staff and residents meet formally monthly to discuss their goals and measure progress, and interact informally on a daily basis to meet their objectives. Staff talk daily with residents about any progress or setbacks they have encountered. The formal and informal meetings offer an opportunity to process new information and adjust the individual’s personal development plan.

The open-door policy at Veterans Aid helps to create an atmosphere of mutual respect and trust among veterans and staff. Its operating system is flexible enough to address veterans’ needs in the moment, but rigid enough to maintain appropriate boundaries and help veterans to participate in achieving the stated goals.

From their first day at New Belvedere House, veterans engage with staff members about what they need to exit into the most appropriate level of housing. They have access to the charity’s in-house job placement and training specialist who, as an integrated member of the team, helps clients explore options and manage expectations about what is achievable.
together, they identify suitable courses, placements, and job opportunities with trusted employers.

Veterans Aid is deliberately giving the client a ‘permission slip’ to recreate lives – through education, employment, and other supports – unfettered by a need to refer to their military past. Veterans at New Belvedere House may learn about nutrition and cooking healthy meals at their onsite training kitchen. Veterans Aid graduates often return to New Belvedere House to inspire other veterans. The charity does not employ therapists or counsellors. Clients are encouraged to define their lives as going forward in positive hope; building rather than spending time revisiting issues from their military service/past. There is a clear feeling of ‘letting the past go’ pervading the charity.

Veterans accessing services outside the transitional program experience the same process at Veterans Aid’s main office. They can use the support system for employment and training, receive referrals to detox and mental health care, and access permanent housing and short-term accommodations to stem the crisis of rough sleeping and/or prevent a veteran from entering the homeless system altogether. The speed of operation and lack of formal inputs are the hallmarks of Veterans Aid’s service delivery model. Veterans Aid does not require lengthy intake documents and forms, multiple appointments, or proof of need or homelessness before providing services.

While the Veterans Aid model is highly effective, the UK’s social welfare system already in place underpins the model. The UK government does not have a veterans’ affairs department. Some feel that this is not necessary due to the services and supports provided by the country’s National Health Service (NHS), veteran pension provision, and the universal benefit system.

The healthcare system ensures that all UK nationals have care when they need it. As a result, denial of access to treatment can’t be cited as a cause of homelessness. Very few of the ex-servicemen and women seen by Veterans Aid receive services because of physical health problems – those who do are rarely able to link them to military service. Similarly, veterans rarely visit Veterans Aid due to a need for mental health support. Veterans with a genuine need for therapy, psychiatric help, medication, or counseling, receive a referral to another agency in a timely manner.

The UK’s benefits system also provides a universal foundation upon which veterans can build a decent life. All UK nationals who qualify financially can access a housing assistance payment. These systems are thought to be a major factor in the lower prevalence of homelessness as compared to the US.

Findings
My findings reveal that Veterans Aid’s model of swift intervention and the UK’s benefits system are the foundation in preventing homelessness among veterans.

How has London achieved such low numbers of veteran homelessness?
The numbers of homeless veterans are small across the UK, not just in London. This is evidenced by current veteran-serving providers having significant vacancies within their programs. Some programs have had to close their doors due to the lack of need among veterans experiencing homelessness.

What systems are in place that make UK veterans less likely to enter the homeless system than their US counterparts?
As noted above, the benefit system in the UK and the NHS underpin the government’s commitment to ensuring services to anyone in need. These services are open to all UK nationals from the age of 16 based on eligibility requirements. While the US has a welfare model, it does not encompass as wide a range of resources as the UK’s benefit system. Also, national healthcare, while often used as campaign rhetoric, has yet to take firm footing nationwide in the US. Some states and/or counties have systems that are trying to address the need of healthcare for all, but we are quite a long way from nationwide implementation, let alone a national discourse on the basic right of healthcare for all US citizens. This is further complicated by the Veterans Health Administration (VHA) system that also does not provide access to healthcare to all veterans who served in the military. Considering the complexities associated with accessing care, it is easy to understand why many veterans who could qualify for VHA care don’t engage with the system: They think they don’t qualify or get lost trying to navigate the application process. There is also the stigma associated with accessing mental health services in the US. Furthermore, many veterans say that they choose not to use the VA because they don’t want to take away care from other veterans who, in their opinions, are ‘more deserving’ veterans.
Practice and policy implications

This experience highlighted two needs for my work: a focus on prevention and using a client-centered approach, such as the Welfare to Wellbeing© model, to engage veterans based on their needs and not the needs of the system. This two-pronged attack is vital to modeling Veterans Aid’s approach. In San Francisco, Swords to Plowshares already delivers services in a non-judgmental, caring, and respectful manner. We also aim to teach veterans how to be self-sufficient. We will need to continue to look at veteran homelessness through the lens of poverty, racial inequities, high housing costs, lack of gainful employment, and the sustained need for subsidized housing for veterans wanting to remain in San Francisco. Imagery of the wounded veteran perpetuates a narrative that military service members’ experiences and skills learned during their time in service.

