

**Rough Sleepers Initiative (RSI) Report  
In partnership with and contributions  
from the Wellingborough Homeless  
Forum and the Daylight Centre**

**July 2019 - July 2020**

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**Collated by Support Northamptonshire on behalf of the RSI Voluntary Sector Partners**

**July 2020**

## 1. Introduction

Support Northamptonshire first became involved in the RSI project by contributing significantly to the MHCLG RSI application in February 2019. SN worked closely with the Housing Strategy Officer at the time, Dez Tanser, to:

- Provide significant evidence of homelessness in Wellingborough gathered by the voluntary sector including the Night Shelter statistics from 2018/19.
- Developed a collaborative service model and service design (flow charts) including the housing pathways (that the local authority could lead) and wider preventative support through the collaboration of voluntary sector partners led by SN and involving the Wellingborough Night Shelter and the Daylight Centre in order to co-ordinate the best preventative response across the Borough.

As with all bid writing a lot of the work goes into designing the service model and configuring the resources required. SN contributed significantly to this process which contributed to the success of the application with MHCLG.

While waiting for the MHCLG decision, SN recommended to the WBC that we form an RSI Steering Group of all partners to manage a co-ordinated response and address joint challenges as they arise. SN drafted the terms of reference and has jointly chaired the Steering Group to help lead the partnership and demonstrate equality of partnership between the voluntary sector and the local authority. The minutes of the meetings evidence the accountability of partners and challenges to the project.

The funding received and agreed by MHCLG was a significant reduction from the original proposal. The SN contribution was supposed to be:

SN was £52,602:

- 1 x Outreach and Support Officer = £23,355.
- 1 x Support Worker /Admin 0.4 FTE = £8,171.
- Other associated costs/expenses = £9,076
- Partner co-ordination costs = £12,000 (Daylight Centre, Mental Health, Night Shelter)

SN received a significantly reduced grant of:

£23,355 and BCW decided to top this up with another £10500 making the total: £33,855 for:

- One Outreach Worker and related costs
- Daylight Centre – to support drop-ins, Night Shelter registrations and referral pathways
- WHF to provide the volunteer support at the Night Shelter and referral pathways
- Personal budgets and specific mental health support.

- OnePathway IT platform to collaborate using a single platform where the person had to only 'tell their story once' and enabled partners to provide the right support jointly.

## 2. RSI Progress

SN has received b 52 referrals to date. Our target was 41. The project ends in July 2020. We had exceeded our target delivery prior to March 2020 and since then have facilitated a huge amount of direct work and co-ordination with partners during the Covid-19 crisis.

**Appendix 1 includes an analysis of the RSI outreach casework**

**Appendix 2 – RSI Case Studies**

**The following provides an explanation of the work undertaken:**

### 2.1 Outreach and Casework Management (see Appendix 1)

- Referrals:** We received 52 referrals to the RSI project. Referrals have come from many different agencies and through early active promotions of the project and using all SN, WHF and DCF and partner networks. We continue to be contacted by the Police, Job Centre, CAB, Probation and have had many out of hours contacts with various agencies. The referral rate has been growing and very early into the project we were over capacity. Case management has had to be prioritised according to need and urgency.
- Model of casework:** many who engaged with the project were supported through a strengths-based, person-centred assessment and support planning process and interventions lasted on average over a few weeks to three/four months. The analysis shows the length of time of interventions.
- Complex case work:** has required joint sessions with the SN Manager (a qualified social worker) to engage people and enable more in-depth work. This has been for about 7 people.
- Outcomes focus:** the casework process has been outcomes focussed to avoid drift and has been actively supervised to ensure outcomes are achieved and sustained.
- RSI targets:** the key targets achieved as defined by the RSI project have been 'attempted to relieve' or 'relieved'. There have been notable outcomes achieved for 'attempted to prevent' and 'prevented'. We added a category of 'advice support and guidance' and this has proved to be important as early advice and support has helped to create confidence for some people who might not have engaged with formal agencies or enabled people to access the right guidance quickly and to act independently to prevent homelessness.

