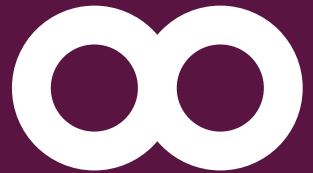




LOTTERY FUNDED



homeless link

CRITICAL MASS

LITERATURE REVIEW

APRIL 2011



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1. CURRENT DATA ON CLIENT & OUTCOMES

1.1. INTRODUCTION

Major progress has been made in tackling homelessness over the past two decades. Both the government and the public sector have worked together in making the changes on the ground. The public sector especially has transformed considerably since the late 1980s and early 1990s, when responses to homelessness had been much more reactive and less preventative. Public services often sought to manage the problem rather than to resolve or end it. Thus, constellations of services have developed to cater for the immediate needs of homeless people - hostels to provide beds on a night by-night basis, mechanisms for distributing food, health care in emergency departments. Such services do vital work and many go far beyond catering for the most basic needs of food and shelter to offer a broader range of support. These responses to the immediate problem of homelessness are undoubtedly effective in treating its most severe symptoms and have an important role to play as short-term solutions. However, several decades after homelessness was first recognised as a large-scale problem in the EU, it is time to stop managing the problem and to strive to end homelessness. In 2008, the British government announced the aim of ending rough sleeping by 2012, and in April 2010 the European Federation of National Organisations Working with the Homeless (FEANTSA¹) launched the European campaign to end homelessness.

ABOUT HOMELESS LINK

Homeless Link is the national umbrella organisation for frontline homelessness charities in England. Currently we have more than 470 member organisations. Our members include hostels, day centres, outreach and resettlement agencies, housing advice centres, youth projects, health projects, welfare rights groups, regional homelessness networks, refuges, drug and alcohol services and faith-run voluntary services. As the collaborative hub for information and debate on homelessness, we seek to improve services for homeless people and to advocate for policy change. Through this work, we aim to end homelessness in England.

1.2. THE PROBLEMS WITH MEASURING HOMELESSNESS

There are a number of reasons why policy makers and practitioners need to have an accurate picture of homelessness numbers. Estimating the number of homeless people can shed some light on the scale of the problem, highlight trends over time, and contribute to the evaluation of policy and practice.

However, at the moment, there are no readily available data on the number of people who are homeless. Some of the main reasons for this lack of information are:

- Homelessness is not a wholly apparent phenomenon. It is difficult to count or estimate their numbers since homeless individuals are often seldom heard or 'hidden'.

- Homelessness is not a static phenomenon. People do not become homeless and then stay that way indefinitely. Some individuals move in and out of homelessness and some homeless people do not remain in the same location but move around.
- Homelessness has not been universally defined yet. This lack of agreement on a definition of what constitutes homelessness has been an obstacle to measurement.

For these reasons, it is extremely difficult to provide an accurate and precise number of homeless people in the UK. At best, evidence based and robustly informed estimates can be used.

Despite the difficulties, a number of efforts have been made in quantifying homelessness over the past few decades. Some research work has been well-publicised, especially those conducted by large, national homelessness organisations. However, there is a considerable amount of interesting research that has not been disseminated as widely as it could have been, as these had been done by smaller local organisations. Whether this was through lack of resources or access to the appropriate media, those who could otherwise benefit from these reports are unable to access them. Other than research by homelessness organisations, those conducted in academia have also provided useful material although articles in academic journals are somewhat inaccessible to homelessness practitioners providing front-line services. In addition, the sheer volume of research and information can be daunting, particularly to those new to the sector. Therefore, there is a need to bring all the information together to maximise its usefulness, particularly to policy makers, practitioners, and research funders.

It is crucial to establish what is already known about homelessness for the following reasons:

- To fully understand the extent and nature of the homelessness population
- To disseminate as widely as possible evidence on what works and what does not in addressing the needs of homeless people
- To minimise the duplication of research and therefore focus research activity on areas where there remain gaps in understanding
- To improve the overall quality of homelessness research.

The central aim of the Critical Mass project is to explore the possibility of using operational data held in Client Recording System databases by frontline homelessness services to inform policy and practice. More specifically, the project will look at the demographic and needs profile of people using homelessness services and how this differs from the general population, the changes in characteristics of these individuals entering these services over the past 5 years, and the characteristics of the client groups of different types of service compared to the wider homeless population. This will also explore the ways different service types may deliver different outcomes for homeless people.

1.3. WHAT IS HOMELESSNESS?

A pre-condition of any data collection exercise is to be able to identify the population from which data is to be drawn. The definition of homelessness has been a difficult problem in particular because different definitions are possible for different policy purposes. One of the main issues with quantifying homelessness is coming up with an agreed definition of what is being measured. At present, there is no single, universally accepted definition of homelessness. The statutory definition of homelessness in England and Wales can be found in the Housing Act 1996, however, it could be argued that the primary purpose of this definition is to facilitate the rationing of support through the mechanism of 'priority need', rather than capturing the nature of homelessness itself:

Part VII - 175 Homelessness and threatened homelessness. ²

1. A person is homeless if he has no accommodation available for his occupation, in the United Kingdom or elsewhere, which he—
 - a) is entitled to occupy by virtue of an interest in it or by virtue of an order of a court,
 - b) has an express or implied licence to occupy, or
 - c) occupies as a residence by virtue of any enactment or rule of law giving him the right to remain in occupation or restricting the right of another person to recover possession.
2. A person is also homeless if he has accommodation but—
 - a) he cannot secure entry to it, or
 - b) it consists of a moveable structure, vehicle or vessel designed or adapted for human habitation and there is no place where he is entitled or permitted both to place it and to reside in it.
3. A person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for him to continue to occupy.
4. A person is threatened with homelessness if it is likely that he will become homeless within 28 days.

“A pre-condition of any data collection exercise is to be able to identify the population from which data is to be drawn.”

Robson and Poustie (1996)³ proposed a list of a range of housing situations that may be defined as homelessness:

1. **‘Rooflessness’**: This is the narrowest definition, whereby only those without shelter of any kind should be considered homeless. This includes people who are sleeping rough, newly arrived immigrants and victims of fire and floods.
2. **‘Houselessness’**: A slightly wider term which includes those who are living in emergency and temporary accommodation, such as night shelters, hostels and refuges. It also covers people who reside in long-term institutions (e.g. psychiatric hospitals) simply because there is no suitable accommodation for them in the community. Another group in this category comprises households staying in B&Bs and other places that are unsuitable as long-stay accommodation.
3. **Insecure tenures**: A third definition includes people who have insecure or impermanent tenures, such as those staying with friends or relatives on temporary basis, tenants under notice to quit and squatters.
4. **‘Intolerable’ housing circumstances**: This refers not only to severely overcrowded or substandard accommodation, but also to situations where there are threats to personal safety or psychological well-being.
5. **Involuntary sharing**: Households that are involuntarily sharing accommodation on a long-term basis because they cannot secure separate housing may also be considered ‘concealed households’ and therefore homeless.

Bramley (1988) stated that all these situations can be summarised under the general heading of “...*the lack of a right or access to their own secure and minimally adequate housing space.*” (p. 26)⁴.

Some of the broader definitions of homelessness draw on the ‘meaning of home’ literature, which puts the emphasis on the home not being a purely housing-based concept but has a significant emotional, social and psychological dimensions (Somerville, 1992)⁵.

There have been calls for a clarification in conceptions of homelessness so that all agencies in the sector can work to a common, agreed definition (Alexander, 1999)⁶. Many research reports include all 5 of the above categories in their ‘working definition’, although the practical difficulties of contacting people in Categories 3 to 5 mean that they are seldom included in research samples. Some have argued that broader

definitions of homelessness may present a hazard to those seeking to promote the interests of homeless people:

(Pleace et al, 1997, p 8)⁷.

“There is a danger that by referring to all housing need as a form of homelessness, the unique danger and distress of actual homelessness becomes lost. Overcrowding, poor housing conditions and insecurity of tenure are all very important problems affecting hundreds of thousands, if not millions, of people, but apart from their most extreme manifestations, they cannot be regarded as homelessness. Quite simply, being poorly housed is one thing, having nowhere at all to live is something else.”

1.4. EXISTING SOURCES OF DATA IN THE UK

At present, there are two main sources of data on the numbers of homeless people. The first are Communities and Local Government department (CLG) reports based on the returns that local authorities (LA) complete under the legislation. The second is the rough sleeper counts made by homelessness organisations and statutory agencies in London and elsewhere. It should be noted that these are two very different sources of information. Rough sleeper counts can be likened to attempts to measure the number of homeless people at one point in time, a snapshot, usually during a particular night. As such, they are a measure of the stock of homeless people. The ‘homeless’ people in question here are people identified as sleeping rough and without a home they could go to that night. Broadway manages the CHAIN (Combined Homelessness and Information Network) database with the support of the CLG. It contains records of around 13,000 individuals who have been seen sleeping rough in London from the late 1990s. Information from CHAIN is then published quarterly and annually. CHAIN data will be discussed further in section 1.4.6.

The statutory homelessness statistics refer to the administrative procedures associated with the implementation of LA’s duties under the homelessness legislation. The ‘homeless’ people here refer to those who have applied to the LA for assistance on the grounds that they are homeless. The data refer to applications, or decisions taken, during a time period. As such, they are measures of the prevalence of statutory homelessness during that period.

Another potential source of information on the scale of homelessness are hostels and night shelters. Most of the larger organisations collected regular monitoring data on their clients, progress made and impacts of their services. Although figures are not routinely produced, it should be possible to estimate the number of homeless people making use of these services. This would involve calculating the average occupancy for each establishment (bed spaces versus users per night). The availability of hostel directories in some cities makes it possible to develop such estimates. For example, Homeless London provides information on the number and types of services providing accommodation in the capital. Some night shelters are provided only over the Christmas period or the winter months.

However, data collected in this method appear not to contribute to any overall national database or set of statistics. Unless a uniform methodology was used and the validity of methodologies and analysis verified, then this would be difficult to do. The majority of the information and statistics held is concerning London. There is very little statistical information available for other areas other than Rough Sleeper Counts.

In counting homelessness, important to specify what is being measured is the stock, flow or prevalence. In Britain, most debates about the number of homeless people implicitly refer to the stock rather than the flow or prevalence.

1.4.1. COMMUNITIES AND LOCAL GOVERNMENT

Communities and Local Government is the government department responsible for several policy areas in the UK, including housing. They regularly publish statistics on the statutory homeless as well as key information about local authorities' performance.

1.4.1.1. Statutory Homelessness

'Statutory homelessness', is where local authorities have defined a household as homeless within the terms of the homelessness legislation. Where they are found to be in priority need and not intentionally homeless then local authorities will have a duty to offer accommodation. This can include families with dependent children, pregnant women and adults who are assessed as vulnerable. Quarterly reports are produced by the CLG, summarising information on local housing authorities' activities under homelessness legislation, collected through the quarterly P1E return. Data include the number of households accepted as owed a main homelessness duty (referred to as acceptances) during the quarter, and the number of households in temporary accommodation on the last day of the quarter. Over the past few years, the acceptance rates have fluctuated slightly. In general, there has been a decline in both the number of decisions made. However, it might be more useful to look at the number of households accepted against the number of applications made (rate of acceptance). The rate of acceptance had been increasing to a high of 49% in 2008, when the trend reversed. 2010 sees the lowest acceptance rate of 44% since 1999, when the acceptance rate was 43%. A summary of the data can be found on Table 1.

