



Safe Connections end of project report

Sharing learning from a model of
intensive reconnections support

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Contents	Page
1 Key findings and recommendations	4
2 Introduction	7
3 Context	8
4 Project delivery	10
5 Client profile	14
6 Work undertaken and outcomes	16
7 Learning from Safe Connections – an overview	18
8 Learning from Safe Connections – phase by phase	21
9 Client case studies	27
10 Conclusions	31

1 Key findings and recommendations

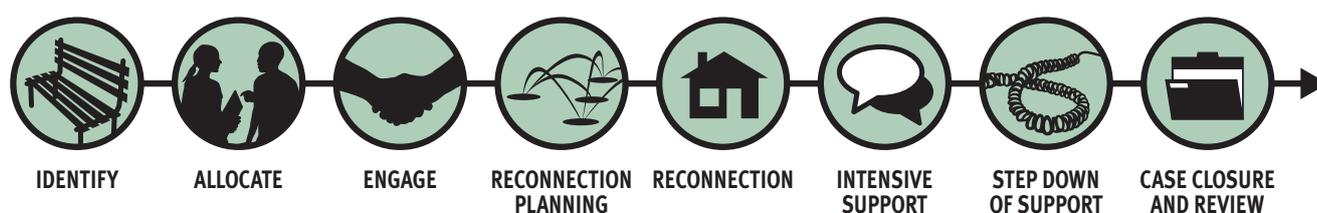
1.1 Introduction

Safe Connections was a tri-borough partnership pilot project in the London Boroughs of Tower Hamlets and Hackney and the City of London. It was funded by the Department for Communities and Local Government (DCLG) and Greater London Authority (GLA) and ran from February 2016 to March 2017. This report is intended to document the processes and outcomes and share learning from the pilot project.

The aim of the project was to reconnect people who had been repeatedly contacted rough sleeping in the tri-borough area but did not have a local connection to the area and faced significant barriers to exiting rough sleeping. All clients were referred from rough sleeper outreach teams in the tri-borough area.

1.2 Key findings

- The client group had high levels of support needs, complex housing histories, and barriers to accepting offers of reconnection via a standard outreach approach. These barriers included fear of returning to their home area due to risk of violence, entrenchment in street life in London including drug use and begging, previous exclusion from services and mental health problems which affected engagement with services.
- A 'safe connection' is about support and opportunity, helping clients find a pathway to accommodation in an area where they feel safe and that gives them a realistic opportunity to leave rough sleeping and street life behind. The project aimed to reconnect clients to an area that was safe and suitable for them, and arrange access to accommodation, services and support in that area. Reconnections undertaken by Safe Connections always consisted of a supported and carefully planned process and not simply providing the means to return to another area (e.g. travel tickets or instruction to go to another area and present at Housing Options).
- Safe Connections was structured around an eight-phase delivery model (shown below) that reflected the client's journey away from street life – from phase 1 (identification) to phase 8 (case closure and review).



Model developed by Phil Hennessy, 2016

- Key features of the Safe Connections approach included:
 - building a solid trusting relationship with clients
 - working in partnership with clients, focusing on their wants as well as their support needs
 - a voluntary but persuasive approach
 - intensive pre- and post-reconnection support
 - personalised support and a tailored approach facilitated by a skilled team with small caseloads and access to a small flexible budget for costs associated with engagement and reconnections (e.g. travel)
 - supported presentations at Housing Options.

- Caseworkers had to be flexible and imaginative in their reconnection planning: a standard Part 7 application was not appropriate for all clients. Some clients did not feel able to return to their home area. In other cases, even where a duty was accepted by the destination area, interim placement in unsupported temporary accommodation was felt to be unsuitable. This was true of some vulnerable clients who spent time in homelessness accommodation in London as an emergency interim measure provided directly by the project (and not by local authorities).
- Effective partnership working was integral to successful reconnections. Safe Connections worked closely with outreach teams, support agencies, emergency accommodation providers and local authorities. Close relationships with Housing Options managers and rough sleeping heads in the tri-borough area enabled quick responses to changing circumstances for vulnerable clients.
- Stakeholders identified the following benefits of Providence Row Day Centre hosting one of the Safe Connections workers:
 - The centre was a good meeting point for clients and the team and created the opportunity to link clients in with other services including basic rough sleeper service such as showers and food.
 - Working alongside an outreach team within the day centre generated shared learning and support across the Safe Connections and outreach teams.
- The project worked with 34 rough sleepers and achieved ten sustained reconnections. Those clients who sustained reconnections had been in their destination area for between less than one month and nearly one year by the end of the project. A further two clients were reconnected but did not sustain their reconnection.
- Clients who were not reconnected by the project still gained positive outcomes from it, such as engagement with services. CHAIN data also shows that some people whose cases were referred back to outreach teams have had subsequent accommodation outcomes including people going into hostels (within the tri-borough area and outside it), an assessment centre (outside the tri-borough area), and one person going into Clearing House accommodation.
- Generally reconnections were achieved for those who did not have very high numbers of street contacts (more than 20) and many years in which they were seen rough sleeping (six or more years). There was one exception, in the last operational fortnight of the project: one client reconnected in March 2017 had been seen rough sleeping 48 times over 11 years.
- The nature of the work delivered by the team was very intensive and required:
 - a highly persistent proactive approach
 - excellent communication skills with both clients and a range of agencies including local authorities and support agencies
 - knowledge of housing law and benefits – staff were provided with specific training in Part 7 of the Housing Act to consolidate their existing knowledge.
- Volunteers were an essential part of the Safe Connections team (helping with administration, peer mentoring and outreach work, especially useful where lone working was not appropriate), but their involvement was time-consuming in terms of recruitment and support, and had fairly high levels of turnover. Social care student placements and use of already trained ‘peer’ volunteers proved the most effective approach (as opposed to general community volunteering placements).

- Professional stakeholders and clients who were interviewed were positive about the Safe Connections model of reconnections support and the outcomes such support can bring for this challenging client group. However, it was also recognised that the ambitious outcome targets set by the project were unrealistic because of the intensive, time-consuming nature of the work involved.

1.3 Recommendations

The Safe Connections model should be used to inform supported reconnections for rough sleepers who face barriers to taking up offers of reconnection. It provides a way of working and a useful framework for casework management using the phased approach.

1. Key features of the model that should be considered by future Safe Connections and other services delivering supported reconnections are:
 - a) a careful exploration of clients' Single Service Offers (SSOs) and why they have not taken these up
 - b) consideration of all the reconnection options that might be suitable for a client – including areas where they have family, those where the client can access a service, as well as areas where they have lived or worked in the past
 - c) clients' presentations at Housing Options supported by the caseworker
 - d) access to a flexible budget to assist with initial engagement, small expenses to help people cope in emergency accommodation, and travel to the area of reconnection
 - e) provision of interim emergency bed spaces as a bridging option when a reconnection plan is confirmed
 - f) a period of intensive post-reconnection support to link people in with local services and provide coaching and encouragement from a trusted person during a time of great change for the client.
2. When working with very entrenched rough sleepers there is a risk of investing a lot of time without an outcome being likely; the Safe Connections approach should be used with entrenched rough sleepers only where they show an interest and motivation to be reconnected.
3. When little or no progress is made towards a supported reconnection, the lead agency role should be passed back from a reconnections-specific to a general outreach team. This is usually in the case where the client is not contactable or engaging.
4. When undertaking supported reconnections with people who have multiple support needs, small case loads are essential to enabling an intensive and flexible approach. The Safe Connections caseload of around 12 clients per worker was appropriate.
5. The nature of the work undertaken with clients on this project was very demanding. Clients faced extremely difficult circumstances including relapse (there was one fatal overdose among the client group), and mental health crisis. Clinical supervision should be considered for similar projects in the future.
6. The project relied on creative partnership work across many agencies; new supported reconnections projects should seek to promote and gain support from multiple agencies for their service as early as possible.
7. Teams undertaking this type of work should be staffed by experienced, senior caseworkers with knowledge of benefits and housing law and skills in persistent, person-centred approaches to supporting people with complex support needs. Specific training in homelessness legislation should be provided to ensure full up-to-date knowledge when preparing for, and undertaking, supported presentations at Housing Options.