- f. **OnePathway outcomes:** key outcomes achieved using OnePathway outcomes framework were 'Good Place to Live' and 'Good People Around You' followed closely by 'Wellbeing' and 'Strong Purpose'. The 15 sub-outcomes under these categories are useful and reveal that 'good physical health', 'good emotional and mental wellbeing' 'managing substance misuse' and 'engagement with the local community' are lower in scores than others. However, the scores for other areas shows significant more movement and suggests the need for longer term support for e.g. mental wellbeing. Our experience over Covid-19 shows that daily calls has helped improve peoples' mental and emotional wellbeing.
- g. **Non-Engagement:** As with the experience of many homeless projects, there are people who do not engage following referral and assessment. These are often those people who are the entrenched homeless where street homelessness and rough sleeping has become a life-style choice or where people find it difficult to engage with formal agencies. The seamless work between SN, WHF and DCF has overwhelming shown that people can access anyone of these agencies and can consent to sharing their information to receive a whole range of support. E.g. people have engaged with the Night Shelter volunteers, they have been given confidence to work with the Outreach Worker and engage on a one to one basis. The drop-in at the Daylight centre has been beneficial so that people can see the Outreach Worker work as a team member and access this support. People who have not previously engaged have engaged during the Covid19 period of lockdown.
- h. **Demographic and Equality information**
- a. Gender: 82% were men and 18% women
  - b. Ethnicity: 84% were white with 14% BAME
  - c. Sexuality: 88% were heterosexual with 6% gay or bi-sexual
  - d. Disability: 96% had no disability – 4% were disabled
  - e. Age: 55%, the majority of people who were rough sleeping were in the 30-49 age range with 37 in the 40-49 age category.

Our experience and national evidence show there needs to be gender specific work with women who are homeless or rough sleepers. The number of BAME clients is higher than the local population of Wellingborough and would need further examination. We have also used interpreters and google translate to communicate with people and this has been important in relation to offering equal access to people whose first language is not English. There were disabled people who were rough sleeping and this requires us to address disability equality issues to ensure equal access to services and benefits. It is important to note that there are more men than women and more men who are in the age group between 30-49, which identifies an important cohort where more work could be targeted to relieve and prevent rough sleeping. The above would require further analysis alongside the targets achieved by the local authority.

- i. **Case Studies:** these illustrate a cross-section and diversity of work undertaken by the RSI project. They demonstrate the breadth and depth of issues presented and the significant partnership work with other agencies to achieve holistic outcomes. They also demonstrate the value of building positive relationships and supporting people with consistency of approach through building effective support plans and applying a key value of SN which is 'not giving up on people'.

## 2.2 Night Shelter

### **The following describes the number of people who attended the Night Shelter between 1<sup>st</sup> November 2019 – 23<sup>rd</sup> March 2020**

Number of people registered= 38

On average, each person attended 23 nights between 1 Nov 2019 and 23 March 2020

The number of users in the shelter each night was on average 6 per night over the winter but varied month by month.

The volunteers made an enormous contribution and have continued to do so during the Covid19 period to provide welfare calls 7 days a week. This service has provided essential support and has in some cases been life saving.

Number of volunteers = 58

Time spent by volunteers = 7 hours each

## 2.3 Daylight Centre

The Daylight Centre was used during the period pre-covid as a weekly drop in venue for both the SN and BCW project workers. This provided a vital lifeline for those that were homeless, helping them access appropriate services and address some of the underlying issues that were causing barriers to being accepted for social housing. This service dovetailed extremely well with the meal service, showers, locker storage and care of address services for the homeless that DCF offers. DCF also was the primary referral source for the Wellingborough Night Shelter, run by WHF.

With the onset of the pandemic, DCF had to quickly redesign its services and decided to keep food provision as the main priority. The Foodbank was adapted within two days to become a delivery only model; however, it was identified that people that had been housed in emergency accommodation, did not have the facilities to cook. In response to this through partnership working, with SN, BCW and others a hot meal and snack packs for the rest of the day has been provided to approximately 50 people each day 7 days a week. The clients' welfare has

been monitored regularly through SN and WHF.

DCF Homeless Clients' have benefitted greatly through this joint initiative.

## **2.4. Partnership Working**

The analysis and case studies demonstrate the importance of three local voluntary sector partners working together to relieve and prevent rough sleeping. It demonstrates the strength of partnership and we have enabled people accessing the RSI service to receive a 'seamless' service. This work does require investment in building strong relationships amongst partners and to develop systems that facilitate seamless work. This is especially illustrated by the notes in the OnePathway platform which show what each partner has offered and the importance of knowing each day what support people are likely to need.