I plan to start putting my learning into practice by implementing the Welfare to Wellbeing© model within the Swords to Plowshares’ residential programs. I believe that we can do a better job of truly tailoring the services we offer within our housing programs. Part of this process will be ensuring that staff members understand the services we provide and the services that should be sought through the community. This will also mean engaging residents on a consistent basis in goal planning and follow-up. We will have to engage community support to build a network of resources that veterans can access when needed. These resources will provide access to healthcare for veterans not eligible for care at the local VA Hospital. We will also have to gain a thorough understanding of disability benefits, the local General Assistance program, and food resources based on veteran need.

The City and County of San Francisco have created the Moving On Initiative, which allows supportive housing residents to obtain a Section 8 Housing Choice Voucher to find housing in public housing authority or market rate units that accept the Section 8 subsidy. The goal of this program is to facilitate movement of stable people out of service-intensive settings, such as permanent supportive housing, and into low- to no-supportive service housing options. However, the cost of housing in the Bay area and lack of landlords willing to accept Housing Choice Section 8 vouchers have made this process especially daunting for veterans living in our supportive housing units without access to a US Department of Housing and Urban Development-VA Supportive Housing voucher, which has a higher payment standard. To date, many areas and countries, including the UK, have record high housing costs, leaving many without affordable and adequate housing options. We must continue to seek solutions to our affordable housing crisis. This is also driving up the cost to create new or refurbed housing for homeless or at-risk veterans.

Most of us in the homeless sector know that prevention is an often underfunded element of ending homelessness, but funding this prevention work is critical to addressing this issue. I think this was one of the most important takeaways I experienced with Veterans Aid: by ensuring that a person never hits the streets, we are doing a service for all involved. San Francisco is now beginning full implementation of its coordinated entry system for all persons experiencing homelessness. The current mayor is funding additional prevention work and the Veterans Affairs department launched Rapid Resolution, a pilot diversion program under the Supportive Services for Veteran Families (SSVF) program. Swords to Plowshares will operate the San Francisco project.

The VA’s program does not add new funds to the system, but it allows a portion of the current funding to be used in this manner. This is a fundamental flaw of the system. Using the same funding allocation for rapid resolution of homelessness takes away from the funds available for back rent payments for veterans at risk of losing their housing. This effectively diminishes the pool of funding. I fear that we will be creating a system yet again that is helping people post-homelessness instead of creating a dynamic system that can also provide adequate financial assistance before one loses a home and community. Once a person becomes homeless, the cost of supporting the individual or family is much higher—and it can never mitigate the emotional toll on a person who has just lost everything, especially their dignity. Prevention ensures that people don’t lose their employment, social connections, and sense of dignity in the process.

Conclusion

As we have these policy conversations we must make space for discussions about the true costs of prevention, effective service delivery models, racial inequities in accessing housing, and other factors contributing to homelessness among veterans. Many policymakers contend that we cannot build our way out of homelessness in San Francisco, so we need
to ensure our policies and interventions address that reality. Prevention of homelessness is critical. While we may not be able to prevent homelessness for everyone, for many we can alleviate the loss of social connections, family separations, incarceration, excessive hospital stays, and reliance on social services that are currently overworked and underfunded. Welfare to Wellbeing is clearly an effective model – it would be immoral to continue with business as usual when a new approach could deliver an end to veteran homelessness.