8. Future projects should ensure a flexible outreach approach. Options for locating future teams within day centres and / or alongside outreach teams should be considered.
9. Skilled volunteers on social work placements, existing peer mentors and other appropriately skilled volunteers should be recruited to assist with outreach-based intensive reconnections support; this helps to facilitate an outreach approach.
10. Best practice in working with reconnected rough sleepers from other areas should be developed, including how to most effectively support people in temporary accommodation while they wait for a longer term solution.

2 Introduction

Safe Connections was set up to help rough sleepers access accommodation and services in an area where they have a local connection. The project was tri-borough, working in the London Boroughs of Tower Hamlets, Hackney and the City of London. It was funded by DCLG as part of the 'No First Night Out – Help for Single Homeless People' tri-borough initiative. Additional funding and in-kind contributions were agreed by local authorities, within and beyond the tri-borough partnership, and a number of voluntary and other statutory sector partners working within the boroughs.

The Safe Connections service ran from February 2016 to March 2017. The service was hosted by Thames Reach and Providence Row. Two senior caseworkers were seconded to the project, one from Thames Reach and one from St Mungo's.

This report aims to document the outcomes and methodology of the project, share learning and make recommendations for future work on supported reconnections. It is intended for use by anyone working to address rough sleeping, including local authorities, homelessness agencies and relevant central government departments. The findings are also pertinent to the Greater London Authority (GLA) as it initiates the Safe Reconnections pan-London project in 2017, funded by the DCLG's Homelessness Prevention Programme.

The report is based on: information from the CHAIN database¹, which was used as a monitoring system for the project; interviews with four clients of the Safe Connections service; interviews and discussions with members of the project team; interviews with seven professional stakeholders; and weekly updates provided by the project team throughout the lifetime of the project.

¹ CHAIN is the GLA's Combined Homelessness and Information Network, managed by St Mungo's and used by those working with rough sleepers to record their work.

3 Context

This section briefly explores three areas that were significant in the design and delivery of Safe Connections:

- the context of reconnections in work with rough sleepers in England
- the issues of people persistently sleeping rough due to barriers to them exiting rough sleeping
- the concept of local connection.

3.1 Tackling rough sleeping through reconnections in England

Homeless Link defines reconnection as:

*‘the process by which people sleeping rough, who have a connection to another area where they can access accommodation and/or social, family and support networks, are supported to return to this area in a planned way’.*²

Reconnection was first used as a tool to combat rough sleeping in central London in the mid-2000s and now features widely in local authority policy across England.³ An evaluation of reconnection work in the UK revealed that support provided to individuals before and during a reconnection is often limited, and rough sleepers with more complex needs are usually excluded from reconnection policies.⁴

Reconnection in practice can often entail only providing the means to travel back to the area of local connection. In Safe Connections, the reconnection process consists of eight phases; support before and after reconnection is integral to the service offer.

3.2 Persistent rough sleeping

Most people who are contacted rough sleeping by outreach workers are only seen sleeping rough for a short period of time. In 2015/16, 55 per cent of those contacted rough sleeping were only seen once; 17 per cent were seen twice; and only five per cent were seen more than ten times. However, a small proportion of people are seen rough sleeping many times over a prolonged period.

In the City of London, the London Borough of Tower Hamlets and, to a lesser extent, the London Borough of Hackney, there are rough sleepers defined in quarterly CHAIN reports as ‘living on the streets’ (LOS). This group of people have had a high number of contacts over three weeks or more, which suggests they are LOS every night or at least much of the time.⁵ This group consists of long-term rough sleepers as well as newer rough sleepers who face barriers to moving off the streets. Figure (a) shows the number of people deemed to be LOS in the four quarters of 2015/16. Evidence suggests that the longer a person is recorded LOS (i.e. on the CHAIN database), the more entrenched they become in rough sleeping and the longer it takes them to access accommodation.⁶

² London Councils, Mayor of London and Homeless Link, Pan London protocol for London rough sleeping services: https://www.london.gov.uk/sites/default/files/protocol_for_rough_sleeping_outreach_services.pdf (accessed February 2017).

³ Johnsen, S and Jones, A (2015) *The reconnection of rough sleepers in the UK: an evaluation*, Herriot Watt University, Crisis and University of York.

⁴ *Ibid.*

⁵ CHAIN quarterly report: <https://data.london.gov.uk/dataset/chain-reports> (accessed February 2017).

⁶ NatCen and St Mungo’s (2009) *Profiling London’s rough sleepers: A longitudinal analysis of CHAIN data*.

Figure (a)
Number of clients ‘living on the streets’ (LOS) in each quarter of 2015/16, by borough

Period	Group	City of London	Tower Hamlets	Hackney
Q1 Apr – Jun 2015/16	LOS – known*	44	19	1
	LOS – new **	4	2	1
	Total	48	21	2
Q2 Jul – Sep 2015/16	LOS - known	42	19	2
	LOS – new	5	6	0
	Total	47	25	2
Q3 Sep – Dec 2015/16	LOS – known	62	25	4
	LOS – new	8	3	0
	Total	70	28	4
Q4 Jan – Mar 2015/16	LOS – known	48	14	2
	LOS – new	2	0	1
	Total	50	14	3

Source: data compiled from quarterly CHAIN reports

* 'LOS – known' refers to those also seen in a previous period

** 'LOS – new' refers to those who were first contacted rough sleeping by outreach teams within the observation period

3.3 Local connection and rough sleeping

Local authority Housing Options teams assess whether someone has a local connection to their area using the DCLG's Homelessness Code of Guidance for Local Authorities.⁷ In summary, a person may be found to have a local connection if they fulfil one of the following criteria:

- are currently or were previously normally resident in that area
- are employed there
- have family associations there
- because of any special circumstances (for example to be near specialist medical or support services that are available only in a particular area).

Homeless Link points out that '*the impact of local connection depends on the individual's circumstances but it can often be a barrier to housing and support*'.⁸

⁷ DCLG (2006) Homelessness Code of Guidance for Local Authorities.

⁸ Homeless Link (2014) Assessment & Reconnection toolkit, Good practice guidance for homelessness services.

A subgroup of those living on the streets are people who have no local connection to the area they sleep rough in; this usually means that they have a Single Service Offer (SSO) of reconnection to another area. The SSO is an assessment by outreach workers of the best and fastest route off the street for the individual. The SSO is recorded on CHAIN to help ensure that outreach teams across different areas give a consistent message to people about their options.⁹

CHAIN data shows that in 2016 only 36 per cent of those attending No Second Night Out (NSNO) (to ensure no rough sleeper will sleep out for a second night) were first seen rough sleeping in the area they had a local connection to. For UK nationals alone, the majority (60 per cent) had a local connection outside the borough they were first contacted rough sleeping in by London's outreach teams.¹⁰ In the City of London this pattern is even more pronounced; in most quarters of the year no rough sleepers who had a local connection to the City were contacted rough sleeping. Those who were facing barriers to exiting the streets and did not have a local connection to the tri-borough area were the target for Safe Connections work.

4 Project delivery

4.1 Aims of the project

The Safe Connections project was set up to target people seen rough sleeping multiple times in Tower Hamlets, Hackney or the City of London, who had no local connection to the tri-borough area. The project provided intensive reconnections support to a cohort for whom reconnection SSOs had not been effective.

“There were some very entrenched people on the street with no local connection and outreach teams were struggling to get them moved off the street. There wasn't a clear pathway for them off the street [and] not a clear understanding from outreach about how to get them back [to an area of local connection].”