We believe that the RSI project has helped 3 partners to test the value of collaboration and the outcomes achieved demonstrate this value where no one partner could have managed to achieve the quality of outcomes alone.

## **2.5 Covid-19 response**

The real testimony of the partnership was tested in our joint response to the Covid-19 crisis. The following demonstrates the importance of partner resilience to meet the Covid19 challenges and how the work of the RSI project provided the foundations to quickly co-ordinate and develop important new services for rough sleepers and homeless people. The following are just a few examples where we have worked together. It does not do justice to the breadth and the depth of the work undertaken.

- a. Following an early closure of the Night Shelter as a result of the the Prime Minister's announcement in March, staff and volunteers supported many people registered for the Night Shelter to access support from the local authority for temporary accommodation. Many volunteers took personal risks and time to accompany people to the local authority and supported people when they were offered placements.
- b. Managers of SN and Night Shelter worked with the Housing Manager to agree a list of people who required accommodation and support. This list and risk assessments was readily available between the partners and through OnePathway. This enabled all partners to co-ordinate support and communication with service users.
- c. DCF and partners worked closely to help co-ordinate the hot meals service to over 50 people x 7 days a week. This service has continued to be provided by 30 volunteers who cook and deliver the meals daily to different venues across Wellingborough. SN facilitated communication with Amicus and we agreed that their residents would also receive meals from DCF. This has been an unintended outcome of the RSI partnership and communication with Amicus has improved following some joint service user work and with the provision of the DCF meals service.

- d. WFH applied for Emergency Funding to access resources to co-ordinate a daily call service x 7 days a week to over 36 people. This was co-ordinated between the RSI Support Worker and the WFH Volunteer Co-ordinator. Between 1st April – 30<sup>th</sup> June has now provided, 749 daily contacts to 36 people by 9 different people.
- e. The SN Manager has provided an urgent response and case management as required and group supervision every fortnightly for volunteers and RSI support worker to ensure the wellbeing of volunteers and staff and to assess the needs of people supported. This includes case discussion, individual support, learning, resolving issues and concerns.
- f. SN has responded to some new referrals during this time.
- g. WHF and SN responded to a crisis where 2 clients attempted suicide. In one case, this was prevented by very effective communications between the RSI team and volunteers and a valuable response from a WHF volunteer who worked for 45 minutes with the client at a bridge he was planning to jump off. SN liaised with health services to ensure a safe discharge and with the WHF helped to co-ordinate support while he was in hospital and following discharge. He received 3 calls a day for some weeks reducing to 2 calls a day and a hot meal daily. The client is now well, settling in his home and choosing to lessen number of calls. He is showing improved wellbeing and personal resilience, able to make life decisions and take control and has been very grateful for the support he has received. In the second case – we have supported someone following a serious overdose and liaised with the hospital following a period in intensive care. He was discharged quickly and attempted to take an overdose again. The SN Manager liaised with the Police to ensure he was re-admitted to hospital as he was a 'risk to himself' and to ensure he remains in hospital for a longer period of time. We are now working with the doctors to hold a case conference and ensure that he can be supported properly in the community. The partnership with Amicus with this client has been very good.

## 2.6 Lessons Learnt

- We are working with people with high and complex needs and the level of work requires depth and structured casework over a long period of time to achieve sustainable outcomes.
- People with addictions take longer to support as their engagement fluctuates and is inconsistent. People without addictions are sometime easier to support in the short term and are more likely to sustain engagement and make quicker changes in their lives. However, during the Covid19 period we have seen a remarkable change in people's level of engagement and even those who have addictions have had the time, space and support to consider future options. Some have had a taste of living in accommodation and this has helped to shift their perceptions of finding and living in their own place or in shared accommodation.

- Time and investment are needed to build strong and supportive relationships with service users when many have found their personal relationships difficult to sustain and their experience of services has been difficult.
- Outreach and a flexible, responsive service is needed to respond to the needs presented rather than people having to fit to the needs of the different services.
- A Housing First model is preferred to enable people to make other changes in their lives. This is demonstrated through the Covid19 temporary accommodation arrangements where some people who had not experienced living in a house have had a 'taste' and are preferring to engage and move on to permanent housing. People have also had to manage during the Covid19 crisis and some have shown levels of resilience and emotional strength that would not have been discovered.
- Some people have found the lockdown arrangements very difficult, however, the daily call have provided a lifeline and this daily contact is worth pursuing when supporting people. Daily contact has revealed different aspects of people and their coping mechanisms and the responsiveness to the needs shown by staff and volunteers has built a higher level of trust and confidence amongst service users.
- Collaborative working requires investing time and effort in building and managing relationships but also developing joint and transparent management systems that enables service users to experience a seamless service.