References
7. Information in the report is derived from the Combined Homelessness and Information Network (CHAIN), a multi-agency database recording information about rough sleepers and the wider street population in London. CHAIN, which is commissioned and funded by the Greater London Authority (GLA) and managed by St Mungo’s, represents the UK’s most detailed and comprehensive source of information about rough sleeping.
9. Veterans Aid will release an independent review documenting this outcome (garnered through in-house data collection) in fall 2018. The 90% outcome comes from qualitative data from conversations with staff at the transitional program at Veterans Aid’s New Belvedere House. To validate this outcome, an independent third party is currently reviewing the charity’s data. To date, the independent analysis appears to confirm their effectiveness and to reveal substantial financial savings compared with the general homeless system.
Cassy Westmoreland

Applying the Housing (Wales) Act of 2014 to American homelessness prevention efforts
“The rent is too damn high!” is the battle cry of Jimmy McMillan, a New York activist who highlights daily struggles of those who cannot keep up with skyrocketing costs of living through humor. Many argue that blame lies with stagnant wages, as federal minimum wages matched increases in worker productivity since 1968, it would have been $21.27/hour in 2012. Currently, no state in the union has adequate housing for those working full-time at minimum wage.¹

Support systems for these low-income Americans are virtually non-existent and there is no systematic practice that prevents them from losing their housing and eventually becoming homeless. In the birthplace of Housing First, American cities still grapple with homelessness 30 years later. Several states – such as California, Hawaii and Washington – are now declaring states of emergency, begging the question of what can be done to prevent homelessness in the first place.

I have worked to implement Housing First in Northern Colorado for three years with the United Way of Weld County. As a rural community growing exponentially, ‘rough sleeping’ (unsheltered homelessness) is a new addition to the landscape. Located north of Denver, Weld County covers 4,000 square miles and has a population that will double by 2035. In the first quarter of 2017, it was the fourth most unaffordable housing market in the nation when comparing household income and costs of living – that ranking improved by the second quarter of 2018, but Weld County still remained less affordable than its historic average.²

The urban seat of Weld County is Greeley, which has a vacancy rate that fluctuated between 1.3% and 2.2% in the last year; this means that only 2% of all rental units were vacant and available for those needing housing. Housing First with limited housing options and soon-to-be doubled demand forces our team to look upstream at preventing people from losing their housing in the first place.

The Housing (Wales) Act of 2014 embodies this upstream approach of preventing housing crises and homelessness. It created homelessness prevention systems for Welsh citizens and removed barriers to services that often allowed preventable situations to end in homelessness, rough sleeping, and couch surfing. The Act created legal duties for local governments (or local authorities) to assist citizens without housing and those who were threatened with becoming homeless within 56 days.

The Welsh government passed this legislation in order to prevent homelessness, to reduce the number of people rough sleeping or using temporary accommodation, and to provide a wider array of housing and support services for vulnerable citizens. I studied how the difference in local Welsh contexts affects the ability to implement prevention strategies and which methodologies and techniques work best to achieve stable housing.

The inherent nature of the Housing (Wales) Act of 2014 exemplifies the paradox of welfare philosophy between the US and the UK. In America, low-income families simply need to work harder and pull themselves up by their bootstraps to survive in this ‘mano a mano’ land of opportunity. Medical care is more expensive than any other industrialized nation, mental health needs are under-met and clinicians under-funded, and tenuous housing assistance in the form of vouchers rarely provides access to housing in tight markets where most rents exceed allowable limits or landlords can afford to be picky with tenants.

Conversely, the Welsh are not blamed for unforeseen life circumstances, belittled by the rich for needing help, or bemused by complicated systems often requiring professional navigators for applications and benefits. Their system isn’t perfect and there are still many cracks through which those with complex needs often fall, but the national focus on supporting people lays essential infrastructure and access to services for legislation like the Housing (Wales) Act to work.

Throughout the world (and many of the Transatlantic Practice Exchange reports), advocates repeat that Housing First (HF) is the answer to homelessness. I think it is important to add that HF does not mean housing only. Supporting people in HF programs requires intense housing stabilization support, consumer choice and self-determination in accessing services, and harm reduction policies. The in-built infrastructure created by the Welsh focus on supporting people provides a fertile environment to prevent housing challenges from becoming crises and creating homelessness. This environment provides clear entry points for services and educates the public on how and when to ask for help. It views this support as a legal obligation to its citizens. It does not threaten cuts to essential support services as a negotiating tactic, campaign promise, or tool to balance deficits as often occurs in American politics.
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Research question 1
How will America’s cultural context affect our ability to engage with those who need homelessness prevention services and to provide access to the resources necessary to quickly stabilize housing?