Steering Group member

The referral criteria developed were:

- clients who do not have a local connection within the tri-borough area, but must have one within the UK
- clients who are rough sleeping at the time of referral or have a history of rough sleeping. This included any rough sleeper who had been contacted rough sleeping by outreach teams more than twice, and those seen very regularly, intermittently over a sustained period, or only a few times
- clients who are facing multiple support needs which are impacting on their routes off the streets.

The outcomes sought for clients were:

- reconnection to an area that is safe and suitable for them (including making a homelessness application in the area of local connection where appropriate)
- in stable accommodation or in temporary accommodation with a clear pathway towards stable accommodation
- accessing services and support.

⁹ London Councils, Mayor of London and Homeless Link, Pan London protocol for London rough sleeping services: https://www.london.gov.uk/sites/default/files/protocol_for_rough_sleeping_outreach_services.pdf (accessed February 2017).

¹⁰ Data provided by the CHAIN team. NSNO is a GLA funded pan-London services delivered by St Mungo's which provides a rapid response to rough sleeping, to ensure people do not have to spend a second night sleeping rough. This includes three assessment centres operating across London.

4.2 Team structure

The project team consisted of two senior caseworkers who were experienced in working with rough sleepers and had a detailed understanding of housing law. The workers were supported by their host organisations, as well as the tri-borough partnership, for example through regular meetings with representatives of the project steering group. The team was provided with training on Part 7 of the Housing Act to assist with liaison and advocacy around making presentations to and liaising with Housing Options teams ahead of reconnections.

The delivery model focused on flexible outreach work, with caseworkers meeting clients in a range of locations and attending appointments, such as presentations at Housing Options, with them. The Steering Group were keen to try locating a Safe Connections function within an existing day service as part of the pilot project. To achieve this, Providence Row Day Centre hosted one of the Safe Connections caseworkers. Locating a caseworker within this setting was considered to be beneficial by the Safe Connections team and by staff from Providence Row Day centre. Key advantages were:

- The centre was a good setting for the team to meet some clients, especially those from Tower Hamlets and the City of London who were familiar with the centre and the area – it was a safe space and offered the opportunity to link clients in with other services including basic rough sleeper service such as showers and food.
- Working alongside an outreach team within the day centre generated shared learning and support across the Safe Connections and outreach teams – a manager at Providence Row reported that Safe Connections has enhanced reconnection practices within the centre.

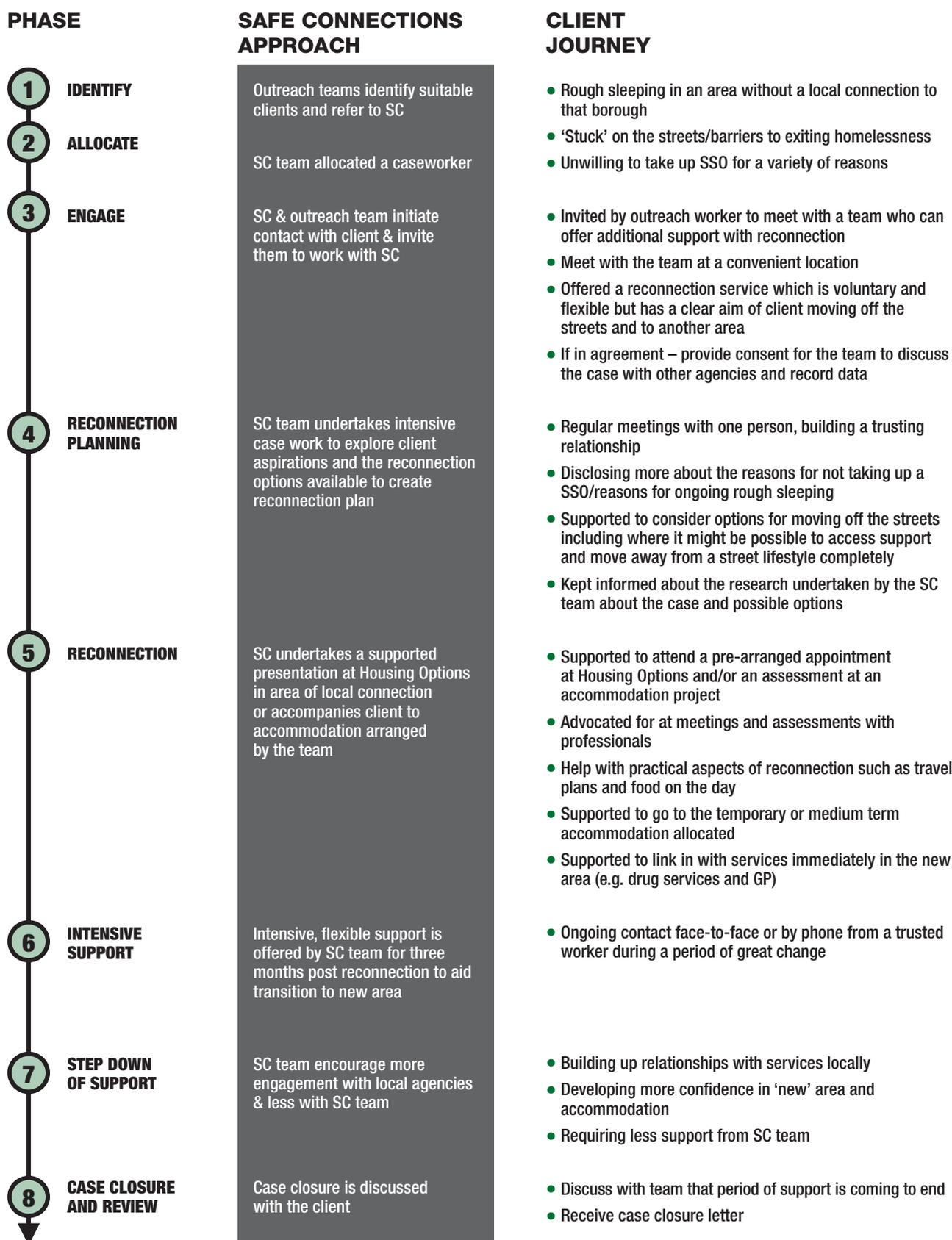
Each caseworker had up to three volunteers working with them. The volunteers were a very useful resource, in particular because they enabled caseworkers to maintain regular outreach contact with clients, without lone working. Supporting and managing the volunteers was time-consuming and in some cases turnover was high, especially among skilled volunteers who found paid employment and left the project quite abruptly.

Overall, the team found that working with social work placement students and peer volunteers (through one of the host organisation's peer volunteer programme) to be the most effective approach. Social work placement students had the advantage of being able to commit to a defined time period for their volunteering roles.

4.3 Model of delivery

The Safe Connections model of delivery, developed by the team, consists of eight phases. Figure (bi) provides a summary of the model followed by a more detailed version Figure (bii).

Figure (bi) Model of delivery (summary)



Model developed by Phil Hennessy, 2016

Figure (bii) Model of delivery (detailed)