## **2.7 Some thoughts and recommendations**

- a. The RSI Partnership was much needed in Wellingborough given the level of rough sleeping and homeless in the Borough.
- b. There are lessons learnt from this project that could be valuable in how to relieve and prevent rough sleeping and homelessness.
- c. The Covid19 crisis has enabled partners in the voluntary sector to demonstrate their responsiveness to need and developed great service models that need to be supported.
- d. The value of short-term, strengths-based case management and outreach work has significant value in relieving rough sleeping and homelessness.
- e. Tenancy Sustainment requires investment and needs to be a supportive model incorporating life-skills development. It is suggested that the voluntary sector is well placed to provide this support.
- f. There are many lessons learnt. The value of the voluntary sector in delivering the RSI project and providing essential and emergency 'wrap-around' support during the Covid19 crisis is a real testament to the sector's responsive, flexibility and tenacity to respond to need and

demonstrate both return of investment, value for money and its overall worth alongside the local authority and needs to be given equality in status and partnership.

Pratima Dattani

Support Northamptonshire

July 2020

## Appendix 1

### RSI Project Analysis

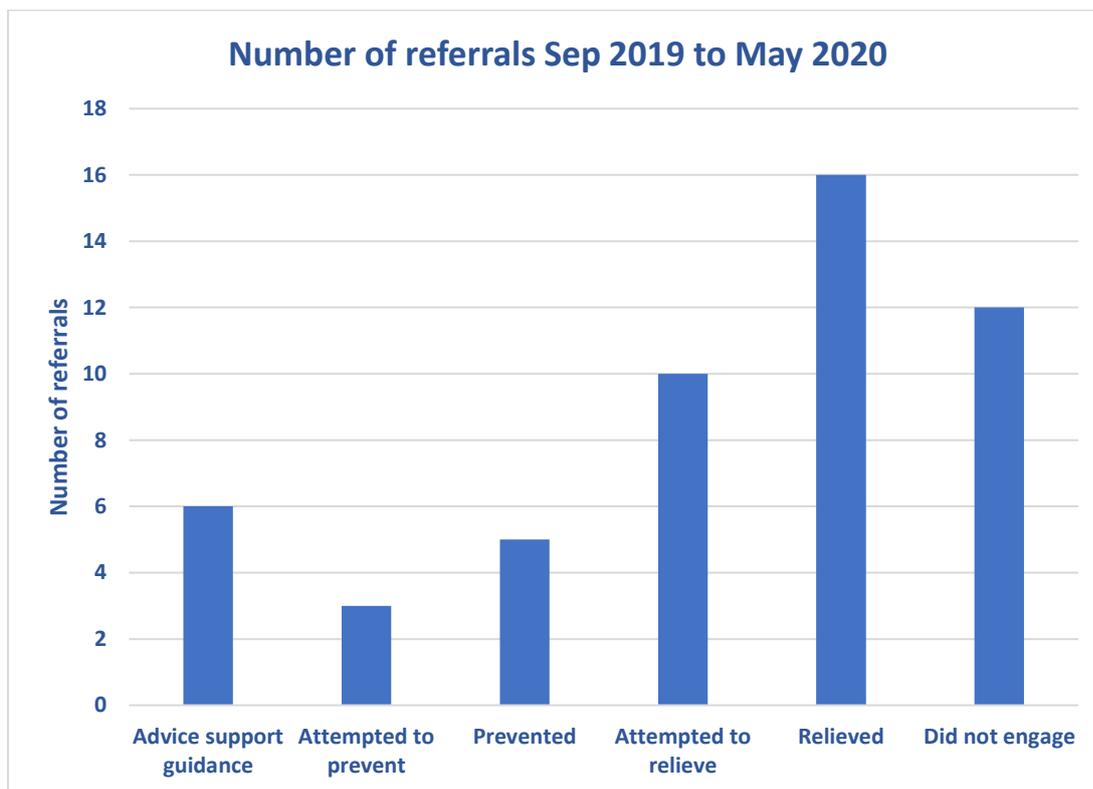
Analysis of cases Sep 2019 to June 2020

The total targets agreed at the start of the RSI project were:

| Targets                                      |  | Revised due to reduction in funding<br>£23355 (MHCLG)<br>£10,500 (BCW) |
|--|--|--|
| No of homeless prevention interventions      | Assessment 100%<br>Support Plan/casework – 80%<br><br>Tenancy Sustainment/prevent return to rough sleeping]<br><br>Successfully enabled access to other services | 30   |
| No prevented from rough sleeping             | Tenancy Sustainment/prevent return to rough sleeping   | 30   |
| Intervention success rate                    | Advocacy   | 100%   |
| total attempted relief interventions         | Moved into accommodation   | 16   |
| Predicted total relieved from rough sleeping | Placed in long term accommodation  | 11   |
| Intervention success rate                    |  | 68%  |
| Total prevention and relief interventions    | Advice, information, guidance/NFA  | 35-40  |

This table shows the total number of cases handled during the period and the type of intervention. There were 52 cases, of which 30 had significant support (59%). The other 21 cases (41%) were those where support was intermittent, offered for some time including guidance and advice or where the client did not engage.

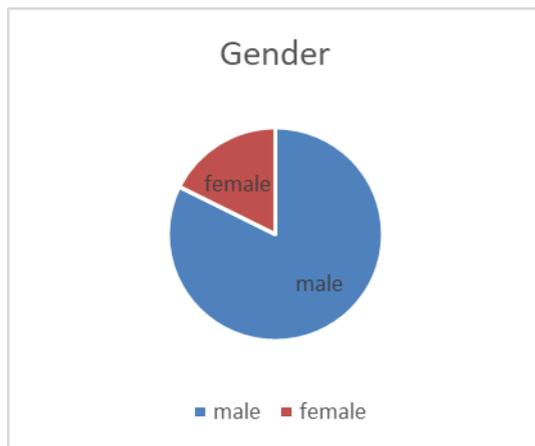
| Number of referrals<br>Sep 2019 to May 2020 |    | Type of intervention    |                      |           |                      |          |                |
|---|----|-------------------------|----------------------|-----------|----------------------|----------|----------------|
|   |    | Advice support guidance | Attempted to prevent | Prevented | Attempted to relieve | Relieved | Did not engage |
| Main cases                                  | 30 | 3                       | 2                    | 4         | 6                    | 16       | 0              |
| Other cases                                 | 21 | 3                       | 1                    | 1         | 4                    | 0        | 12             |
| Total                                       | 51 | 6                       | 3                    | 5         | 10                   | 16       | 12             |



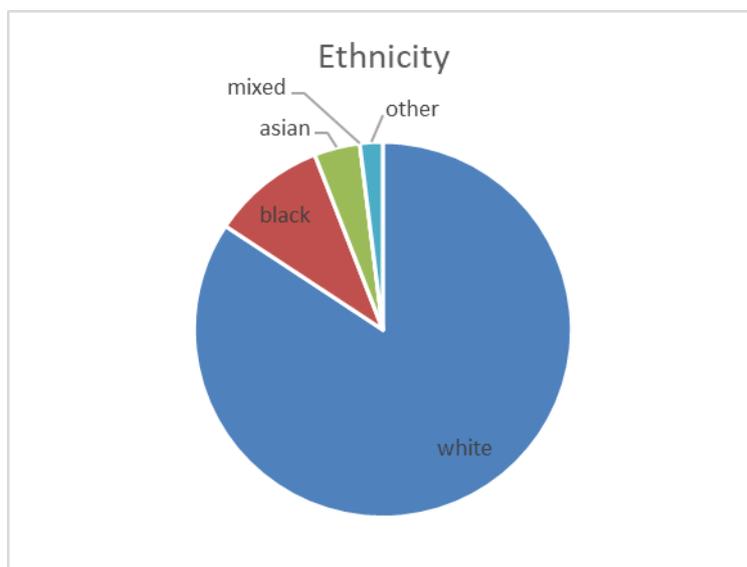
## Equality monitoring

These tables and charts show how the total number of cases (51) is made up:

|        | Gender | %  |
|--------|--------|----|
| male   | 42     | 82 |
| female | 9      | 18 |
| trans  | 0      |    |