Year	Decisions Made	Acceptances	Rate of Acceptance
2006	168,530	76,860	46%
2007	137,690	64,970	47%
2008	117,460	57,510	49%
2009	93,600	41,780	45%
2010 (Q4)	97,210	42,390	44%

Table 1: Statutory Homelessness Rate of Acceptance 2007 - 2010 (Q1&2)

The rate of acceptance also varies by region, with London having the highest rate of acceptance in 2009 followed by West Midlands. Figure 1 gives a summary of the trend over time.

Acceptances by Region



Figure 1: Statutory Homelessness Acceptances by Region 2007 - 2009

The latest report was published in March 2011, based on data collected between September – December 2010. In that period, local housing authorities made 26,690 decisions on applications (by eligible households) for housing assistance, under the homelessness legislation of the Housing Act 1996. This is 23% higher than the corresponding quarter in 2009.

Of the 26,690 applications made during September and December 2010:

- 44% of applicants were accepted to be unintentionally homeless in priority need
- 30% were deemed to be not homeless
- 19% were homeless but not in priority need
- 7% were found to be intentionally homeless and in priority need.

Figures on non-acceptances also provide a good source of data – the records of households found to be homeless but not in priority need are likely to give an indication of the proportion of single homeless people and couple without dependent children, while those of households found intentionally homeless would inform us where Local Authorities are especially stringent. The figures are also useful in identifying emerging trends.

The proportion of households found to be intentionally homeless has remained stable over the past five years, at around 7%. However, the proportion of households found to be homeless but not in priority need has fluctuated. Between 2006 and 2008, the proportion seems to be decreasing, reaching a low point of 15% (17,460 households) in 2008. However, the trend seems to have reversed in 2009 and 2010, reaching a high of 20% (18,990 households) at the end of 2010.⁸

WHO SHOULD BE COUNTED?

“People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes”).”

(CLG, 2010)⁹

1.4.1.2. Rough Sleepers Evaluation

CLG also produce national statistics on rough sleeping, but this is acknowledged to be just a snapshot of the extent of rough sleeping and does not provide detailed information on the impact of services.¹⁰

In autumn 2010, the government published a guidance incorporating a wider definition of rough sleeping. Individuals who fall into the category below should be included in the count in order to maintain consistency (see “Who Should be Counted?” above.).

The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers. It does not include people who were rough sleeping in the area on a previous night or earlier in the evening but who were not there at the time of the count. It does not include people wandering around or empty sleeping sites.

Bedded down is taken to mean either lying down or sleeping. About to bed down includes those who are sitting in/on or standing next to a sleeping bag or other bedding. The intention is to establish that they are or will be rough sleeping on the night of the count. Research has found that in many areas people seen drinking in the street or begging (even if they have a blanket or a sleeping bag) are not necessarily sleeping rough and they should not be included unless they are clearly bedded down or about to bed down at the time of the count.

From October 2010, all local authorities must submit an annual figure indicating the numbers of people sleeping rough in their area. They can do this by means of an estimate or a count. Local authorities can decide whether to carry out a count in the light of rough sleeping problems in their area. If a local authority chooses not to conduct a formal rough sleeper count, it should provide an annual estimate of rough sleeping numbers to CLG to help inform the national picture on rough sleeping.

The estimate should record as a single figure the number of people thought to be rough sleeping in the local authority area on a typical night between 1st October and 30th November. The figure should be as robust as possible and using the guidance provided will help to get the most accurate estimate.

The count is a snapshot of the number of rough sleepers in the local authority area on a particular night and it will not therefore record everyone in the area with a history of rough sleeping.

In order to decide whether there is a rough sleeping problem that could be usefully measured via a count, local authorities could undertake the estimation exercise outlined in the toolkit or alternatively gain intelligence from local partners. As one of the outcomes of the estimate process may be to decide to carry out a count, this process needs to happen early enough to allow for the planning of a count (taking 6 weeks).

If any of the following factors emerge from consultation with local partners, the local authority may decide to carry out a count:

- A significant change in the number, population or location of rough sleepers
- High numbers of rough sleepers in the area
- An increase in numbers of rough sleepers
- Difficulties forming an estimate on the basis of the information available
- Significant disagreement about the numbers between agencies

Homeless Link has a new role in supporting local authorities to estimate levels of rough sleeping in their locality and, where appropriate, to provide verification for their count. Specifically Homeless Link will:

- Provide support and guidance to local authorities for creating their estimate.
- Provide verifiers to Local Authorities wishing to count
- Provide support and training to those verifiers in understanding the count methodology
- Review rough sleeping counts and estimates to ensure their integrity
- Engage in local projects based on the finding of the counts or estimates, for example further pieces of work to audit or assess the needs of rough sleepers.

1.4.2. SUPPORTING PEOPLE CLIENT RECORD AND OUTCOMES

All services accepting a new service user who enters a Supporting People service are expected to complete a client record form (except for sheltered housing services). Data collected from these forms are used to record client details such as client demographics, characteristics, needs, source of referral, etc. This is then used to analyse overall trends and spot gaps or increased demand for services by particular groups. These data exclude people who are still on the street or not engaging with services, since it records an individual's needs and situation when they start receiving housing related support. The latest data available are from Quarter 1 of 2010-2011, where 45,100 Client Record Forms were received between April and June 2010.

1.4.2.1. Number of clients entering and leaving the service by service type, Q1.

In the period between April and June 2010, the highest recorded number of clients were seen entering **Floating Support** (50.1%), followed by **Supported Housing** at 11,700 (25.9%) and **Direct Access Hostels** at 4,800 (10.6%). Refer to Figure 2 for details.

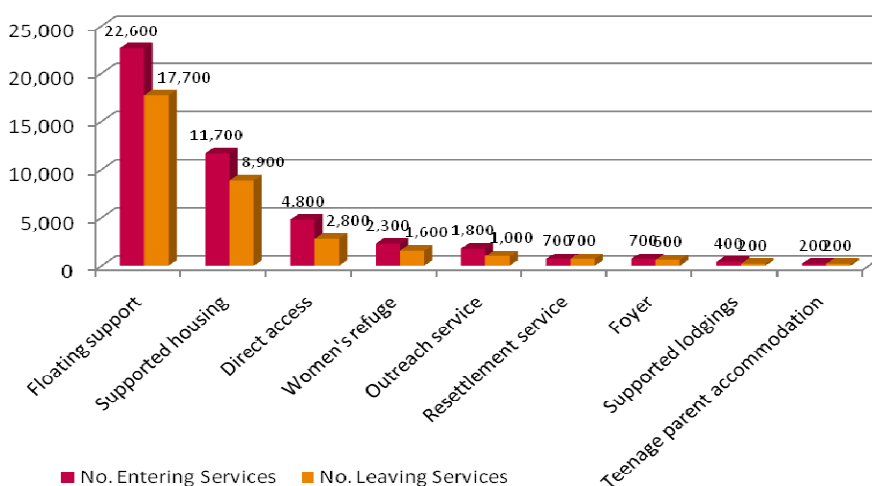


Figure 2: Number of clients entering and leaving SP service by service type, April – June 2010.

1.4.2.2. Number of clients entering and leaving the service by Client Group, Q1

More than a quarter of the clients recorded as entering services was from the **Single Homeless** category (11,900 recorded, 26.4% of total records), followed by **People at risk of Domestic Violence** (5,300 recorded, 11.7% of total records) and those with **Generic/Complex Needs** (4,800 recorded, 10.6% of total records). There were 2,600 records of **Young People at Risk** (8%) and 1,100 **Rough Sleepers** (2%) entering the services in this period.

Similarly, more than a quarter of the clients recorded as leaving the service were **Single Homeless** (8,800; 26.2%). This is followed by **people at risk of domestic violence** (3,500; 10.4%), **generic/multiple needs** (3,400; 10.1%), and **mental health problems** (3,200; 9.5%). There were 3,400 records of **Young People at Risk** (8%) and 600 **Rough Sleepers** (2%) leaving the services in this period. Figure 3 summarises the results.

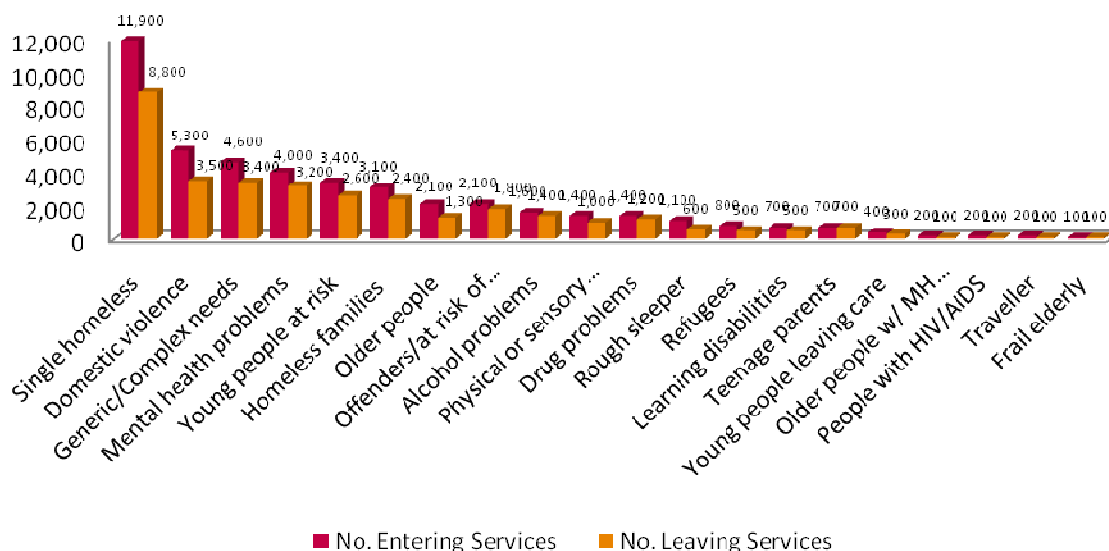


Figure 3: Number of clients entering and leaving SP services by Client Group, April - June 2010.

1.4.2.3. Ratio of Clients leaving and entering the services

Overall, between April – June 2010, the ratio between people leaving and entering the service was roughly 3:4. This means that **for every 3 people leaving** the SP services, **roughly 4 people enter** the services. This ratio is true for the Single Homeless and Young People at Risk groups. However, the ratio is slightly higher for the Rough Sleeper group; for **every 1 person leaving, 2 people would enter** SP services.

For every 3 people leaving the SP services, roughly 4 people enter it.

Figure 4 below summarises the trend over the past few years. In general, there has been an improvement on the ratio of people entering and leaving the services year after year since 2007, when data collection on outcomes began. Please note that the 2010 – 2011 figures are estimated from the data collected in Q1, which does not take into account potential seasonal variations. There was a big improvement on the ratio from 2007 – 2008, which was roughly 1:2 to 2008 – 2009’s ratio of 4:5. These figures suggest that roughly, **between 2007 – 2008, for every 2 people who entered SP services, 1 individual left**; while in **2008 – 2009 for every 5 individuals who entered services, 4 left**. The ratio declined slightly in 2009 – 2010 to 3:4, which was very similar to this year’s first quarter data.