Phase	Safe Connections (SC)* approach	Client journey (typical features)
1 Identify	Outreach teams identify suitable clients and refer to SC with background information on each case	<ul style="list-style-type: none"> • Rough sleeping in an area without a local connection to that borough • ‘Stuck’ on the streets/barriers to exiting homelessness • Unwilling to take up SSO for a variety of reasons
2 Allocate	SC allocates a caseworker to initiate contact with the client	
3 Engage	SC works with outreach to initiate contact with the client to introduce the service and gain consent if the client wishes to take up the offer	<ul style="list-style-type: none"> • Invited by outreach teams to meet with a team who might be able to offer additional support • Meet with the team at a convenient location • Offered a reconnection service which is voluntary and flexible but has the clear aim of moving client off the streets and to another area • If in agreement – provide consent for the team to discuss the case with other agencies and record data
4 Reconnection planning	SC team undertakes extensive research into client’s aspirations and the options available to them	<ul style="list-style-type: none"> • Regular meetings with one person, building a trusting relationship • Disclosing more about the reasons for not taking up SSO/reasons for ongoing rough sleeping • Supported to consider options for moving off the streets including where might be possible to access support and completely move away from a street lifestyle • Kept informed about the research undertaken by the SC team with regards to case and possible options
5 Reconnection	SC undertakes a supported presentation at Housing Options or accompanies client through another form of reconnection	<ul style="list-style-type: none"> • Supported to attend a pre-arranged appointment at Housing Options and/or an assessment at an accommodation project • Advocated for at meetings and assessments with professionals • Help with practical aspects of reconnection such as travel plans and food on the day • Supported to go to the temporary or medium-term accommodation allocated • Supported to immediately link in with services in the new area (e.g. drug services and GP)
6 Intensive support	Intensive, flexible support is offered by the team for three months post-reconnection	<ul style="list-style-type: none"> • Ongoing contact face-to-face or by phone from a trusted worker during a period of great change
7 Step down of support	SC team proactively encourages less engagement with SC by client and more engagement with local agencies	<ul style="list-style-type: none"> • Building up relationships with services locally • Developing more confidence in new area and accommodation • Requiring less support from SC team
8 Case closure and review	Case closure is discussed with the client	<ul style="list-style-type: none"> • Discuss with team that period of support is coming to end • Receive case closure letter

* ‘SC’ refers to Safe Connections

5 Client profile

The Safe Connections project worked with 34 individuals. This section presents information recorded by the team about their clients on the CHAIN database up to 12th February 2017.

5.1 Demographic profile

Analysis of CHAIN data shows that the majority of clients were male from the UK and of White British ethnicity. This broadly matches the overall profile of rough sleepers in London in 2015/16, as reported in the CHAIN Annual Bulletin Greater London.¹¹ The project worked with people who were entitled to welfare benefits, which impacts on the nationally profile of clients; Central and Eastern European people form a significant proportion of the rough sleeping population but are often not eligible for welfare benefits, as a result this group is not reflected in the Safe Connections client group. The profile of clients who were successfully reconnected reflects that of the client group as a whole. It is interesting to note the high number of clients referred who were in their 20s (ten out of 34 clients referred, two of whom were reconnected), though the most common age group amongst those referred was 40-49 years (13 clients, six of whom were reconnected). The non-British clients referred were from Sudan, Bangladesh and South Africa.

5.2 Support needs profile

CHAIN data shows high levels of support needs in the client group, and among those who were reconnected (figure (c)), in terms of mental health, drugs and alcohol, and offending history. Very few clients had no support needs recorded – only two clients out of 34; these people were selected for the project because they faced specific barriers to exiting rough sleeping, for example one person had a very strong resistance to returning to the area of their asylum support accommodation. The largest category of support needs among the client group was a combination of alcohol and drug use, and mental health issues.

Figure (c) Support needs of clients

Support needs	No. clients	No. reconnected
Data unclear	1	1
Alcohol and mental health	5	1
Alcohol, drugs and mental health	11	4
Drugs and mental health	5	1
Drugs only	4	2
Mental health only	6	2
No mental health, drugs or alcohol support needs identified	2	1
Total	34	12

More than half of the client group (19 of those referred and nine of those reconnected) had served time in prison. This is a larger proportion than in the overall rough sleeping population in London, of whom one third (32 per cent) have spent time in prison.

¹¹ CHAIN Annual Bulletin Greater London 2015/16.

5.3 Rough sleeping histories

Figure (d) presents the number of rough sleeping contacts with clients before their involvement in Safe Connections and figure (e) shows the number of different years people were seen rough sleeping in. The data shows that most (7) of those reconnected through the project had 10 or less rough sleeping contacts before being accepted onto the caseload and a further four had 11-30 prior rough sleeping contacts. One person had in excess of 41 rough sleeping contacts. Reconnections were not achieved for the clients with the very highest (51+) number of rough sleeping contacts.

Similarly, the data on the number of years for which clients had been rough sleeping suggests that those who had been seen rough sleeping for more years were less likely to have a reconnection. One person who had been seen rough sleeping in 11 different years was however, reconnected.

Figure (d)

Rough sleeping contacts with clients before being accepted onto project caseload

Rough sleeping contacts	No. clients	No. reconnected
2-10	17	7
11-20	7	3
21-30	3	1
31-40	0	
41-50	2	1
51-60	0	
61-70	1	
100-150	2	
151-200	1	
200+	1	
Total	34	12

Figure (e) Years seen rough sleeping

Years seen rough sleeping	No. clients	No. reconnected
1	8	4
2	9	2
3	6	3
4	5	2
6	1	
7	2	
11	1	1
12	1	
16	1	
Total	34	12

6 Work undertaken and outcomes

The Safe Connections team used the CHAIN database to record information about its work on each case and the outcomes of this. This data provides a useful picture of the nature of the work involved and its results. The data is taken from 1 February 2016 up to 12 February 2017.

6.1 An overview of work undertaken

The Safe Connections team recorded 1,129 'events' on CHAIN during the project (up to 12 February 2017). Of these 344 were direct contacts with the client: 181 face-to-face meetings and 161 over the phone two remaining were emails and letters). Face-to-face contact with clients took place in a wide variety of settings, including at day centres (87), in temporary accommodation services (37), and on the street (33).

Other casework recorded includes:

- working with other agencies including local authority housing options teams, housing providers, mental health teams, drug and alcohol services, the police, probation and solicitors
- applying for replacement ID
- dealing with benefits
- arranging or transferring scripting services
- making applications for accommodation projects.

The extent of contact with clients ranged widely, from between two and 122 contacts being recorded per client; the average being 33 contacts per client. Among clients who were reconnected, the average number of events recorded on CHAIN was 64, including 17 direct contacts with the client.

The highest number of contacts was with a female client with very high support needs who has now gone into supported housing for mental health and substance misuse in her home area in London. The second highest level of contact was with a client who has returned to rough sleeping after a negative priority need decision in his home area in London. Both these clients had high levels of substance misuse problems.

6.2 Outcomes

Overall, 12 reconnections were secured during the Safe Connections project. Six were to London boroughs (outside the tri-borough partnership area) and four were outside London.

Clients were reconnected to various types of accommodation, depending on their needs, including:

- emergency bed and breakfast accommodation in the client's home area while the homelessness application was being processed – two clients, one within London and one outside London
- night shelter accommodation provided following a supported presentation at Housing Options, while the local authority assessed suitable options for move on – two clients, a couple: the move on from this was a private rented sector tenancy supported by a bond scheme
- detox facility to an area outside London, which was not the client's home borough (without a presentation at Housing Options)
- younger person's hostel in an area in London outside the tri-borough area, which was not the client's home borough (without a presentation at Housing Options)
- mental health supported housing project in London (with a presentation at Housing Options)

- generic supported housing project (with a Housing Options presentation but one that did not yield an outcome – a service for ex-offenders provided the lead for the accommodation)
- supported accommodation project in the client's home area in London (without a presentation at Housing Options)
- Private rented accommodation with floating support (with a presentation at Housing Options).

Figure (f) details the number of clients who sustained their reconnection accommodation for three months: eight out of ten. Two reconnections were not sustained for three months following the reconnection. In one case the client left a detox facility, despite the best efforts of the centre's staff and the Safe Connections team to encourage him to stay after an initial relapse. The client went into hospital soon after returning to London and the team supported him to reengage with London services including a scripting service. He is currently rough sleeping in Tower Hamlets and working with Tower Hamlets Street Outreach Team (SORT).

Another client secured temporary accommodation while his homelessness application was assessed by the destination local authority, following a supported presentation, but was found not to be in priority need. He left the temporary accommodation and was contacted rough sleeping in Hackney in January 2017. He has since been referred back to the London Street Rescue service and is also being supported to request a review of the local authority decision with an advice service in his area of reconnection.