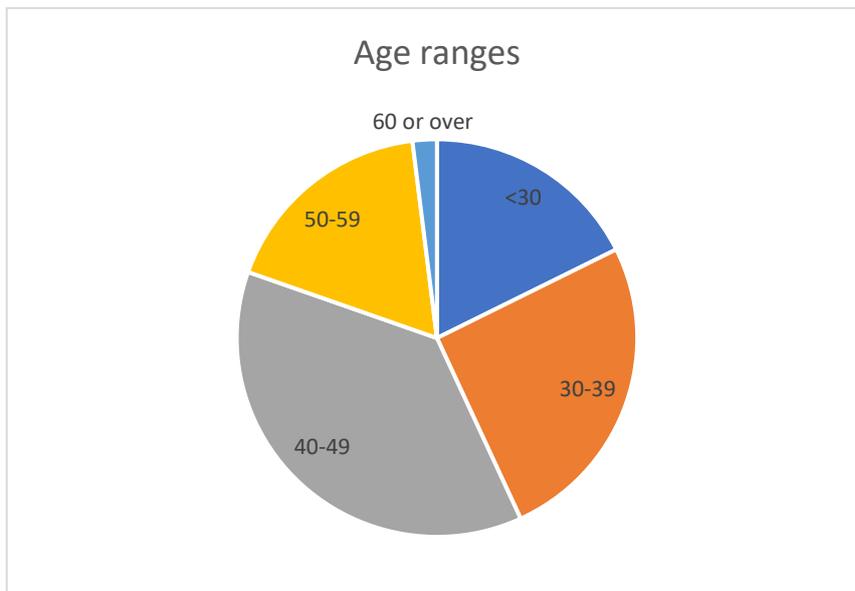
|       | Ethnicity | %  |
|-------|-----------|----|
| white | 43        | 84 |
| black | 5         | 10 |
| asian | 2         | 4  |
| mixed | 0         | 0  |
| other | 1         | 2  |



|              | Sexual orientation | %  |
|--------------|--------------------|----|
| heterosexual | 45                 | 88 |
| homosexual   | 2                  | 4  |
| bisexual     | 1                  | 2  |

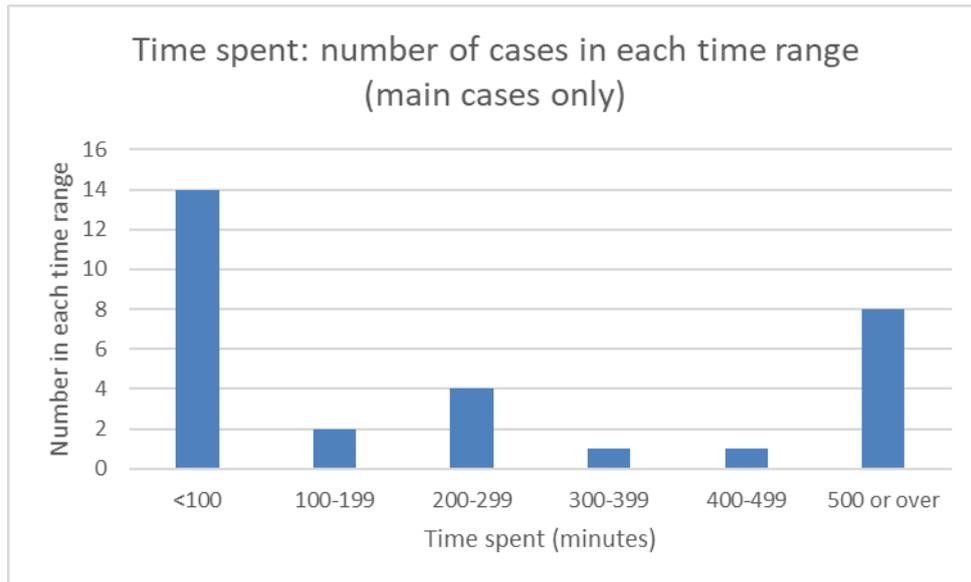
|              | Disability | %  |
|--------------|------------|----|
| disabled     | 2          | 4  |
| not disabled | 49         | 96 |

|            | Age ranges | %  |
|------------|------------|----|
| <30        | 9          | 18 |
| 30-39      | 13         | 25 |
| 40-49      | 19         | 37 |
| 50-59      | 9          | 18 |
| 60 or over | 1          | 2  |