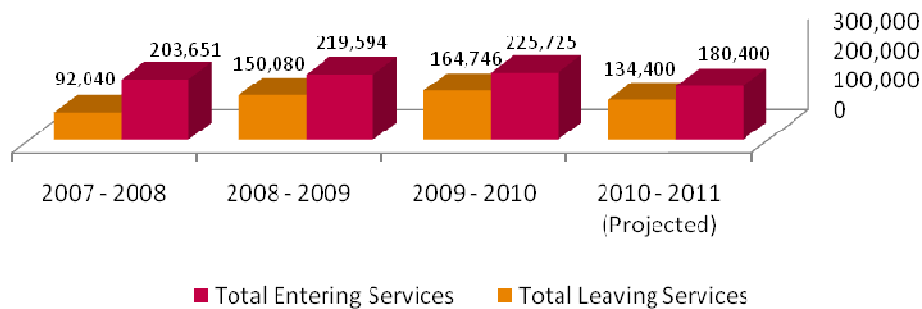


Figure 4: Ratio of Clients leaving and entering SP services, 2007 - 2011 (projected).

1.4.2.4. Number of clients leaving services with outcome achieved, Q1

As well as the data analyses from the Client Record Forms when a client enters a service, information is also collected when clients leave their services. Providers submit outcomes forms in short term services (between 28 days and 2 years) when a client leaves their service, which details whether the service has helped to meet their desired needs.

SP services are very good at helping clients achieve soft outcomes.

Data received for Quarter 1 of 2010 – 2011 suggest that services are very good at helping clients achieve soft outcomes. This is measured by calculating the percentage of individuals who achieved the outcomes desired within the number of individuals who were identified as having that support need. For example, the highest percentage of outcomes achieved are found in **helping to maintain independence (91% achieved outcome)**, **maximising income (90% achieved outcome)**, **establishing contact with external services/groups (88% achieved outcome)**, **developing confidence and greater**

choice/control/involvement (87% achieved outcome, which is a similar figure to 2009-2010), **minimising risk of harm from others (86% achieved outcome)**, and **managing physical health better (83% achieved outcome)**.

In contrast, it would seem that services were not as effective at helping individuals achieve the hard outcomes around employment and education. Current data would suggest that the lowest percentage of outcomes achieved are found around paid employment; **clients currently participating in paid work (26% achieved outcome compared to 33% from 2009-2010)** and **participation in paid work while receiving service (33% achieved outcome)** despite the relatively high percentage of individuals participating in work-like activities including volunteering and work experience (61%). Similarly around education and learning, although 61% of clients participated in education and/or training, only **28% clients achieved qualification**. Details of the outcome achieved for the period of April – June 2010 can be found on Table 2.

1.4.2.5. Outcomes achieved in Single Homeless, Rough Sleeper, and Young People at Risk

The outcome achieved in three particular client subgroups were explored, namely in the Single Homeless, Rough Sleeper, and Young People at Risk subgroups. In general, the percentage of these subgroups were comparable to the main All Clients group, except in some areas which is discussed below.

Single Homeless subgroup

In most categories of outcomes, this subgroup seems to be fairly similar to the main All Client group. The areas that services did not seem to be as effective in helping the Single Homeless subgroup are **reducing debt** (62% of subgroup compared to 73% of main group) and **maintaining accommodation** (66% of subgroup achieving compared to 76% of main group). On the other hand, a higher percentage of the Single Homeless subgroup are achieving the **establishing contact with family** (64% of subgroup) compared to the main group (55%).

Rough Sleeper subgroup

Services seem to be less effective in helping this subgroup in obtaining paid work. Compared to the main All Client group, a lower percentage of the Rough Sleeper subgroup are achieving both subcategories of the outcome, **currently in paid work** (18% of subgroup, 27% main group) and **participated in paid work whilst receiving service** (21% subgroup, 33% main group). In addition, the proportion of this subgroup achieving the outcome **maintaining accommodation** (66%) is lower than the main group (76%). Conversely, more individuals in the Rough Sleeper subgroup seem to be achieving the outcomes **participating in work-like activities** (74% compared to 61% of the main group) and **establishing contact with family/friends** (71% compared to 55% of the main group).

Young People at Risk subgroup

Services seem to be less effective in helping this subgroup in the health section. Compared to the main All Client group, a lower percentage of the Young People at Risk subgroup are achieving **management of substance misuse issues** (53% of subgroup, 62% main group) and **help to maintain independence** (82% subgroup, 91% main group). Like the previous two subgroups, a higher percentage of the Young People at Risk subgroup are achieving the **establishing contact with family/friends** (71%) compared to the main group (55%).

Outcomes	All Client Groups		
	No. with support need	No. Achieved outcome	% achieved outcome
Economic wellbeing			
Maximise income, including receipt of correct benefits	24,600	22,200	90%
Reduce debt	13,600	9,900	73%
Obtain paid work	6,400		
<i>Now in paid work</i>		1,700	27%
<i>Participated in paid work whilst in receipt of service</i>		2,100	33%
Enjoy & achieve			
Participate in training and/or education	11,000		
<i>Participated in training and/or education</i>		6,800	62%
<i>Achieved qualifications</i>		2,100	19%
Participate in leisure/cultural/faith/informal learning activities	8,500	6,800	80%
Participate in work-like activities (e.g. work experience/volunteering)	5,700	3,500	61%
Establish contact with external services/groups/family/friends	17,200		
<i>Establish contact with external services/groups</i>		15,100	88%
<i>Establish contact with family/friends</i>		9,400	55%
Be healthy			
Better manage physical health	12,500	10,400	83%
Better manage mental health	11,400	8,800	77%
Better manage substance misuse issues	9,100	5,600	62%
Help of assistive technology/aids and adaptations to maintain independence	2,200	2,000	91%
Stay safe			
Maintain accommodation	18,000	13,700	76%
Secure/obtain settled accommodation	21,400	15,700	73%
Comply with statutory orders and related processes, in relation to offending behaviour	4,700	3,600	77%
Better manage self harm	2,900	2,300	79%
Avoid causing harm to others	2,600	1,900	73%
Minimise risk of harm from others	7,300	6,200	85%
Positive contribution			
Develop confidence and greater choice/control/involvement	20,700	17,900	86%
TOTAL	199,800	167,700	84%

Table 2: Number of clients leaving services with outcome achieved, April – June 2010.

1.4.3. ST MUNGO'S

St Mungo's carry out an annual survey of their clients to produce an overview of their backgrounds, issues and needs. Through this research they identify trends, such as rising or decreasing levels of substance use or mental health problems, and compare these changes over time. They use the results to plan and tailor their services to their client group. However this is primarily based in London.

A briefing entitled *The Impact of Genuine Client involvement* describes how clients are encouraged to participate in planning, service provision and procedure and policy development. They carry out peer research – where clients adopt the role of researchers and interview their peer group about their views and experiences. This empowers clients and is more likely to produce valid results.

St Mungo's have carried out 3 major research projects¹¹ using this methodology:

- Concerning the poorer achievement of women towards outcomes
- What Works- looks at St Mungo's service delivery through the eyes of clients
- Bullying in Hostels

St. Mungo's have published the findings, conclusions and recommendations from the first piece of research using the Outcomes Star.

These are produced from both quantitative data on the soft outcomes from a sample of clients in their hostels using the outcome star tool. This data is also triangulated with qualitative data obtained from interviews with a smaller sample of clients, hostel managers and workers.

The tool is now used by homelessness organisations and Homeless Link provides training in its use¹². As measuring outcomes can help organisations to measure and demonstrate the impact that they are having on their service users, community and sector as a whole. The approach can also help to improve funding applications, reports, media coverage and improve service user involvement.

1.4.4. THE SALVATION ARMY

The Salvation Army produced 2 reports entitled '*Seeds of Exclusion*' following the completion of national surveys in 2008 and 2009 in collaboration with the Universities of Kent and Cardiff within their social service centres. The surveys investigate: "*how patterns of early life experience contain the seeds of future social exclusion and provides an insight into the nature, complexity and severity of problems facing homeless people in Salvation Army social service centres*".

The 2008 report involved a series of in-depth interviews with 438 homeless people using Salvation Army centres in various regions of the United Kingdom between January 2006 and March 2008. "*The survey focused on interviewees' current needs in relation to their early life experiences, relationships, mental health issues, substance misuse and the support respondents received for their complex needs.*"¹³

St Mungo's Outcomes Star

The Outcomes star is a tool for measuring soft outcomes for homeless clients and their key workers such as improvements in life skills, health and personal responsibility. It was originally developed by a group of consultants for St Mungo's as a tool for key workers to use so that they could report on the effects their work was having on the lives of the people they support, along with the expected end outcomes.

The 2009 report “*builds on the first study of The Seeds of Exclusion, published in July 2008, by extending the sample size and including analysis by age and by region.*” They carried out in-depth interviews and questionnaires among a sample of 967 homeless people at Salvation Army centres within the UK and Ireland. The research was again carried out by the University of Kent and Cardiff University between January 2006 and April 2009¹⁴.

1.4.5. HOMELESS LINK

1.4.5.1. Survey of Needs and Provision

Survey of Needs and Provision (SNAP) is a continuing initiative from Homeless Link to map the extent and nature of services for single homeless people and couples without dependent children in England, and the clients that use them. It was first published in February 2008 and followed by the 2nd and 3rd in 2009 and 2010. Although the focus of the report is on the services provided by projects, SNAP also looks at the clients accessing these services. Project managers were asked to give an estimate of the proportions of clients from certain backgrounds, information on client issues and client outcomes. The figures produced by SNAP are useful in providing us with a way of tracking the changes happening to the sector, organisations, and clients. However, figures on client background and issues are difficult to interpret as they are based on project estimates of the proportion of clients they are seeing. In other words, instead of providing us with the exact numbers of clients in their services, the projects are only able to give rough estimates of the proportions of clients they see.

The In-Form client recording system developed by Homeless Link is now used by a range of organisations in the sector from the very largest providers to organisations offering a single day centre or hostel. Users include Depaul UK, Thames Reach, Centrepoint, The Connection at St Martins, The Passage, Norcare, Worthing Churches and The M25 Group.

1.4.6. BROADWAY

According to the most recent CHAIN data report published by Broadway in July 2010, there were 1299 people seen to be sleeping rough between April and June 2010¹⁵. Additionally, 908 individuals verified as rough sleepers were contacted during the period, but not seen rough sleeping. It was reported that there has been a slight increase in these figures from the last quarter (121 more individuals seen rough sleeping) as well as the same time last year (27 more individuals). The top three boroughs with the highest number of rough sleepers were Westminster (715 rough sleepers, 223 new, 492 known), Southwark (90 rough sleepers, 44 new, 46 known), and Camden (84 rough sleepers, 34 new, 50 known). The highest proportion of rough sleepers were British (33%), followed by Polish (19%). In total, the A8/A2 nationals made up 26% of the total number of rough sleepers in the period.

In 2009, Broadway published a report on a longitudinal analysis of CHAIN data, “Profiling London’s rough sleepers: A longitudinal analysis of CHAIN data¹⁶. As well as looking at the demographics and needs of rough sleepers, the report also explores how long these individuals spend on the streets, how they use accommodation and how effective current routes off the streets are.

It is very clear that the report has added to the sector’s knowledge, as well as in influencing the CLG’s policy around rough sleeping. Although this report was invaluable in informing the sector on rough sleeping, again this was focused on London’s population only.