Figure (f) Sustainment of reconnection accommodation

Month of reconnection	Accommodation sustained (for three months OR up until March 2017)	Accommodation not sustained
March 2016	3	
April 2016		1
July 2016	1	1
November 2016	1	
December 2016	2	
January 2017	1	
February 2017		
March 2017	2	
Total	10	2

Case studies illustrate that clients' circumstances and reconnection experiences varied: from a very gradual settling in process in supported accommodation with intensive support from the team and fragile outcomes (see Mark's on page 29), to quickly moving on from the team's support and going on to study (see Aariz's story on page 28).

Outcomes remain very fragile for some clients, with circumstances liable to deteriorate suddenly. In one case, concerns were raised about the client's behaviour within the accommodation project; this case will require a lot of ongoing support and multi-agency work to maintain the reconnection.

In several cases, clients made progress towards reconnection, or in terms of better engagement, even though a reconnection outcome was not secured during the observation period.

7 Learning from Safe Connections – an overview

7.1 The concept of a ‘safe connection’

The Safe Connections project developed the concept of a ‘safe connection’; the service offered support and opportunity. The team provided clients with a supported pathway to accessing accommodation, in an area where they felt safe, giving them a realistic opportunity to leave rough sleeping behind.

7.2 A flexible approach

“[It’s] a genuinely sustainable solution away from where rough sleeping [is] taking place... The last bit is so important. ‘Connections’ not necessarily ‘reconnections’, choice, [an option which is] safe and sustainable...”

Manager, Providence Row Dellow Centre

The complexity and diversity of clients’ circumstances required a flexible, personalised approach. Hallmarks of the Safe Connections approach were:

- building a solid trusting relationship with clients
- working in partnership with clients, focusing on their wants as well as their support needs – ‘open conversations about where someone wants to get to, not backing someone into a corner’ (Safe Connections team)
- a personalised support and tailored approach based on a good understanding of each client’s situation and needs
- intensive – ‘every client feels like a priority, working with clients in partnership through the journey, building a trusted relationship’ (Safe Connections team)
- flexible – including flexibility regarding the SSO where this was not the best or safest connection for the client
- small caseloads – allowing time for casework (practical) and relationship-building (trust)
- taking advantage of windows of opportunity, for example a client being in hospital and therefore easier to contact, and where timing of the service offer fits with a client’s recovery journey.

The team was able to work flexibly in terms of engaging the client; conducting extensive research into the options available to the client; the logistics of the reconnection including travelling with the client and presenting with them at Housing Options; and providing intensive post-reconnection support. The team undertook ten trips out of London to support clients, including one to Scotland and one to the south coast.

“Safe Connections was an enhancement of what we [Thames Reach outreach] could do – they did intensive casework which we would not have capacity for.”

Manager, Thames Reach

“Its trying to sell to the client that they will get a reconnection that is supported and appropriate and they are not just going to be shoved somewhere... They will have someone who will go through the stages of reconnection with them.”

Safe Connections worker

The original project proposal envisaged that nearly all clients would be supported to present at Housing Options in the area to which they had a local connection. In the event this was not always the best path for the client.

“At the very beginning [it was envisaged that people] would go back to the local authority [in their area of local connection] – that there is a linear path... Actually in reality, many people couldn’t go back – or they were being presented at a local authority and there was nothing for them.”

Steering Group member

“[A safe connection] is supporting someone off the streets into sustainable appropriate accommodation. Ideally, but not always, a reconnection should be to your area of local connection because it makes it easier to link with other services.”

Outreach Worker, Thames Reach

Aariz’s story (see page 28) provides an example of this: a younger person vulnerable because of his age was unlikely to return to the area where he had stayed in asylum support accommodation. He was insistent that he would rather sleep rough in London and hope things got better for him. Through Safe Connections he was secured accommodation in a young person’s hostel in east London and is now studying and looking for work.

In another case, a client who was fearful of violence in his home area was able to attend a rehabilitation centre in the south of England, despite not having a local connection to that area. The SSO formed the basis of the discussion about reconnection, but the approach to assessing and reviewing it was personalised and flexible.

7.3 Partnership working

Effective joint working is integral to successful reconnections, particularly when dealing with clients with complex needs. The Safe Connections team worked closely with the City of London Outreach Team (St Mungo’s), Tower Hamlets Street Outreach Response Team (SORT) and London Street Rescue in Hackney (both Thames Reach). The outreach teams played a crucial role in the process by identifying clients, providing initial introductions, and ongoing joint working as appropriate, including helping to locate clients when they went off the radar.

Keeping outreach teams informed about the project was vital as many clients who were initially accepted on to the project were handed back to the outreach team if their case did not progress despite the best efforts of the Safe Connections team. CHAIN data shows that those handed back were sometimes not contacted by outreach teams after their cases were taken off the Safe Connections caseload, while others continued to be contacted on the streets and teams worked to find suitable routes out of rough sleeping for all those they contacted. Some have had accommodation outcomes including people going into hostels (within the tri-borough area and outside it), an assessment centre (outside the tri-borough area), and one person going into Clearing House accommodation.¹²

Close relationships with the Heads of Rough Sleeping and Housing Options Managers in each of the boroughs enabled the caseworkers to respond swiftly to circumstances. In some cases, very vulnerable clients were placed in emergency bedspaces (such as ‘safe seats’ within a hostel) in London, where they had access to support from the Safe Connections team and other services, rather than being without support in their home area. (This would take place after presentation at Housing Options in the area of local connection once a firm reconnection plan was in place and the recipient borough had accepted the client’s Part 7 application.)

This enabled the Safe Connections team to provide intensive support at this vulnerable stage in the process, stabilising clients prior to their move home. Unsupported temporary accommodation in the reconnection area would have presented unacceptable risks for some clients. Effective partnership working with other boroughs resulted in one destination borough agreeing to pay for temporary accommodation in London while suitable accommodation was identified.

¹²The Clearing House is a GLA funded project managed by St Mungo’s providing access to Housing Association tenancies as part of the Rough Sleepers Initiative (RSI). Tenancies are supported by Tenancy Sustainment Teams (TSTs), who provide floating support.

The Safe Connections team also worked closely with other support services in the tri-borough area to ensure an effective support plan was in place for clients. In Tower Hamlets, the Safe Connections team attended the Task and Care Planning Meetings, which were also attended by the local authority prostitution lead, drug and rough sleeping outreach teams, the police, Tower Hamlets enforcement officers, and the rough sleeping day service advice team.

7.4 Challenges

Stakeholders all commented on the challenging and intensive nature of the work undertaken by the team with a complex client group facing multiple barriers to engagement with services and access to accommodation.

“As [reconnection] is quite intense work – generally sort of intense work for a short period of time – we [outreach] can and do do it, but if there is another team doing that it makes more sense, so we can get on with the general outreach stuff. I don’t think it matters that much where [the support is coming] from, it’s having one person to do that intense work [that matters].”

Outreach Team Leader, St Mungo’s

Progress was often not linear, with clients moving into the reconnection planning phase but then reverting back to the engagement phase – for example because of offending issues (reconnection planning becomes more difficult if someone is due to attend court) or non-engagement, where the client became uncontactable for periods of time.

“The reality is that our client group is hard to reach, they are difficult to work with.”

Outreach Team Leader, St Mungo’s

Key challenges to the Safe Connections process included:

- resistance to reconnection within the client group
- lack of trust in support services – previous failed reconnection/rehousing attempts and support fatigue among more entrenched rough sleepers
- high quality and easy availability of drugs and income from begging in the City of London and Tower Hamlets (disincentive to leave the area)
- high levels of entrenchment leading to loss of local connection to another area
- ineffective SSOs
- clients’ sense of belonging to the area where they are rough sleeping, including co-dependent relationships
- fear of and inability to cope with change; fear for safety (sometimes the proposed SSO is not a ‘safe’ reconnection for the client because of their history in that area).

“They will shoot me if I go back. I owe some really dodgy guys money for ... [drugs]... Of course I haven’t told the police – that will definitely get me shot”. (Safe Connections client)

Stakeholders all agreed that the targets for the project were set too high. The caseload to achieve those targets was too much for two caseworkers and the level of support required by the client group was not possible. It was agreed that it is important that future targets take a realistic view on the time needed to fully support clients with high level support needs.