Homelessness prevention
The housing systems in the US and the UK look very different. America relies on vouchers that subsidize rent for low-income households and shelter programs that are only available after housing is lost. Local programs offer more flexibility but rarely meet need. Rental assistance programs in Weld County, for example, only meet about half the reported need and are often given as one-time financial assistance with no support to address the cause of financial strain. Eviction rates have been increasing and tenants are not granted affordable legal representation, leaving most evictions settled without a legal challenge.

In contrast, the Welsh government undertakes support for its citizen as a legal duty. Housing situations dictate required actions on the part of local authorities (LAs). LAs fund and monitor temporary accommodation, staff teams that work to find housing solutions, and manage a register of ‘fit and proper’ landlords, a legal requirement for anyone to receive rent or evict tenants. In the Housing (Wales) Act of 2014, government made it easier for everyone to access these services for earlier intervention to stabilize housing or prevent homelessness. Emphasis on prevention has been effective but relies on the in-built infrastructure LAs already had in place to support their citizens.

Research question 2
What are similarities between the Welsh and American systems? Where will American practices have to change to implement focus on prevention?

Is moving upstream beneficial?
Modern homelessness epidemics define American cities. Nationally, the welfare system designed to address poverty and homelessness is complicated, restrictive, and ineffective. Research shows that our system is costly and often keeps families dependent on these systems. For example, many who receive food or childcare benefits cannot accept a raise. Doing so would push them past the income threshold for receiving those benefits but the benefits cover more of their monthly expenses than the raise would cover.

The Housing (Wales) Act of 2014 expands the ability to intervene with vulnerable households to avoid escalation of instability. Prior to this legislation, only certain households could access services and shelter. Government officials observed more rough sleepers and increasing requests for housing support and decided to create a mechanism that would prevent more people from finding themselves in that situation.

Research question 3
Is there a benefit to focusing intervention and resources upstream to prevent situations from becoming housing crises? If so, which Welsh models will work well in the US and why?

Learning and findings
I spent my time shadowing Joy Williams, who works with LAs to implement new systems required by the Housing (Wales) Act. All LAs have the same responsibility to residents. However, local services, geographies, and housing markets give each LA a unique set of challenges. Joy interacts with all 22 LAs to identify challenges and provide locally focused solutions. She also works with the Welsh Local Government Association to make sure all LAs are meeting their legal obligations to residents.

The Housing (Wales) Act of 2014 changed existing housing legislation in significant ways. Historically, LAs were only required to assist homeless households if they fit into a ‘priority need’ category, meaning one or more categories, including families with children and those escaping domestic violence. Under this system, however, assistance was not available until housing was already lost. Now, households that are threatened with homelessness have access to assistance from their LA without having to fit into a priority need.

In order to assist residents with any services (including housing support), LAs throughout Wales provide clear entry points for services, often in one location. This has made the transition to preventing homelessness easier. Before the 2014 Act, people would present to LAs when they felt they were...
Cassy Westmoreland: Welsh Local Government Association, Swansea
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threatened with homelessness, hoping to find the resources they need. LAs however, were not legally obligated or funded for these services and often unable to help. Now, as people come to LAs for services, they are able to access earlier intervention, receive the support they need, and LAs are able to prevent a case of homelessness and track the problems that cause initial housing instability. This allows them to tailor resources and services to meet real-time needs.

Hypothesis to research question 1
The American cultural context of welfare and homelessness will require educational campaigns to reduce the stigma of asking for help earlier and significant fundraising efforts to create flexible funding for that to be used quickly and uniquely for each case.

Findings
Lack of access to services will inhibit American systems’ ability to find those who need earlier intervention. Also, the lack of prevention efforts has cultivated many households in America that would need these types of services; as problems escalate without support, they compound into generational poverty. While building this education and resource infrastructure will take more time and money upfront, Welsh systems shed light on cost-efficient ways to do this. For example, they build programs to work through family mediation since relationship breakdown is the number one cause of loss of housing in Wales. Focusing on responses to major themes of housing helps to ensure the use of investments to their fullest potential. Programs, such as family mediation, also require less financial investment, but have high returns on investment because they prevent more people from needing rental assistance or temporary accommodation once homeless. These programs are supported by a ‘Spend to Save’ fund, named for the understanding that early investment saves money down the road. While healthcare is provided for the Welsh through the National Health Service (NHS), keeping someone in housing, for example, keeps costs to the NHS down. If someone is sleeping on the streets, they are likely to require more intense medical care. Keeping them in housing helps the NHS avoid providing those more costly services.