*There were
1299 people
seen to be
sleeping
rough
between April
and June
2010*

1.5. EXISTING SOURCES OF DATA IN EUROPE

The need for an integrated information system for measuring homelessness has also been highlighted on a European level. In April 2010, a campaign to tackle homelessness in the EU was launched at the European Parliament. The main aim of the campaign is to get commitments to end all rough sleeping in all EU member states by 2015. A cross-party written declaration on an EU homelessness strategy was drafted in September 2010, supported by FEANTSA. In addition to the main aim of ending rough sleeping, the paper also calls on Eurostat¹⁷ to start collecting homelessness data on an EU level.

Currently, the way homelessness is measured varies widely from country to country. The methodology employed is dependent upon the understanding of the nature of the problem in that particular country, and therefore, the chosen definition utilised nationally. Edgar (2009)¹⁸ reported it is only in some countries that there is clarity about where the responsibility falls in terms of the collection and management of homelessness data. In most others, the legislative basis and governance of data collection on homelessness is only weakly developed. A significant number of countries have no official or co-ordinated data collection, including most of the A-10 countries. Countries with a federal structure of government (Austria, Belgium, Germany and Spain) have no national approach to data collection though some regions have more developed systems in place. The following sections describe first, the situation of data collection across the different welfare regimes in Europe and second, the different approaches to data collection.

1.5.1. THE NORDIC COUNTRIES – DENMARK, FINLAND, SWEDEN, AND NORWAY

As a result of established homelessness strategies, all four countries have clear responsibility of the implementation of these strategies, including collection and management of homelessness data. They have taken a common approach to data collection, long-establishing a register-based system for the population census (UNECE, 2007)¹⁹. All four countries have conducted national surveys on homelessness. There are a few minor variations, although the approach taken is broadly similar. All four countries have an agreed operational definitions of homelessness for the purposes of the surveys. However, the frequency of the surveys has varied. For example, Norway has held these surveys annually since the 1980s while the other three countries have done theirs less regularly. Despite the disparity of the survey occurrence, these surveys were held often enough to allow the Nordic countries identify trends in homelessness and use these to guide policy development. All four have recognised the need to involve all key stakeholders in the process.

The Nordic countries have long-established a register-based system for the population census, conducting national surveys on homelessness.

Besides the homelessness surveys, each of the Nordic country also have slight variations in their approach to data collection and management.

1.5.1.1. Norway

Norway has a statistics system called KOSTRA (KOMmune-STat-RApportering: Municipality-State-Reporting). The key figures in KOSTRA provide information on most of the municipal and county municipal activities, including economy, schools, health, culture, the environment, social services, public housing, technical services and transport and communication. Within KOSTRA, there are three main systems which deal with homelessness. The first is BOKART, a system for monitoring homeless people and those with housing problems. The second system is IPLOS, which is a national statistics linked to individual needs for care. It provides a standardised set of information about any seeker or recipient of health or social help (nursing and care sector) from local authorities. Finally, information from the social security system is also used.

1.5.1.2. Denmark

Denmark uses a register-based system to collect statistics on homelessness. The system provides information about individuals who are accessing accommodation under certain parts of the Social Welfare Acts through their national identity numbers. Under this Act, all homeless people are entitled to Income Support payments or other benefits (including pensions) in addition to a variety of housing opportunities, for which s/he must pay rent. The homeless person can choose between a room in a rooming house, a bed in a shelter, sharing in a housing cooperative, independent apartment living, etc. Using this method, the government are able to extrapolate the number of individuals accessing the service and detailed geographical information and thus are able to produce longitudinal studies as well as service analysis.

1.5.1.3. Sweden

In 1999, the government appointed a parliamentary committee called “The Committee for the Homeless” to work over a three-year period to create a better situation for the homeless and prevent homelessness occurring. Its final report was published in December 2001 and is currently reviewed by authorities and organisations. Its suggestions to the Government included measures to increase the supply of cheap rental housing, extended the right to housing allowances and new eviction regulation. There is no right to housing for the homeless in Sweden but local municipalities have an obligation to provide temporary shelter in emergency cases. However, the Committee for the Homeless suggested that the right to subsistence, articulated in the Social Service Act, should be complemented with a right to housing for those who cannot by their own effort find accommodation on the regular housing market. According to the National Board of Health and Welfare (2009)²⁰, Sweden has recently reviewed its approach to data collection and evaluated data available from various sources.

1.5.1.4. Finland

The work done to reduce homelessness nationally and in the Helsinki Metropolitan Area is overseen by the Ministry of the Environment. The aim is to improve the supply of small rented apartments, to channel investment grants for special groups into projects that alleviate homelessness, and to develop new ways to help people from groups with special needs to find accommodation. The Ministry co-ordinated a working group made up of key stakeholders to develop a longitudinal program to reduce homelessness in the country.

1.5.2. THE CONTINENTAL – AUSTRIA, BELGIUM, FRANCE, GERMANY, LUXEMBOURG, NETHERLANDS.

In Austria, Belgium and Germany the government has no remit in housing or homelessness. France and the Netherlands have a more varied approach.

The Continental countries are differentiated by their governmental structure. Austria, Belgium, and Germany have federal structures, and the government has no remit in housing or homelessness. This means that it is not possible to collect homelessness data nationally. In all three countries, homelessness umbrella organisations have been the main sources of information. These are BAWO in Austria, SAW in Belgium, La Strada in Brussels, and BAGW in Germany. France and the Netherlands have a more varied approach to their data collection, utilising national statistics organisations or client recording systems.

1.5.2.1. Austria

A nationwide survey was undertaken by BAWO (an umbrella organisation for homeless service providers) in 1997, which gives a figure and basis for a national estimate on the level of homelessness. However, since then there has not been any attempt to update the results or to give further proof on specific groups which might be at higher risk to become homeless. Some regions such as the City of Vienna produces an annual report on homelessness support in the city.

1.5.2.2. Germany

There are two main legal provisions for the homeless in Germany. Although there is no legal right to permanent housing, municipalities have an obligation to prevent rooflessness by providing roofless persons with temporary accommodation with basic standards. Homeless people without an income have a right to social assistance which covers subsistence costs and costs of “reasonable” (temporary) accommodation. There is no national data available in Germany on the extent of homelessness. Similarly to Austria, however, some regions such as the North Rhine-Westphalia has produced annual reports based on annual surveys until recently.

1.5.2.3. France

The right to housing was incorporated into French law in 1982 for the first time. On 6 July 1989, the right to housing was permanently adopted in a legal context. The Besson law, passed on 31 July 1990, is designed to implement this right and was followed by several measures to make this law effective for low-income persons, and give them access to this fundamental right (Blanc, 1998)²¹. A decree as recent as January 2002, defines the standards of ‘decent housing’.

Data collection is mainly done through national statistics organisations, INED and INSEE. Data on homeless people is collected within the main population census.

1.5.2.4. Netherlands

A system of client councils has been put in place in the Netherlands, in line with the statutory obligation to promote participation. A Dutch law was passed in 1995 on client participation in care organisations. It applies across the whole of the care sector, including disability services, mental health services, services for the elderly, services for learning difficulties and services for people who are homeless. The law seeks to promote the creation of a system of representation of the service-users through client councils. It applies to all organisations active in the care sector and obliges them to seek to create a client council and to renew such efforts (where they have failed) every two years.

There are two national sources that have been utilised in the Netherlands. These are client recording systems called Regas from Federatie Opvang (the Dutch Federation of Shelters) and Clever from the Salvation Army. Other data sources include a national monitoring system, from which data linked to the Homelessness Action Plan is collected by the local authorities. Additionally, some of the bigger cities including Amsterdam and Rotterdam are now working with a centralised system to monitor shelter and service access.

1.5.3. THE MEDITERRANEAN – GREECE, ITALY, PORTUGAL, SPAIN.

There is no consistency in the way data is collected in the Mediterranean region.

1.5.3.1. Spain

There is no official definition of homelessness in Spain, be it from the central State, the Autonomías (17 States that compose the nation of Spain), or municipal authorities. Likewise, there are no official definitions of analogous concepts, even within the legislation of local or national social services. As a result, there is no national or regional statistics on homelessness. Some initiatives have been developed in Madrid and Catalonia, but progress in most other regions is inconsistent.

1.5.3.2. Greece

There has been no national strategies in Greece to combat homelessness. According to FEANTSA; *“Compared to other European Member States, homelessness in Greece has only recently been understood to be a social problem, mostly by NGOs. Homelessness, however, has clearly escalated in the last few years due, to a great extent, to the influx of a large number of immigrants from neighbouring countries (Eastern Europe).”*²²

Initiatives have only been taken by non-governmental organisations such as Klimaka, who has recently conducted the most extensive survey on rough sleeping in Athens. It is reported that official figures for 2010 will be released by the country's National Statistics Authority next year (FEANTSA, 2010)²³

1.5.3.3. Italy

Information on homelessness in Italy is limited and systems of data collection are under-developed and local in scope. There is no national data on homelessness, apart from that collected in 2000 by a quantitative Survey, undertaken by CIES through the Fondazione Zancan. However, in 2008 the Ministry for Social Solidarity (now Ministry of Labour, Healthcare and Social Policies) signed an agreement with ISTAT, Fio.PSD and Caritas Italiana to conduct national research / a census of homeless persons in Italy. This is the first systematic research activity on a national level promoted by public funding on this theme.

1.5.3.4. Portugal

In May 2007, an inter-institutional group was founded with the aim of formulating a strategy towards the prevention and intervention of homelessness. This group is made up of various public and private agencies whose work are focused on the problem. The Institute of Social Security, operating under the Ministry of Labour and Social Solidarity, is responsible for co-ordinating this group. It is also responsible for the administration of the online database which is being implemented all over the country. This database is accessible local service providers. As part of the strategy, it is proposed that a system for monitoring homelessness is constructed. This system will simultaneously work for those providing services at various levels – individual, institutional, local, and central.

There is no consistency in the way data is collected in the Mediterranean region.

1.5.4. EU LEVEL DATASET – THE MPHASIS PROJECT

MPHASIS (Measuring Progress on Homelessness through Advancing and Strengthening Information Systems) was a two-year project funded by the European Commission DG Employment, Social Affairs and Equal Opportunities under the PROGRESS Initiative. It ran from December 2007 to December 2009. The main objective of MPHASIS was to improve monitoring of homelessness and of homeless policies in 20 European countries in a coordinated manner on the basis of the recommendations of the Measurement of Homelessness at European Union Level study by Edgar et al (2007)²⁴. They proposed that homelessness monitoring strategy should be a fundamental part in combating homelessness. However, without an agreed standard of measurement within and between member states, it would be impossible to enumerate homelessness at any level. It was agreed, therefore, that the first step towards achieving this goal is to first come up with an agreed definition and sub-definition of homelessness.

“The difficulty of defining homelessness impacts on the ability of governments to adequately and appropriately respond to homelessness. The purpose of collecting data on homelessness should be to provide the information necessary to improve the provision of services in order to prevent and alleviate homelessness. The information collected on homeless people should be adequate to inform national and local governments who, in the framework of the EU Social Inclusion Strategy, should be developing strategies to:

- prevent homelessness;***
- tackle the causes of homelessness;***
- reduce the level of homelessness;***
- reduce the negative effects on homeless people and their families;***
- ensure that formerly homeless people can sustain permanent, independent housing”***

Edgar and Meert (2005, p. 7).²⁵

The study also proposed a core dataset which contains the minimum number of variables that could be collected across Europe by using the same definitions, and therefore allowing for an EU level dataset to be collected.