“Whatever targets they put in place were never achievable – the bar was too high. You are looking at potentially having a caseload of 24 RS205s [rough sleepers registered on the RS205 scheme].”

Outreach Worker, Thames Reach

“We were very ambitious around the targets, which I think was a lesson to learn... [The] targets [were] unrealistic.”

Steering Group member

8 Learning from Safe Connections – phase by phase

The Safe Connections delivery model was based around eight phases in the client's journey, from identification to case closure and review. This section describes the key features of each phase and highlights some good practice learning gained through the Safe Connections project.

Phase 1: Identification

Description

This phase involved the identification of a rough sleeper suitable for referral to the project and the referral process. Referrals to the project were made by one of the three participating boroughs' commissioned outreach services. The outreach teams conducted initial assessments of potential clients to establish whether they met referral criteria.

"We refer into the [Safe Connections] project... clients that need reconnecting. It's generally clients who have not really engaged very well with us and would benefit from a more one-to-one approach, a more personalised approach."

Team Leader, St Mungo's

Good practice learning

- ✓ To prevent unsuitable referrals a thorough initial assessment of suitability should be undertaken by the referrer (outreach team worker). This should include checking eligibility for public funds, information about what ID the client has, details of client's benefits claims, support needs, outline of housing history, and whether or not they have a local connection to the area where they are contacted while rough sleeping.
- ✓ A steady, ongoing flow of referrals into the project rather than bulk referral worked best. This helped the team to manage the caseload and ensure capacity for intensive support work with new clients.
- ✓ Clients need to be contactable and able to be located by the team, so it is important to work quickly to refer people with recent street contacts whose whereabouts is known.

Phase 2: Allocation

Description

Once clients had been accepted onto the project, cases were allocated to one of the two caseworkers according to specialty, capacity (caseload) and risk factors, for example allocating a female client with a history of domestic violence to a female caseworker.

Good practice learning

- ✓ Referrals should be allocated to a lead caseworker, and this information communicated to the outreach team and recorded on CHAIN (in a London context), so that other agencies are aware of the lead worker.
- ✓ Although each client should have a lead caseworker, all members of the team should discuss cases and have a good overview of the whole caseload. This was important for Safe Connections with a team of only two caseworkers to ensure cover as necessary.

Phase 3: Engagement and consent

Description

This was generally the longest phase of the reconnection process; clients would often drop back from phase 4 (reconnection planning) to this phase for a variety of reasons including lack of engagement, being out of contact, and interactions with the criminal justice system.

The initial meeting between the Safe Connections team and the client was usually brokered by the outreach team. Meetings with clients took place in a neutral location suitable for each individual client – a day centre, on the street or other location as appropriate. As soon as possible after the introduction, the Safe Connections worker took the lead and began to work one-to-one with the client.

“Engagement and consent need outreach and Safe Connections to work jointly – locating [the client] ... explaining the offer ... [and] introducing a new team. Depending on the client the length of time that takes can vary.”

Outreach Team Leader, St Mungo’s

Key actions at this stage were:

- securing consent to record information and liaise with other agencies on the client’s behalf
- explaining the service and process to the client
- confirming information passed on by the referring outreach team, including housing history
- building relationship and trust with the client.

“We never used the approach: ‘Sign here because you have agreed to be reconnected.’ We meet and find out what [the client] wants, explain [they] won’t get a service here, continue informal discussion, a conversation to find out why [they] don’t want to return. Our approach is more ongoing – the SSO is a starting point to explore rather than the end point.”

Caseworker, Safe Connections

Good practice learning

- ✓ The Safe Connections approach should be explained to clients as a new and distinct service – a voluntary, personalised process. This is particularly important for clients who have been resistant to their SSO and not engaged effectively with outreach teams.
- ✓ Caseworkers should focus on the ‘safe’ aspect of the service when introducing it to the client: that the process is a partnership between the caseworker team and the client to get them to a safe area where they can start their journey towards settled accommodation.
- ✓ The team used the SSO as the basis for initial conversations about reconnection, but was open-minded to the idea that there may be other more suitable avenues for the client and the team to explore.
- ✓ Building relationships with some clients was a slow, gradual process. Safe Connections did not set a time limit on engagement.

Phase 4: Reconnection planning

Description

Safe Connections worked with clients to establish reconnection plans to achieve safe, supported connections to an area that would offer suitable accommodation and exit from the street lifestyle. Client work focused from the outset on reconnection with the team exploring the client's SSO and discussing with the client their perceptions of the offer being made to them and the barriers that were preventing them from taking it up.

Barriers included:

- fear of violence (for example, drug-related violence where a client owed money to people in their home area)
- previous exclusions from services
- resistance to leaving the tri-borough area for a range of reasons: e.g. ease of accessing drugs, co-dependent relationships, opportunities for begging, a sense of community on the streets, and being homeless in a busy, often friendly area compared to other areas (for example one person was often provided with food and money by members of the public who observed that he was homeless).

In addition to exploring clients' resistance to taking up existing SSOs around reconnection, the planning process also involved research to gather evidence and assess whether the SSO represented a viable option for reconnection via a presentation at Housing Options. The entrenched nature of many of the project's clients made it difficult to prove a local connection of residency in an area (i.e. for three of the last five years or six of the last 12 months). Where feasible and safe the team would encourage the client to pursue reconnection to an area where there was a demonstrable local connection. If client support for this was secured the team then sought support from the destination housing options services for this approach.

Good practice learning

- ✓ The caseworker should make early initial contact with a destination local authority, highlighting the fact that the client is rough sleeping, before presenting at Housing Options and making a Part 7 application. It was important to check whether the client was already known to the local authority, and to alert them that the team was working with the client and intended to make a Part 7 application with a housing solution as the intended outcome.
- ✓ All paperwork and evidence should be compiled before reconnection to ease the process of a presentation at Housing Options. This includes ID, benefits documentation, medical information, evidence of local connection and other supporting documents.
- ✓ Reconnection and a potential move to a home area can be traumatic for clients; caseworkers need adequate time for coaching and preparing the client, including informing them of the possible outcomes of a presentation, whether positive and negative.
- ✓ Where a client is unwilling or unable to take up their SSO reconnection to a home area, caseworkers should be flexible and listen to the client's concerns and assess other options.
- ✓ Once the reconnection plan is fully in place, it is recommended that clients are provided with an emergency accommodation option for a period of a few nights so that they can stabilise and be fully prepared for reconnection. In addition work to address urgent medical and substance misuse related issues should be offered to help ensure successful reconnection – for example arranging methadone or other substitution scripts to be available in the area of rough sleeping until the reconnected date and then in the destination area.

Phase 5: Reconnection

Description

The reconnection phase often took place in a single day. The Safe Connections caseworker would travel with the client to make the presentation at Housing Options in the area of local connection. In some cases, the client would be placed in emergency accommodation in the area of the application; but in others, the client would return to London to stay in temporary accommodation while the recipient local authority identified an appropriate option for the client locally. The Safe Connections team had concerns about leaving clients in temporary accommodation in their home area without support. For those reconnected directly, the Safe Connections worker would also attend with the client on the day of reconnection.

“[The Safe Connections worker] came down with me [to Housing Options] and dealt with all of that and represented me and spoke for me. It was quite nerve-wracking. I didn’t know what was going to happen, where I was going to stay. He managed to get me into a hotel for the night as we had to wait for the next day. I found it extremely helpful. I don’t think I would have done it myself – I think I wouldn’t have said all the right things at the right times. I would have made a complete and utter mess of it.”

Mark, Safe Connections client

“We always provided a supported presentation [at Housing Options]. [We took a], navigator role [also providing] advocacy... whether it was Scotland or London... Even when it’s all set up it never goes smoothly. It’s a must to support the client to see it through. There is so much they need to do on the day or then during the period after reconnection.”