Practice and policy suggestions
American systems will need to build outreach programs to identify vulnerable households, create mechanisms to track need and usage to avoid over-reliance on systems, and focus on creative solutions to avoid simply needing more financial resources upfront. They should:

- Expand definitions of homelessness to include (if not focus on) those at risk of homelessness; spread awareness of this new definition and provide easy access to support
- Create systems that collect data about roots of housing challenges to create cost-effective and relevant prevention programs
- Talk to those who are homeless and ask, “How could this have been prevented for you?” to ensure practices will meet the need
- Transition intervention resources and focus to prevention rather than crisis response; this model is shown to be less expensive on the front end, allowing the same amount of resources to help more people.

Hypothesis to research question 2
Welsh and American systems have many similarities and differences. Trends in solutions to housing crises may look similar in both governments (e.g. housing with support ends homelessness) but access to those solutions will differ, including the government’s ability to influence those resources.

Findings
LAs throughout Wales were successful in stabilizing the household in 68% of homelessness prevention cases; three out of four of those cases, however, had to relocate to new accommodation in the process. While this was a challenge for LAs, their partnership with social landlords and temporary accommodation facilities helped find solutions. American public-sector housing, however, has been deteriorating since the early 1980s. While some systems exist to develop affordable housing, the biggest similarity between the two countries is reliance on the private rented sector.

Prevention programs in Wales provide security to landlords in the private sector to incentivize them into working with housing clients, mediate eviction dealings, and provide resources for unpaid rent. These programs would transfer well to American systems. They should not be the only solution, however. Welsh officials also talked of the essential support provided by access to public-sector housing.

Practice and policy suggestions
As part of creating the prevention system in America, local governments should advocate to:
Cassy Westmoreland: Welsh Local Government Association, Swansea

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• Increase affordable stock either by restarting (and improving) HUD’s public housing program or incentivizing/requiring developers to include affordable units in all their buildings
• Build relationships with ‘social landlords’ who will mediate eviction and build relationships with providers for quick access to open units.

• Hypothesis to research question 3:
  Focusing on earlier intervention will decrease the number of households needing homelessness assistance from LAs.

Finding
Initially, after the implementation of the Housing (Wales) Act of 2014, there was a reduction in the numbers of those needing homelessness services. This signifies success. There are additional considerations, however. Many LA service providers talked of additional workloads and paperwork involved with the new prevention services. While they appreciated the flexibility to assist in prevention cases, they also noted the need for additional processing capacity internally. Some LAs were able to expand teams, but some were not. One significant outside factor also affected the number of people needing housing services: Universal Credit (UC), a dramatic change in the benefit system for the UK. The program changes the payment systems for benefits; it gives recipients one lump sum as opposed to paying for services from separate benefit systems.

The implementation of this system in pilot communities has confused many citizens and caused evictions for rent payments no longer automatically filed on the first of each month. While systems that focus upstream may be helpful for current situations, lessons from Welsh experience highlight the flexibility that must be built in American systems. Many argue that outside factors like austerity and UC have actually caused an increase in housing challenges and, therefore, homelessness in Wales. An effective prevention system must be able to adjust to changes in related systems.

Practice and policy suggestions
Any legislation changes should include those who work in housing systems to skip unnecessary bugs in the system or unintended consequences in implementation and should include flexible funding or system building to react to changes in the American benefit infrastructure.

Conclusion
There is much to learn from the Welsh government’s response to preventing homelessness. The largest lesson is perhaps the simplest. The Housing (Wales) Act of 2014 originated as a response to a system that was not working well for its citizens. It was based on evidence and opened the doors to a new approach of addressing housing instability. This willingness to try something radically new with the intent to help the greatest number of people is not the current culture of US politics. Gridlock and identity politics keep even small changes from occurring at a federal level. If these prevention practices are going to take place soon, it will be up to local governments and non-profit agencies. It will require collaboration of existing systems to identify those in need, flexibility of local data and resources to respond to unique situations and unforeseen federal changes, and an understanding that while Housing First is the answer to homelessness, prevention is the best solution for all involved.

References
1. www.nlihc.org/gap
What we do

Homeless Link is the national membership charity for frontline homelessness agencies and the wider housing with health, care and support sector. We work to improve services through research, training and guidance, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

Let’s end homelessness together

Homeless Link
Minories House
2-5 Minories
London EC3N 1BJ
020 7840 4430
www.homeless.org.uk
@Homelesslink
@homelesslink