It is proposed that the core data set should include information on:

- basic demographic characteristic (age and gender),
- nationality and migration background (country of birth),
- composition of homeless households,
- their accommodation situation (immediately before service period and at time of data collection),
- the duration of (current) homelessness and
- the reasons for (last) homelessness.

There are valid and simple reasons for choosing these variables. Firstly, the variables are quite basic and are often already available in various registration systems. Secondly, these basic variables would allow us to build a profile of the homeless population. Another important reason for choosing the selection is that it should be relatively easy to standardise the definition of these items for European data collection purposes.

“Adopting a restricted list of core variables increases the feasibility of data harmonisation. While developed mainly for accommodation based services, the variables can also be used as a core data set for client registration at non-residential services for the homeless and can also guide the definition of variables employed in surveys.”

(Busch-Gertseema & Edgar, 2009, p. 1)²⁶

1.6. PRELIMINARY CONCLUSION

As could be seen from the discussion above, there are broad similarities in the issues involved in collecting homelessness data within the UK and in the EU. There are varying amount of information within the EU, and methods vary from country to country, along with the operational definitions adopted. Similarly, the information collected by some organisations in the UK could potentially be rich data sources. However, these sources relate to different population groups in different parts of the country, making the data incomparable.

Recently, FEANTSA published a case study comparing the process of homelessness data collection in 6 European cities²⁷. Instead of comparing actual data on homelessness, the report looks at the comparability of homelessness definitions, variables collected, and local data availability in Budapest, Dublin, Marseille, Oslo, Ostrava, and The Hague. The focus on comparing the process in the six cities is a crucial first step towards raising awareness on ways to improve cross-country comparability. It was concluded that the MPHASIS variables were suitable for the statistical purposes of EU-level data collection on homelessness, as they offer *“...generic variables which are flexible enough to integrate specific local data”*. The report highlights the need for more resources and European coordination in order to make the production of comparable statistical data on homelessness at EU level feasible in the future.

It has been widely acknowledged that a national and EU-level data set will be invaluable in tackling homelessness. An aggregated database would allow us to measure and monitor the level of homelessness, as well as demonstrating the impact of services and/or changes made on the policy level. As demonstrated by some of the Nordic countries, a simple survey might be used effectively to monitor the level of homelessness. More importantly, they have realised that involvement from all relevant stakeholders are necessary in order to get a fuller picture. There is a strong indication that the key to a sustainable system of data collection lies on the recognition that it should be a collective effort, and the burden of monitoring should not fall solely on one agency. On a related note, the data collected should be used as effectively as possible, minimising the burden of collection while maximising output. This would involve looking at the use of existing data and possible data sharing between agencies. While Critical Mass is exploring the latter, there are a number of agencies in the UK that have successfully integrated data from national sources. The next chapter will explore this in further detail.

2. HOW OTHER SECTORS USE DATASETS

Which sectors have used datasets to produce evidence-based knowledge?

In order to understand the limitations and uses of datasets, the way other sectors have collected and used data will be explored.

2.1. NATIONAL DRUG TREATMENT MONITORING SYSTEM²⁸

2.1.1. BACKGROUND:

The National Drug Treatment Monitoring System (NDTMS) is the official method of monitoring the extent and nature of structured drug and alcohol treatment in England. It is currently managed by the National Treatment Agency for Substance Misuse (NTA) and operated by nine regional centres. However, in July 2010 the Secretary of State for Health announced that the NTA will be abolished as a statutory organisation, and its functions will be transferred to the new Public Health Service in 2012. Further details about how the Public Health Service will operate are expected to be set out in a White Paper on public health later this year. At the same time the government is reviewing the Drug Strategy, and is expected to set out its distinctive vision after the outcome of the comprehensive spending review in the autumn.

NDTMS figures are used to support the government's commitment to the national drug and alcohol strategies. The figures are also used as part of the Healthcare Commission's 'star-ratings' system for performance managing Primary Care Trusts (PCTs) and mental health trusts.

THE FUTURE OF NDTMS

In July 2010 the Secretary of State for Health announced that the NTA will be abolished as a statutory organisation, and its functions will be transferred to the new Public Health Service in 2012. Further details about how the Public Health Service will operate are expected to be set out in a White Paper on public health later this year. At the same time the government is reviewing the Drug Strategy, and is expected to set out its distinctive vision after the outcome of the comprehensive spending review in the autumn.

2.1.2. NATIONAL DATA COLLECTION METHOD:

There are numerous forms of drug treatment that range from high intensity interventions, such as Inpatient Detoxification, to low threshold services, such as advice and information. The NDTMS only monitors higher end, 'structured', services. In most cases, structured services are services that start with a comprehensive assessment, based around a care plan and involve regular contact with a specialist drugs worker. There are a few items that are collected in the main dataset, called the "Drug for Core Data Set". These include information on:

- Client details
- Episode details (including client details which may vary over time)
- The local treatment modality intervention details
- Treatment Outcomes Profile (TOP – to be discussed in the next section) details
- Local (i.e. regional fields whose usage will be dependent on regional requirements)

The majority of the data currently collected by NDTMS (from drug and/or drug and alcohol treatment services) is supplied by clinical information systems maintained by larger treatment providers (e.g. Mental Health Trusts and national voluntary sector organisations). The NTA work with third party software suppliers

to embed the NDTMS data set standard within their software, and test and accredit that the software supplies the relevant data file output required. Where a treatment provider does not have a clinical information system, the NTA have developed a web-based data entry tool which treatment providers can use to submit data (about 700 services currently do so). This is referred to as the DET (Data Entry Tool). Although DET is predominantly used in the smaller providers, larger providers and Mental Health Trusts also make use of the system as an interim or contingency measure while clinical information systems are unavailable (e.g. during migration to Trust electronic patient records). The data entered onto DET, or captured on provider clinical information systems, is supplied to regional NDTMS database centres. The method of transmission from provider to regional centre is through a secure web application called DAMS (Drug and Alcohol Monitoring System) developed and maintained by the NTA. DAMS provides real time data quality reporting back to the submitting treatment provider, who may amend and resubmit data if they wish to do.

The collection of data on specialist treatment for drug misuse enables national, regional and local-level reporting on drug treatment to support the National Drug Strategy and needs analysis. Data reporting will facilitate policy formulation and will support the development of efficient commissioning systems at a local level.

2.1.3. USE OF DATA:

As stated previously, the main function of the NDTMS is to measure the number of people in contact with treatment services. These figures are used to measure progress made towards the government's commitment to double the number of people in drug treatment between 1998 and 2008. Data from the NDTMS are also used to indicate and set performance targets. This would influence the status of drug treatment under the 'star rating' system imposed by the Commission for Health Audit and Inspection (CHAI). A significant proportion of each PCT's annual funding is based on CHAI performance targets, which are assessed through their star rating system. Drug treatment is a 'two star' aspect of health care which essentially means that it is of added importance (in relation to one star areas) in terms of the PCTs' need to meet their performance targets. Although failure to meet the annual drug target (determined locally by the NTA and Strategic Health Authorities (SHAs), averaging 18% over two years between 2004/05 and 2006/07) does not automatically mean that funding will be withheld, it is an important factor nonetheless.

In short, it is both politically (for the government and the credibility of the NTA) and financially (for the PCTs) essential that the NDTMS functions effectively. NDTMS data is also used in the following areas:

- Informing local commissioning
- Drug Interventions Programme monitoring
- Epidemiology
- Research
- Ad hoc requests

2.2. DEPARTMENT FOR EDUCATION

2.2.1. BACKGROUND:

In 2003, the Government published a Green Paper called *Every Child Matters* (ECM) alongside the formal response to the report into the death of Victoria Climbié. Enforced by the Children Act 2004, ECM took a radically new approach to improving the wellbeing of children from birth. The programme was designed to end the disjointed working of services that failed Victoria Climbié and aimed to achieve better outcomes for all children by encouraging organisations that provide services to children work better together. ECM also sets out five key outcomes it hoped the services would help provide for children: being healthy, staying safe, enjoying and achieving, making a positive contribution to society and achieving economic wellbeing.

In conjunction with ECM and in order to monitor educational outcomes, the government launched New Relationship with Schools (NRwS) in January 2004. One of the main aims of this drive is to improve practices in data sharing, both between and within schools. The principle behind the drive is for pupil and school related data to be collected only once but used many times, by implementing a networked Management Information Systems (MIS) in every school for collecting and storing data which can be accessed by all teachers.

The ECM agenda has been further developed through the publication of the *Children's Plan* in December 2007, which outlined a ten-year strategy to make England the best place in the world for children and young people to grow up. It proposed to do this by placing families at the centre of government policy. The Plan was devised to contribute to the achievement of the five ECM outcomes by improving children's health and educational outcomes for children, reducing offending rates among young people and eradicating child poverty by 2020.

THE BIRTH OF EVERY CHILD MATTERS

The death of Victoria Climbié led to a public inquiry and produced major changes in child protection policies in England. The eight-year-old was abused and murdered by her guardians in London in 2000.

Up to her death, the police, the social services department of four local authorities, the National Health Service, the National Society for the Prevention of Cruelty to Children (NSPCC), and local churches all had contact with her, and noted the signs of abuse. However, in what the judge in the trial following Victoria's death described as "blinding incompetence", all failed to properly investigate the case and little action was taken. Her guardians, Kouao and Manning were convicted of murder and sentenced to life imprisonment.

After Climbié's death, the parties involved in her case were widely criticised. A public inquiry, led by William Laming, was ordered. It discovered numerous instances where Victoria could have been saved, noted that many of the organisations involved in her care were badly run, and discussed the racial aspects surrounding the case. The subsequent report by Laming made numerous recommendations related to child protection in England. Climbié's death was largely responsible for the formation of the Every Child Matters initiative; the introduction of the Children Act 2004; the creation of the ContactPoint project, a government database designed to hold information on all children in England; and the creation of the Office of the Children's Commissioner chaired by the Children's Commissioner for England.

2.2.2. NATIONAL DATA COLLECTION METHOD:

The DfE and 16 other key national education partners, including Ofsted and the Learning & Skills Council, have agreed to assume collective responsibility to minimise the burdens of data collection on schools and local authorities, to share data with each other, and to ensure that the data collected is used effectively to

support teaching and learning. The DfE and partner organisations attempted to eliminate separate data collections and include them within a School Census.

It is a legal requirement for all state maintained nursery, primary, middle, secondary and special schools, city technical colleges and academies as well as direct grant nurseries, non-maintained special schools and hospital special schools in England to complete School Census returns under section 537A of The Education Act 1996. The School Census excludes independent schools, pupil referral units, early years providers, general hospital schools and home schooling. In 2007, the School Census collected data on over 6.3 million children in English Schools.

Schools in England conduct censuses three times a year in January, May and September. The data for the School Census is collected from each school's MIS. The government has developed the Common Basic Data Set (CBDS)²⁹ to facilitate the electronic transfer of data. The CBDS is an agreed set of information that is held electronically in schools and local authorities, and can be transferred in a standard electronic format. Three specifications have been developed, covering pupils, school workforce (teachers, support staff and governors) and schools. CBDS specifications are also planned for local authority, finance and qualifications data. CBDS has been developed in consultation with schools and local authorities and it contains data items that schools will need for its own internal management processes.