Caseworker, Safe Connections

Good practice learning

- ✓ The caseworker attending Housing Options or new accommodation (e.g. hostel or rehabilitation facility) with the client proved vital to achieving a successful reconnection.
- ✓ The presentation at Housing Options often took the whole day, or even in one case two days. The worker should be available to focus efforts on that single case for the day.
- ✓ The Safe Connections team found it helpful to develop a ‘presentation pack’ of information and documents, which would be sent to the Housing Options Officer or Manager by email a day in advance of the presentation and handed over in hard copy on the day. Examples of documents included in packs were a birth certificate or other ID, proof of benefits entitlement, medical information, proof of address history, evidence of priority need, and covering letter signed by the caseworker stating that the client is making a part 7 application and summarising key information such as the basis for their local connection.
- ✓ Travel plans were best made fairly close to and even on the day of travel, because of the ever-changing situation with clients’ cases.
- ✓ Caseworkers should provide detailed information about what clients should expect on the day of reconnection and the plans for the day, including what will be expected of the client.
- ✓ The team had access to reconnection budgets to pay for travel, food and, in one case when the presentation was fragmented across two days, overnight accommodation in a hotel. Another example of the use of this budget is the casework undertaken for a client who had the longest rough sleeping history of those reconnected – their travel and small expenses such as food came to just over £650.
- ✓ When clients return to London after a presentation at housing options in another area, it is important that they have confidence in the reconnection process and that the reconnection happens as quickly as possible.
- ✓ Placement in temporary accommodation in the client’s home area without support was felt to be too risky for those with high support needs. In some cases, it is safer to accommodate a client where they have access to support from their caseworker while they are waiting for settled accommodation in their home area.

Phase 6: Intensive support (post-reconnection)

Description

Reconnection services provided by outreach teams often end with the client travelling or being taken to their area of local connection, with some limited follow-up to check the client's welfare. A key feature of the Safe Connections model was the period of intensive support following the reconnection; this consisted of phone and face-to-face contact, and extensive liaison with third-party services. This was crucial to achieving a safe and sustainable reconnection for clients with support needs and barriers to sustaining accommodation.

Support provided included:

- ensuring access to healthcare and drug and alcohol services, including scripting services for some clients
- helping clients transition to new support services such as floating support
- motivating clients placed in emergency accommodation in their home area to seek long-term accommodation
- providing emotional support and coaching during a period of great change
- providing move-in kits, including some food and household items, to help the client to settle into their new environment
- checking on clients' financial situation and referring them to local food banks or paying their travel costs to get to appointments for a short period, if necessary.

"[Post-reconnection support] is tough work – and working with people remotely is hard. [I] can see why other teams don't have capacity to do this. Some people with low support needs will miss this stage out. For those with higher needs, it was more intense – for example, in two cases [it involved] speaking on the phone every day and two visits to an area outside of London. Work included making appointments, arranging methadone collection, liaising with a range of agencies and building connections, coaching and giving encouragement to engage with other agencies. The three months is so important for sustaining the reconnection."

Caseworker, Safe Connections

"I like the idea of the support post-reconnection, something that supports ... the transition. [It's] such a big step ... once you have been out (rough sleeping)... coming back in and acclimatising to new surroundings."

Outreach Worker, Thames Reach

Good practice learning

- ✓ Post-reconnection support should be a feature of intensively supported reconnection services for people with barriers to existing rough sleeping in London. This phase can be the most time-consuming stage in the process, lasting anywhere between 72 hours and three months. Without sufficient support at this stage, there is a risk that clients will return to London and rough sleeping, or become homeless in their new area.
- ✓ A key feature of intensive post-reconnection support is encouraging increasing engagement with other agencies.

Phase 7: Step down of support

Description

Once the client had begun to stabilise in their new area, and understood the local support network and how and when to interact with services, the casework team started to scale back support and hand over to local support agencies. This phase was difficult for clients who had generally built up trust and dependence on the Safe Connections team and lacked confidence to manage on their own. There was a tendency among clients to want to keep coming back to Safe Connections for support so the team had to be conscious of this and proactive in encouraging clients to move into what is known as the 'step down' phase.

Good practice learning

- ✓ The timing of this stage is important to ensure that clients move on from homelessness services in the tri-borough area, including Safe Connections, and build up the support networks they need in their area of reconnection.
- ✓ Three to four weeks after reconnection was the usual timeframe for starting to step down support.
- ✓ It is imperative that the client is encouraged to seek help in the local area and to attend their floating support, health and drug/alcohol treatment sessions. This can be emphasised in a written agreement with their Safe Connections caseworker.

Phase 8: Case closure and review

Description

Cases were closed three months after reconnection if the client was still in their accommodation and engaging with services. Caseworkers used a step-by-step checklist to assess whether cases were ready for closure by looking at the client's situation at that point. This included if the client was:

- receiving sufficient support in the local area
- in temporary accommodation and, if so, had received a positive decision from the local authority on their homelessness application.

If according to this checklist it was determined that the case was ready for closure, caseworkers would contact the client and all relevant agencies to inform them that the case was being closed. The case would be closed on all relevant databases and the Safe Connections team would then review the case, looking at the positives and negatives and identifying learning points.

It was also necessary to close cases where there had been no outcome for a period of time and the Safe Connections team was struggling to contact or engage the client. Clients were always referred back to the local outreach team in these cases.

Good practice learning

- ✓ After reconnection, cases should be closed when the client is accommodated and receiving sufficient support in their local area.
- ✓ Clients should be informed of case closure by letter, which should include full information about the client's support services in the local area and what to do in the event of problems or a crisis.
- ✓ Where there is little or no progress for a sustained period cases should be closed to avoid excessive caseloads. Re-referral should be an option if people get in touch with services and request the Safe Connections service and are willing to engage.

9 Client case studies

This chapter presents case studies from four client interviews conducted in January and February 2017.

Dean's story

Dean had been on the streets for seven months when the outreach team first contacted him – he tended to seek rough sleeping spots that were very well-hidden, and his health had greatly deteriorated by the time he was contacted. Prior to this he had been in social housing in Kent for over ten years, but had abandoned his flat as a result of mental health issues and rent arrears resulting from benefits sanctions. Before this long-term tenancy, Dean had spent a long period rough sleeping in the City of London. He reflected on the change in the area when he returned to homelessness after more than a decade:

'Things are not the same as they used to be [when I was rough sleeping before]. It was a hard seven months: a lot of the places where you could get food for nothing had gone, the places I knew of. The police are taking a ... stricter approach.'

The City of London outreach team found Dean a place in emergency bed and breakfast accommodation and referred him to Safe Connections. The caseworker recognised that a standard Part 7 application and unsupported temporary accommodation in Dean's home area were not going to work because of Dean's circumstances (rent arrears) as well as vulnerability (physical and mental health issues). This pathway had a high risk of failure and return to rough sleeping.

Dean says: '[The Safe Connections caseworker] was excellent. He gave me help in every department; he actually listened to what I was saying. If there was a problem we would work on it and get it sorted.'

The caseworker worked with the destination local authority and a local supported housing provider (who was also Dean's previous housing provider) to negotiate a deal in relation to Dean's rent arrears and get him accepted into accommodation. Unfortunately Dean had failed to disclose his offending history and lost his place in this accommodation.

The caseworker worked intensively with Dean while he stayed in emergency accommodation in London until a suitable private rented sector tenancy was identified in the area of reconnection.

Since coming off the streets, Dean's health has improved greatly. He has also started dealing with issues that arise with his benefits claim.

"Encouragingly the client sorted out an issue with benefits without the intervention of the Safe Connections team. [This is] a clear sign that his ability to deal with ongoing issues has improved greatly."

Caseworker (from weekly update)

NB: since the interview Dean has moved into a suitable private rented sector tenancy with the support of the Safe Connections team.