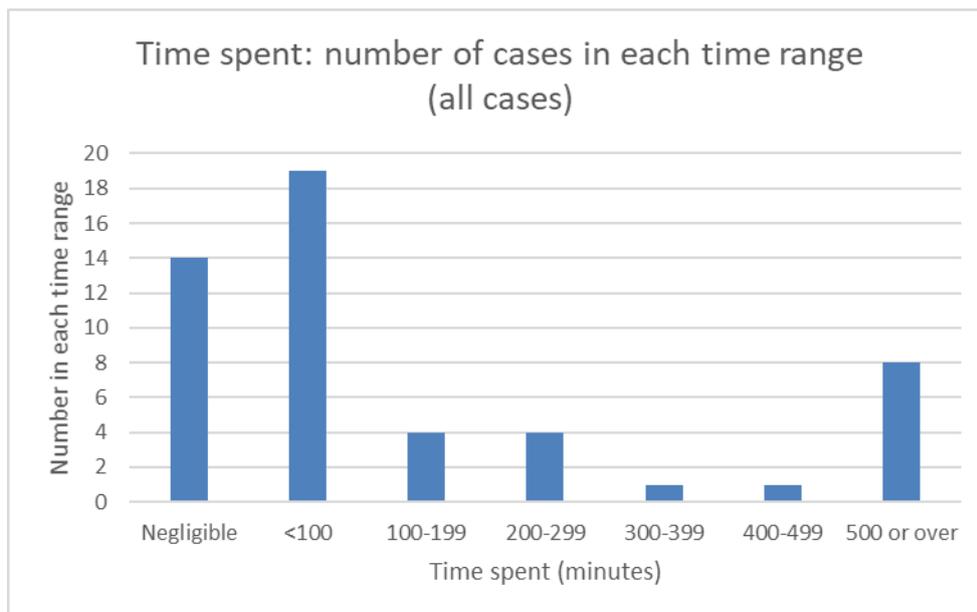


### Time spent on cases

The first chart shows how the time on each case varies for the main cases only (i.e. those where there was a significant engagement). There were 14 cases where the time spent was less than 100 minutes and 8 cases where the time spent was greater than 500 minutes. The median time spent was 113 minutes. Most cases are not closed so the time spent is increasing.

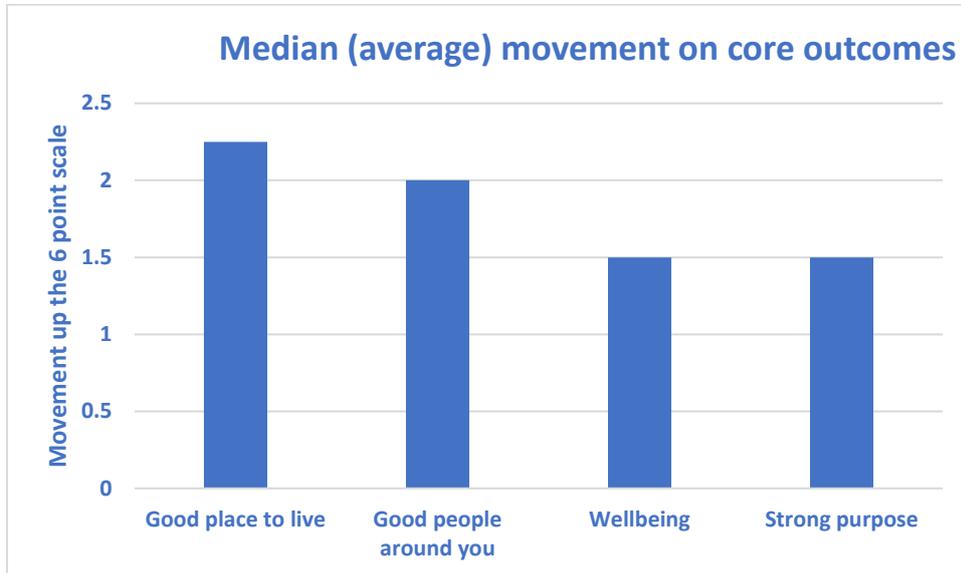


The second chart shows all cases where some cases have negligible time spent (e.g. where the client did not engage or where advice only was needed).



## Outcomes

These charts aggregate the data and show the median (average) movement up the 6 point scale. The first chart shows the 4 core outcomes:



The second chart shows all the 11 assessed outcomes