In order to support secure data transfer between schools, Local Authorities, the DfE and other agencies, the DfE provide a secure data transfer system through their website called the s2s. The s2s site is able to transfer all statutory returns, such as School Census, from schools and also provides a means to transfer any type of file or information securely between any users of s2s.

2.2.3. USE OF DATA:

Since data collection is centralised, the DfE is able to produce statistics on a national level. This includes statistics on pupils (demographics, levels of Special Education Needs, number of pupils needing Free School Meals, etc.), school workforce (demographics of teachers, qualifications, salaries, etc.) as well as school level information (e.g., total number of pupils, governance, etc.). Data published by the DfE is currently still housed in the Research & Statistics Gateway on the main DfE website³⁰.

Data collected are used by various agencies, including schools themselves, Local Authorities, and the DfE. Schools are using the datasets for the following purposes:

- Tracking pupils' progress
- Making comparisons between genders and other demographic characteristics
- Compare pupil performance over time
- Consider pupil performance in the socio-economic context of the school
- Predict future performance of pupils based on prior attainment

On the Local Authority level, data collected from all schools in the borough is used for:

- setting the next year's attainment target for each school
- allocating funding with regards to the school's needs
- benchmarking between and within the local authorities

2.3. MINISTRY OF JUSTICE

2.3.1. BACKGROUND:

The **National Offender Management Service (NOMS)** is an executive agency of the Ministry of Justice responsible for the correctional services in England and Wales. It was created in 2004 by combining parts of both of the headquarters of the National Probation Service and HMS Prison Service with some existing Home Office functions.

The main aim is to achieve a better balance between the prison population in England and Wales and the resources available for the correctional services. The emerging structure of NOMS saw the appointment of a Regional Offender Manager (ROM) for each of the 9 English regions and Wales. Their responsibilities included the negotiation and performance monitoring of Service Level Agreements with each of the public sector prisons and probation areas in their regions, and of contracts with private sector prisons. The actual management of public sector prisons however remained with HM Prison Service, reporting separately to its' own Director General. ROMs were also given responsibility for the reduction of reoffending in their regions, effected by the development of multi-agency partnerships which harnessed the capacity of other government departments, agencies, and local authorities to influence the factors which affect offending - drugs and alcohol, accommodation, employment training and education, children and families, health, finance debt and benefit, attitudes thinking and behaviour.

The Home Office realised very early that end-to end offender management would require better joined up information systems across prison and probation services than were either in existence or planned. Both services were already intending to replace their existing IT systems, but data sharing across the services did not form part of these projects. HMPS's PRIME project begun in 2003, aimed to replace its ageing prisoner management system (Local Inmate Database System – LIDS) by April 2007, whilst the National Probation Service aimed to introduce the key elements of a national offender management system beginning in 2005. The Home Office decided to take the PRIME project and use it as the basis for a national offender management information system across both services.

2.3.2. NATIONAL DATA COLLECTION METHOD:

The C-NOMIS (National Offender Management Information System) project was initially started in 2004, with the aim of creating a system that would consolidate more than 200 disparate prison and probation service databases. C-NOMIS was intended to support a new way of working, known as end to end offender management, and to replace existing prison inmate and local probation area offender case management systems with one integrated system, allowing prison and probation officers and others to access shared offender records in real time. It was planned that eventually, more than 80,000 users within the criminal justice community (including courts, prison and probation services, police forces and other partner organisations) would be able to share up-to-the-minute information for more efficient and effective management of offenders.

However, in 2009 the National Audit Office produced a report that the project has been unsuccessful due to the significant underestimation of the project's technical complexity. When the project began in 2004, the approved cost of C-NOMIS was £234 million to 2020. It was reported that by July 2007, NOMS had spent £155 million, C-NOMIS was two years behind schedule and estimated lifetime project costs had risen to £690 million. The Minister of State imposed a moratorium while options for reducing the project cost were sought. During Autumn 2007, NOMS evaluated a range of options and, in January 2008, recommenced work on a rescope programme with an estimated lifetime cost of £513 million (including sunk costs) and a final delivery date of March 2011.

3. OUTCOMES MEASUREMENTS IN OTHER SECTORS

3.1. NTA TREATMENT OUTCOMES PROFILE (TOP)

The NTA has developed a treatment outcomes monitoring instrument (the Treatment Outcomes Profile or TOP) to be used at the start of treatment and in care plan reviews and reported through the National Drug Treatment Monitoring System (NDTMS). TOP was developed in 2006-07 and enables providers to monitor client outcomes relating to their treatment journey. Up to then, the NTA has used process and proxy outcome measures – such as waiting times and retention – to indicate the effectiveness of drug treatment. TOP measures changes to clients' alcohol and drug use, health, social needs and criminal and legal issues. All drug treatment providers are required to complete TOP on their clients from October 2007 – this information is part of the full NDTMS data set. The Agency, treatment providers and commissioners have shared a long-term goal to establish real outcomes monitoring systems and committed to their development for 2007/08.

Drug treatment outcomes in the UK are grouped into four key domains:

- Drug and alcohol use
- Physical and psychological health
- Social functioning
- Offending and criminal involvement.

Alcohol treatment services are not required to collect TOP items from 1st April 2008; however, there is likely to be a future requirement to do so and providers that wish to complete TOP from 1st April 2008 will be supported in their data collection. Providers of both drug and alcohol treatment services may be planning to collect TOP for all clients and this is strongly encouraged.

3.2. DFE COMMON ASSESSMENT FRAMEWORK (CAF)

Under the Every Child Matters: Change for Children programme, the government introduced the Common Assessment Framework (CAF). The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It can be used by practitioners across children's services in England as well as helping schools to identify their role in meeting pupils' needs and to target referral to other specialist services when needed. Schools will be able to work with local children's trusts to find places for hard-to-place pupils.

The CAF is a key part of delivering frontline services that are integrated, and are focused around the needs of children and young people. It aims to promote more effective, earlier identification of additional needs, particularly in universal services. The process seeks to gather evidence of the child or young person's strengths and needs, taking into account their family circumstances. The information gathered would then provide the basis for decisions about the scale and nature of any additional support the child or young person may need. Practitioners are then better placed to agree with children and families about appropriate modes of support. The CAF also aims to improve integrated working by promoting coordinated service provisions.

The CAF involves 4 main stages:

1. **Identifying needs early:** This is done by using the **Pre-assessment checklist** (Appendix 1), which helps practitioners decide who would benefit from a common assessment. The form consists of questions asking whether the baby or child appear to be healthy, safe from harm, developing, and free from the negative impacts of poverty.

2. **Assessing the needs:** This is done by using the **CAF form** (Appendix 2), which is a standard form to help practitioners record, and, where appropriate, share with others, the findings from the assessment. The assessment covers three domains: development of the child or young person; parents and carers; and family and environment.
3. **Delivering integrated services:** Where a multi-agency response is required, a '**Team Around the Child**' (**TAC**) will be formed. It will consist of practitioners from across different services working together to co-ordinate and deliver an integrated support to meet the needs identified during the common assessment process. This stage makes a point of involving the child or young person and parents/carers, if appropriate, as part of the TAC.
4. **Reviewing progress:** The TAC would review the common assessment and delivery plan regularly to monitor progress toward agreed outcomes. The review will identify any unmet or additional needs for the child or young person's smooth transition between universal, targeted and specialist services or whether the CAF can be closed.

All Local Authority areas were expected to implement the CAF, along with the lead professional role and information sharing, between April 2006 and March 2008.

TOWARDS STANDARDISATION

Case Study: Home Office – Police Recorded Crime

Crime recording practices used to vary widely, making it difficult to produce a national estimate of crime levels, as well as making comparisons. The Home Office produced the Home Office Counting Rules to improve the consistency of police recording. Before 1998 the counting rules were not sufficiently detailed and there was a lack of consistency in the general rules. There was little distinction between similar types of crimes and few examples available to illustrate how the rules should be implemented. This resulted in the same offence being recorded as a different crime within and between police forces. Under the previous rules, there was no policy on new and changing offence types which may have been introduced through new legislation. The Home Office made significant changes in 1998. From 1 April 1998, detailed rules were provided for each offence which contained greater guidance on crime recording. The coverage was also increased to include all indictable and triable-either-way offences, together with some very closely linked summary offences. For example, drug possession was included in the recorded crime figures for the first time in 1998.

To further improve on the reporting consistency, the Home Office introduced the National Crime Recording Standards (NCRS) in 2002. The NCRS has two distinct aims:

- To promote greater consistency in recording crime between police forces
- To take a more victim-oriented approach to crime recording.

3.3. IMPLICATIONS FOR OUR SECTOR

It is evident from considering examples from other sectors that the synchronisation of different data sets is fraught with issues, though none of them unsolvable. As pointed out in previous chapters, the first step towards assembling a national database is to first come up with an agreed standard definition of what is being measured. FEANTSA has developed a European Typology of Homelessness and housing exclusion (ETHOS) as a way of improving understanding and measurement of homelessness in Europe, and to provide a common "language" for transnational exchanges on homelessness. This typology was launched in 2005 and is used for different purposes - as a framework for debate, for data collection purposes, for policy purposes, monitoring purposes, and in the media. It would be useful to use the ETHOS typology as a starting point for a standard definition in the UK. The approach taken by the Home Office in uniting Police Recorded Crime could be utilised as a working model in standardisation of definitions. It is highly imperative for data to be comparable and viable that consistency is maintained as closely as possible. By producing a national guideline and standards, the Home Office has attempted to ensure that all individuals involved in recording data are operating under similar criteria.

Although it is valuable to learn from successful undertakings, we should not ignore the mistakes that had been made in any less successful attempts. One of the biggest mistakes made in C-NOMIS was to underestimate the technical complexity of the project. It was originally considered to be an IT project instead of a business-change program. As a result, the resources and budget allocated to the project did not cover the scope and breadth of it. Similarly, if any sector-wide changes were to be implemented, we should be circumspect of the extent of work that would be needed. This is especially pertinent in the current climate of funding deficiency and economic prudence. Another related issue that should be born in mind is the size of the projects in our sector. It should be acknowledged that some projects will be too small to invest in a complex system which does not fit their needs. In cases like these, flexibility should be allowed. For example, the DfE and NDTMS worked with external software developers to make sure that the core information they required is implemented. They also offered an alternative for those who did not want or could not afford these external systems, by providing a secure online data transfer using a common file such as a CSV file. Taking the other sectors' methodologies as a model, the MPHASIS' project proposal of a core data set would seem most logical. It allows basic data to be collected and monitored without adding any work to the agencies, as they would normally collect these data in any case.

The data analysed in Critical Mass can clarify the consensus of which details are currently recorded by our partners. This in turn can inform what could be included in a core data set. Furthermore, the project can explore what the common data items collected can or cannot tell us about the homelessness population, and if client data collected in the system could be used as an aggregated national database.

4. PARTNER PROFILES

We have seven partner agencies whose data are going to be analysed in the project. Partners were recruited on the basis that they have used the Link system for the past five years, and will move on to the new InForm System. This criterion was crucial to the project as to allow longitudinal data to be compared in Year 3 of the project.

4.1. CENTREPOINT

4.1.1. BACKGROUND:

Centrepoint was founded in 1969 by Ken Leech, vicar of St Anne's, Soho. Concerned about the number of young people sleeping rough in the West End of London, he and a group of local volunteers opened up the basement of St Anne's Church, Soho, as a temporary night shelter.