Aariz's story

Aariz was 21 years old and had been sleeping outside for nearly three months when he was referred to Safe Connections. He had been contacted rough sleeping by outreach teams eight times during that period. A Sudanese refugee, Aariz arrived in the UK in 2015. He had low support needs and was highly motivated. He was referred to Safe Connections because he was vulnerable due to his age and lack of English skills and at risk of long-term rough sleeping:

'I went to the Dellow [Day Centre] and they said they had nowhere [for me to stay]. I went to sleep in the park. Two months and 27 days I was there. It was cold and dangerous.'

The local outreach team had been encouraging him to return to an area in the north of England where he had been in in asylum support accommodation, but he did not want to go back there and was very keen to stay in London.

'London is nice and it's easier to find a job here. I would maybe do cleaning. I am on JSA [Job Seeker's Allowance]. Outreach said they could give me a free ticket [to go back to the area of asylum support accommodation] but I said no – I can't find a job there.'

Aariz started sleeping in night shelters around Whitechapel and enrolled in an English for Speakers of Other Languages (ESOL) course at a Hackney college recommended by a peer from Crisis. His college placement compounded his determination to remain in London. His Safe Connections worker emphasised to Aariz the challenges of finding ongoing accommodation in London but agreed to seek a solution to enable him to remain. Safe Connections identified a hostel which did not require a local connection in outer London. Aariz attended an assessment and moved into the hostel for younger people a few weeks after being referred to Safe Connections:

'I met with [caseworker from Safe Connections]: she said London is a difficult place to find somewhere to live. [We can help] if you need help to go back to [name of City], but I said no... So many times I met with [SC worker], she is good, very nice, and helped me with a lot of things. She helped me with my CV... She said it would take a long time to apply for somewhere to live. She applied for the hostel for me and came to the interview with me. ... [Without help from Safe Connections] I would just have been waiting and waiting. I will stay here [in the hostel] as long as possible. When I get a job I can save money then get a place.'

Mark's story

Mark is a white British man in his early 30s. Before he was reconnected he had in his own words been 'living on the streets, heavily using drugs and doing street art to get by' for around seven years. Although he had moved around London he remained in Tower Hamlets for a sustained period, finding it a quieter more pleasant place to spend time than central London.

Pivotal to Mark's exit from rough sleeping were the medical problems he was facing, coupled with the opportunity for a supported reconnection. He was referred to Safe Connections while in hospital, having had a major operation on his leg as a consequence of drug use. He felt that the operation acted as a 'wake-up call' and motivated him to engage with Safe Connections. He was initially reluctant to return to Brighton because the area was for him associated with drug use; however, he accepted that this was his best option for securing accommodation.

Safe Connections accompanied him to his initial presentation at Housing Options: 'I don't think I would have done it myself – I think I wouldn't have said all the right things at the right times.' The Safe Connections team also paid for a hostel for the night when it transpired that Mark would have to return to Housing Options the following day.

Mark's case has been complex. After his initial reconnection to the south coast, while in temporary accommodation, Mark returned to rough sleeping in London and the team undertook to help him re-establish the reconnection to his temporary accommodation. Housing Options did accept a duty to house him but, it was while the homelessness application was being assessed that he had a full amputation of his leg above the knee and, as a result, Adult Social Services have taken his case on. An appeal against the decision from Housing Options is still in progress.

Mark remains in temporary bed and breakfast accommodation and doesn't know when he might be moved into something more permanent. This is not ideal especially since he was placed on the first floor of the accommodation despite being in a wheelchair, but he is coping well with this. Safe Connections organised the services Mark needed post-reconnection including transferring his script and GP registration.

Mark feels he is very unlikely to end up rough sleeping again; due to his disability he feels he will always be housed by the local authority if he is facing homelessness and he also reflected that he doesn't think he would risk losing a tenancy again through drug use or related issues: 'All of my focus is on my mobility at the moment.'

Mark valued the ongoing support from Safe Connections and the relationship he has with his worker:

'People from Safe Connections are still there – while I was in hospital he was regularly calling me, he came down a few times. I felt that he cared [about] what was going on for me. . . . We just got on really well, I felt comfortable working with him.'

Oli's story

Oli, in his mid-twenties, lived in the midlands until his late teens but left when his family moved away; following a short period staying with a friend, he was forced to sleep rough and was advised by another homeless person in the area to relocate to London.

He had been contacted rough sleeping in London over a three year period (15 contacts since 2013/14) when he was referred to Safe Connections. By then, he had been homeless in London for a number of years, sleeping at friends' houses, on the streets and in squats. He has long-term mental health problems and led a chaotic lifestyle with very irregular sleeping patterns and often moving around from place to place. When he presented as homeless at a London local authority area (outside of the tri-borough area), he was placed in temporary accommodation but found not to be in priority need and returned to rough sleeping. At the time of referral, he had not received benefits for some time.

Oli feels that he was able to engage with the Safe Connections team because they provided a caring and listening approach and persevered with supporting him despite the challenges in his case (including periods when he was out of contact). After a period of no contact, he attended the Providence Row Dellow Centre requesting support from Safe Connections, and the team took the opportunity to work quickly to assist him to obtain benefits, access a GP, re-referring the case to the Supporting People team in the intended destination borough of his reconnection. The Supporting People team arranged an assessment at a supported housing project for people with medium to high levels of mental health support needs that was eventually attended by the client and Safe Connections worker and was successful.

Oli says: 'I think they [Safe Connections] are the best service. They don't just care about doing this referral for you: not just ... a referral and tick, they came with me. I missed an appointment or two for assessments and [my worker] managed to keep getting me and I did the assessment.'

The Safe Connections worker negotiated access to temporary accommodation in the destination borough, while Oli waited for a vacancy in his supported housing to ensure the best chance of him being contactable and ready to access his space when it became available and to get him off the streets as quickly as possible. This nearly fell through but the Safe Connections worker undertook a period of practical intensive support (including obtaining the keys for Oli's temporary accommodation and buying him some food and very basic equipment to get by).

Oli moved into supported housing in December 2016. He was considered to be at high risk of abandoning the place and was contacted each week by the Safe Connections team. He continues to struggle with his mental health but sees the benefits of having a more settled base and being off the streets:

'Having the flat is nice – to be able to have [my] own little space to come back to... I have been here one month. [The Safe Connections caseworker] sorted me out with extra funding for a white board and a dongle with data.'

10 Conclusions

- The Safe Connections project developed a model of supported reconnection for rough sleepers with no local connection to the area where they were sleeping.
- Barriers to accepting existing offers of reconnection via a standard outreach approach included a fear of returning to rough sleepers' home area due to the risk of violence and entrenchment in street life in London.
- The project achieved sustained reconnections for ten people facing significant barriers to moving away from rough sleeping; a further two reconnections were achieved but not sustained.
- Additional outcomes were achieved for other clients; a period of intensive, flexible and personalised work increased engagement with services for several clients who did not have a reconnection outcome.
- Central to the model of working was a person-centred, flexible outreach approach. Other key elements of the service were supported presentations and a period of intensive support post-reconnection.
- Reconnection outcomes were not achieved for those with very high numbers of street contacts and many years seen rough sleeping.
- Effective partnership working is integral to successful reconnections. Safe Connections worked very closely with outreach teams, support agencies, emergency accommodation providers and local authorities.
- The nature of the work delivered by the team was very intensive requiring a highly persistent proactive approach, excellent skills communicating with clients, local authorities and support agencies, and in-depth knowledge of housing law and benefits.
- The experience of this project shows that student and trained 'peer' volunteer placements are likely to be more effective than general community volunteering placements.
- There were mixed views from stakeholders about where best to focus future intensive reconnections support. Some felt that working with people newer to the streets would more readily yield outcomes, while others said that any additional resources are best used to work with a more entrenched client group, freeing up outreach teams to work with those who are newer to the streets.
- The Safe Connections project provides a useful insight into how reconnection services should be shaped in the future: this is reflected in the recommendations on pages 6-7.