4.1.2. TARGET GROUPS:

Young homeless people aged 16-25. Agencies working with young homeless people.

4.1.3. RANGE OF SERVICES:

Centrepoint works with young homeless people, running a range of accommodation based services including emergency shelters, hostels and other accommodation schemes for homeless young people. They also provide a range of learning and health services, peer mentoring programmes and they support local groups working with homeless young people. Centrepoint has 33 services across London and in the North East of England.

4.2. DEPAUL UK

4.2.1. BACKGROUND:

Depaul International, (formerly Depaul Foundation) was formed in 2004 following the expansion and success of Depaul UK (formerly Depaul Trust), an organisation founded in 1989 to respond to the growing number of young people sleeping rough on the streets of London. Depaul UK was formed in 1989, on the initiative of the late Cardinal Basil Hume, who brought together the Daughters of Charity, the St. Vincent de Paul Society, and the Passage in Victoria to set up a new charity to respond to the needs of the growing numbers of vulnerable young people sleeping rough on the streets of London. In 1998 Depaul UK began working on a national level and in 2002, Depaul Ireland opened in Dublin as a result of an invitation from the Irish government. From those founding roots, Depaul

OUR PARTNERS

The seven partner agencies cover a wide range of services, including day centres and hostels. They also cover a wide population of clients including young people and women only services. Data over the past five years from the partners will yield around 60'000 cases for analysis. We have developed a detailed picture of the partner agencies' type and range of services provided, funding and geographical spread using our www.homelessuk.org database and through desk based reviews of funding returns, annual reports, individual services' criteria and specifications as well as visits and interviews. This will inform the qualitative research and enable a more robust comparison of the data across agencies.

International was formed in 2004 with the aim of tackling homelessness on a global level, with a particular focus on Central and Eastern Europe. Depaul International acts as the parent company for all of the Depaul subsidiaries and holds responsibility for the overall management and control of the group, as well as working to expand the Depaul group into new countries. Depaul International now has subsidiary groups working with homeless and disadvantaged people in the UK, Ireland, Slovakia, Ukraine and the USA.

4.2.2. TARGET GROUPS:

Young homeless people aged 16-25.

4.2.3. RANGE OF SERVICES:

DePaul UK has 42 projects across the UK as well as 45 affiliated Night Stop schemes. They provide accommodation and resettlement services, training and employment, family mediation, prison and resettlement, work in the community, as well as volunteering and mentoring.

4.3. CONNECTIONS AT ST. MARTIN

4.3.1. BACKGROUND:

Work with homeless people has been going on at St Martin-in-the-Fields since at least 1948, when the first formal organisation was set up by the Church. The Social Care Unit, based on the site, helped homeless people over the age of 26, by providing practical support, advice and daily activities. In 1988, St Martin's identified the old school building as being a suitable site for a new day centre for young people. The building was converted and three existing organisations merged to form the London Connection, which helped young people aged 16-25. In 2003, the London Connection and the Social Care Unit merged to create The Connection at St Martin-in-the-Fields.

4.3.2. TARGET GROUPS:

Homeless individuals in London (Westminster area).

4.3.3. RANGE OF SERVICES:

CSTM runs a range of services including day centres (to two distinct group of clients, one 16-25 year olds and the other for 26+), street outreach, housing and advice, supported housing, night centre, employment and training, and they own a social enterprise.

4.4. M25 GROUP

4.4.1. BACKGROUND:

The M25 Housing & Support Group is a charity that has worked in Doncaster since 1994. We started through volunteers giving up their time to provide services and over the years we have grown and now employ over 40 workers in our different services.

4.4.2. TARGET GROUPS:

Homeless individuals or people threatened with homelessness in Doncaster, Barnsley and Dearne Valley.

4.4.3. RANGE OF SERVICES:

M25 runs five centres providing a range of services including tenancy support, advice, housing support, young persons' service, and a direct access hostel.

4.5. WORTHING CHURCHES HOMELESS PROJECT

4.5.1. BACKGROUND:

WCHP was started in 1991 by four local Christians who took soup, blankets and sleeping bags to the seafront to local homeless people. The charity has grown to 40 staff members and over 250 volunteers and provides a range of services, which offer opportunities to regain independence.

4.5.2. TARGET GROUPS:

Homeless people and people living in temporary or insecure accommodation in Worthing, Lancing, Littlehampton, Shoreham.

4.5.3. RANGE OF SERVICES:

Worthing Churches Homeless Projects provides a variety of services many of which are accessed through contact at St Clare's Day Centre. Their services include a day centre, resettlement and advice, health services, training, direct access hostel and second stage accommodation.

4.6. JULIAN HOUSE

4.6.1. BACKGROUND:

The organisation was founded in 1987 after a homeless man died on the streets of Bath. Spurred by this tragic incident a number of the city's churches got together and decided that something needed to be done to help the homeless. Initially a series of ad hoc night shelters were used but very quickly two things became apparent – that the scale of the problem was much larger than they had thought and, that it was a very much a 365 day a year problem.

A charity was formed – Bath Churches Housing Association and a public appeal launched to try and set up a dedicated night shelter. Six years later the Julian House night shelter in Manvers Street was opened. Since then other projects and facilities have been developed which are aimed at reconnecting clients with their local communities and preventing others from becoming homeless.

Over time the organisation's formal name, Bath Churches Housing Association has been replaced by the name of its founding project Julian House.

4.6.2. TARGET GROUPS:

Street homeless people and those in insecure or temporary housing in Bath.

4.6.3. RANGE OF SERVICES:

The services offered include a day centre and night shelter for street homeless people, housing advice, pre-tenancy and resettlement support, advice on welfare benefits, accessing grants, loans and furniture, access to meaningful occupation project, with sessions on computing and life skills.

4.7. THAMES REACH

4.7.1. BACKGROUND:

The organisation has been in existence for over 25 years. It started out in 1979 when Bondway Shelter, a dormitory-style hostel in South London, opens. The next year, Bondway Housing Association is formed to take over the management of the shelter. In 1984, Thames Reach was set up and funded by the Greater London Council to undertake outreach work with people sleeping rough on the streets of central London. This is in response to growing political concern and embarrassment at the high visibility of homeless people. In 2006, the organisation changed its name to Thames Reach.

4.7.2. TARGET GROUPS:

Homeless individuals or people threatened with homelessness in London.

4.7.3. RANGE OF SERVICES:

Its services include outreach work with rough sleepers, a range of hostels and supported housing projects, and schemes which focus on supporting people who have experienced homelessness by helping them develop new skills and re-engage with family and friends.

5. FUNDING AND DATA REQUIREMENTS

This chapter is a review of the data needed for applying and reporting to key funders as used by homelessness services (hostels, day centres and second stage accommodation for example). The funders have been selected to reflect a variety of the sources across the various types of services identified by SNAP³¹ and a broad selection of grants that are also applicable to not-accommodation based services.³² This report is not an exhaustive list of funding options and aims to provide a broad understanding of the variety of data requirements related to funding.

Most homelessness services receive funding from a number of different sources. All of these streams have differing but often strenuous commissioning, monitoring and reporting requirements. Client data, including core information as well as client outcomes, form a significant proportion of the data and information needed to complete funder returns.

The resource required by homelessness services to apply for and report on funding is considerable. It is possible to use client recording systems such as In-Form (and other ready-made or bespoke systems) to streamline collecting and compiling data, which would assist in minimising the resource allocation to funding applications and monitoring processes. A number of homelessness services have built into their input process the data fields that will provide them with the appropriate information as stipulated by their key funding sources. The same systems that are used to develop support plans and action for clients can be used to develop the data needed to evidence application and monitoring processes.

It is worth noting that 22% of projects responding to a recent Homeless Link survey said that their primary method of data storage was paper based systems³³, which indicates the resource requirements for extrapolating client data will have significant impact on staff time and potential implications for accessing funding.

New Philanthropy Capital has identified two key areas that occur throughout procurement and reporting processes, being Outcomes and Outputs.³⁴ As various funders will have different needs for the client data they request, the exact information they ask for will naturally differ. Such differences can appear small but have a major impact on the basic fields created for inputting data, either in a computerised or paper based system. For example, some funders want gender to be reported as a simple male/female only choice with no other options, but others insist on the inclusion of transgender. This will have ramifications for the way a database is built, and it can be difficult to set up a database to provide both sets of data.

Table 3 gives a brief outline of a selection of funding streams for homelessness services and an indication of the processes for applying for, and reporting on funding. This information is subject to change, particularly as government policy priorities change and certain funding streams complete their core aims. Further detail on the background to the funding, its application data needs reporting and monitoring data requirements follow below. At the time of writing Supporting People was the main funding for accommodation services, but the picture is more complicated for day centres for homeless people. There is no dedicated funding stream for day services for homeless people, so most are reliant on short term charitable grants.³⁵

The resource required by homelessness services to apply for and report on funding is considerable.

FUNDING SOURCE	APPLICATION PROCESS	REPORTING / MONITORING PROCESS
Supporting People	A variety of tendering or negotiation processes managed at the local authority level, dependent on size of contract and status (new or renewing)	Client Records returns, Supporting People Monitoring and Review Framework, including the Quality Assessment Framework
Homelessness Change Programme	Submit initial 'offer' followed by more detailed 'dialogue' with funder	New programme, processes to be announced
CORE	Regulatory requirement – no application	Regulatory requirement, upload directly to CORE
PCT	Project dependent	Project dependent
Big Lottery	Specified format for written application, data needs defined by the applicant to evidence need and expected outcomes of the project	Written reports at key milestones and end of grant, reports against agreed outcomes
City Bridge Trust	Specified format for written application, data needs defined by the applicant to evidence need and expected outcomes of the project	Annual reporting and then at the end of the grant period report against objectives and outcomes
Tudor Trust	Specified format for written application, data needs defined by the applicant to evidence need and expected outcomes of the project	Annual reporting and then at the end of the grant period report against objectives and outcomes
Henry Smith Charity	Specified format for written application, data needs defined by the applicant to evidence need and expected outcomes of the project	Reports against agreed objectives and outcomes, using Charities Evaluation Services guidance on 'degree of its effectiveness'
Rents and Service Charges	Requirement of use of service	None formal to payer

Table 3: Funding Streams for Homelessness Services and their Processes

5.1. SUPPORTING PEOPLE

5.1.1. BACKGROUND

The Supporting People (SP) programme consisted of seven housing related funding streams which were spread across central government. These streams were brought together in 2003 to form the SP programme. The funding is now a non-differentiated part of the Formula Grant (central government's allocation to local authorities) and decisions about where to allocate these funds are now at the discretion of the local authorities.

For ease of understanding 'Supporting People' is used here, even though the stream no longer exists in a defined way and is managed in different ways by different local authorities. At time of writing, SP remains in a state of flux and which of the following processes and requirements will be maintained could not be ascertained. The introduction of the SP funding stream dramatically changed the way homelessness services collected data and reported on their services and is therefore important to include here.

The majority of accommodation-based homelessness services indicated that their primary funding source is their Supporting People grant. Some 74% of hostel services and 82% of second-stage accommodation services identified Supporting People as their primary funding stream.³⁶ As the scale of the funding would indicate, the SP reporting requirements were the most detailed and resource heavy of the funding streams identified here.

5.1.2. APPLICATION DATA NEEDS

The application process for Supporting People funding was through the local authority. The process came under UK and EC regulations depending on the size of the project and is managed by the local authority's procurement team; for example, the amount of money the project costs determines the process, whether that is by competitive tender or other form of procurement. Data needs will also be impacted by whether or not the service being funded is a continuing or new service.

5.1.3. MONITORING AND REPORTING DATA NEEDS

The monitoring and reporting for accommodation based services that received SP was through Client Record Returns and the Supporting People Monitoring and Review Framework. The Client Record Return was undertaken quarterly and was managed by the Centre for Housing Research at St Andrew's University, as appointed by the Department for Communities and Local Government.³⁷ The data set created by these returns was the closest approximation to a national data source on homeless people, but was limited by the fact that SP funding is for accommodation based services and therefore excludes a significant number of homeless people who are coming into contact with other types of services, such day centres.

WHAT IS THE QAF?

The QAF is a detailed examination of all aspects of service delivery. 'Indicative examples' are used in the QAF as a way of showing what a service may do, or have in place, in order to meet service requirements. The QAF is quite clear that the indicative examples should not be treated by either assessor or service provider as prescriptive; in order to achieve an A grading a service needs to evidence innovative and creative working, and prescriptive evidence requirements could stifle this. Therefore the kind of evidence provided is determined by the service that is reporting.

SP Client Record Returns were uploaded online and were a record of access to housing related services and outcomes. Whilst it was not mandatory to complete these returns it was strongly recommended and services may have been contractually obligated through their arrangements with their LA.³⁸ Some service providers addressed the Client Record Returns process directly by creating a reporting process within their online systems which addressed the specific needs of the return. The initial data was collected by the staff that worked directly with clients and added to the system used locally, the data was then used to complete the return. From April 2011 the Client Record Return was discontinued.

The Supporting People Monitoring and Review Framework included:

- Quality Assessment Framework (QAF)
- Service Review
- Validation Visits
- Accreditation of providers
- Performance framework

At time of writing it is not known if the QAF will continue without defined SP funding, current indications are that some LAs will continue to use the QAF but others will not. The QAF was central to the Supporting People Monitoring and Review Framework, and failure to meet minimum standards set out in the QAF could lead to the service being decommissioned. The QAF was a tool for monitoring and assessment as well as for development and continuous improvement.³⁹

The QAF was made up of five core objectives as well as supplementary objectives. The supplementary objectives leaned more towards organisational and environmental indicators. The five core objectives specifically related to the work with clients and cover:

- Assessment and Support Planning
- Security, Health and Safety
- Safeguarding and Protection from Abuse
- Fair access, Diversity and Inclusion
- Client Involvement and Empowerment⁴⁰

As the QAF was integral to service development the client data collection needs could be built into the service from the outset.

The resource required by organisations in order to complete their monitoring requirements varied depending on the internal structures of the organisation. Many had the basic requirements of the SP Client Record returns built into their computerised systems. Examples of computerised systems include complex databases covering all aspects of a client's journey through a service (such as Link/In-form) to more basic data collection organised primarily around monitoring tenancy issues (rent and service charges). Some organisations had their individual projects upload their data every quarter, some services had a team to do this as a centralised function. Even with a good computerised system the resource needed to complete these tasks was significant.

5.2. HOMELESSNESS CHANGE PROGRAMME

5.2.1. BACKGROUND

The Homelessness Change Programme (HCP) began in 2005 as the Hostels Capital Improvement Programme (HCIP), managed by the CLG. HCIP invested £90 million in grants to improve the physical environment of homelessness services. HCIP evolved into Places of Change (PCP), which broadened the focus from positive move-on to include targets around:

- employment, education, training and meaningful activity
- reduced exclusions and abandonments
- well trained and motivated staff
- provision of a quality physical environment
- client involvement in service development⁴¹

In 2011 Places of Change became the Homelessness Change Programme. The HCP has a smaller budget and a more focussed remit than PCP. The HCP is a specific capital funding stream within the Homes and Communities Agency's Affordable Homes Programme.⁴² HCP prioritises the development of accommodation that provides access to and/or space with provision for education, training and other support services. Further to this, the HCA is also encouraging applications to the HCP for the development and improvement of hostels that support rough sleepers and those at risk of sleeping rough.⁴³

As with the previous HCIP and PCP funding streams the organisation requesting funding will need to work in partnership with their local authority and have their application supported by them.

5.2.2. APPLICATION CLIENT DATA NEEDS

As the HCP is a very new funding stream and will not actually commence until April 2012 the exact details of what client data will be needed are not yet available. At present the requirement is that organisations who wish to receive funding should submit an 'offer' to the HCA in early May 2011. Homeless Link has advised applicants to provide the number of bed spaces to be funded and the amount of HCA funding requested through the Standard Offer Template being used for all initial applications to the Affordable Homes Programme.

The projects to be funded will be announced ahead of the parliamentary recess which starts on 17 July. The period between application closing date and the start of the parliamentary recess will be used for dialogue, negotiation and adding further detail. This is in contrast to the highly developed specificities of the PCP application process; for example, organisations needed to show how the PCP grant would contribute to meeting identified need – thus the needs of clients had to be understood in terms of how they could be better served. Basic client data was then expanded into a needs analysis which demonstrated how the proposal would reduce rough sleeping and improve move-on outcomes.⁴⁴

5.2.3. MONITORING AND REPORTING CLIENT DATA NEEDS

The exact monitoring and reporting requirements for the HCP are yet to be announced, but are likely to have similarities to the PCP processes. Any organisation receiving HCP funds will be required to enter into a legally binding contract with the HCA.

For information, PCP grants were monitored for the duration of the spend. Upon the acceptance of the bid a more detailed project plan was required, though much focus at this point was on financial and building planning processes. Standard monitoring forms were completed on a regular basis throughout the project.

Projects funded by PCP were measured against the agreed outcomes and outputs. Organisations needed to demonstrate improvement and development of clients' experiences and outcomes as compared to the application, thus client data collection was essential from prior to the PCP project through to completion. As the grant is provided to the local authority (rather than to the organisation directly) the reporting processes were managed through them.⁴⁵

5.3. CORE

The CORE (COntinuous REcording of Lettings and Sales in Social Housing in Social Hosuing), also known as the CORE Log, is a national information source funded jointly by the Tenant Services Authority (TSA) and the CLG that records information on the characteristics of housing association, local authority and private provider new social housing tenants and the homes they rent and buy.⁴⁶

Lettings and sales data are reported to the TSA by all housing associations, local authorities and registered private providers with more than 250 units and voluntarily by those with fewer units and those who are not

Information from CORE is used by a range of organisations to inform funding, regulatory and other policy decisions relating to housing association activity and contributes to the wider policy debate.

registered with the TSA.⁴⁷ A significant number of homelessness services are included in this requirement as they provide social housing and reach the 250 units threshold.

The CORE collects data around the cost of housing and other information related to the property, as well as client data. In terms of client data the CORE covers household characteristics, economic status, ethnicity, primary reason for housing, source of referral, if statutorily homeless, and previous tenure of occupant.

Information from CORE is used by a range of organisations to inform funding, regulatory and other policy decisions relating to housing association activity and contributes to the wider policy debate. Beyond capturing the demographic information of tenants, data from CORE is used in conjunction with other housing data to provide more detailed and interpretive analyses.⁴⁸

Data can be provided to CORE through a direct uplink to the CORE website using software to link the provider and CORE databases, or through submission of CORE forms.

Whilst not directly tied with funding, the CORE is a regulatory requirement for social landlords and is thus an important part of the data collection processes of homelessness services.

It was announced in June 2010 that the TSA would be scrapped and at this time it is not known what the implication of this will be for the CORE.⁴⁹

5.4. HEALTH – PRIMARY CARE TRUSTS

5.4.1. BACKGROUND

A number of homelessness services receive funding from Primary Care Trusts (PCT). Such funding may take the form of a capital grant that provides the physical environment in which to provide a health service (eg treatment rooms), funding a health worker (either a health professional or health related worker), through to funding health initiatives such as walking groups. There is no dedicated funding stream from PCTs and homelessness services generally work with their local Trust to solve a problem or fill a need that one or both have identified.

As there is no specific PCT funding stream to which services can apply, the only way to access funding is to be able to evidence need, and data is central to this. As with many of the charitable grants, it is the homelessness service that needs to identify gaps, needs and solutions and then source funding and support from the PCT. The role of client data (and its recording, monitoring and analysis), cannot be underestimated in this process.

GOOD PRACTICE CASE STUDY THE BASEMENT – LIVERPOOL*

A good example of how PCT funding works with client data is from The Basement in Liverpool. The PCT now funds a post for a member of The Basement's team to work in the city's hospital to identify vulnerable patients and rough sleepers whilst they are inpatients and ensure appropriate discharge and community follow-up. This post arose when The Basement identified a problem at the hospital, seen initially as homeless patients arriving at their door post discharge, often still in hospital pyjamas. The Basement funded a worker for a period and then received a grant for a drop-in worker, which was used to send a worker to the hospital and work directly with vulnerable and homeless patients. Through this process The Basement gathered a lot of data on the clients they were coming in contact with and their support needs. The Basement then worked with the PCT, who had some of their own data and were then able to approach local health commissioners. From this data and experience the funding for the full-time post was secured.

The funding and post are monitored by the hospital and The Basement. The Basement provides detailed client data on including identifying specific support needs and repeat users of hospital services.

The Basement has also worked with the PCT to secure funding for the installation of a multi-disciplinary medical treatment room in one of their services. The data used to evidence the need for this treatment provision came from both The Basement and the local hospital.*

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5.5. CHARITABLE GRANTS

The client data requirements for charitable grants are less prescriptive than the statutory funders. Whilst the application and reporting processes are as rigorous as any of the statutory funding streams there is overall less specificity requested in the documentation provided to recipients of grants. Whilst there is less specifically requested data, this does not mean that detailed responses including quality data are not an asset. In their paper 'How are you getting on' New Philanthropy Capital notes that funders are looking for analyses to be communicated, not just data, in applications and reports.⁵¹ What data and analyses are relevant will depend on the needs of the individual charity. The Charities Evaluation Service posits that the introduction of Supporting People is the reason for changing the emphasis towards outcomes in the homelessness services, which has had repercussions throughout funding in both statutory and charitable contexts.⁵²

In 'Managing Outcomes' Charities Evaluation Services identifies a range of outcomes for individual clients across seven outcome areas:

- Circumstances
- Physical or psychological health
- Behaviour
- Attitudes

- Self perception
- Knowledge or skills
- Relationships⁵³

In order to develop funding applications or report on funding received for such applications organisations needs to be able to collect and interpret data related to these kinds of outcomes.

Many charitable trusts have a two-stage application process involving the submission of a proposal followed by a more detailed application. The second stage may require a more detailed analysis of the data submitted at the proposal stage.

5.6. THE BIG LOTTERY FUND

5.6.1. BACKGROUND

The Big Lottery Fund (BIG) is responsible for delivering around half of all funds raised for good causes by The National Lottery. Since June 2004, BIG has awarded over £3.6bn to projects supporting health, education, environment and charitable purposes. Most of the funding is awarded to voluntary and community sector organisations.

BIG delivers funding throughout the UK, mostly through programmes tailored specifically to the needs of communities in England, Scotland, Wales or Northern Ireland as well as some programmes that cover the whole UK. The Big Lottery Fund is a non-departmental government body sponsored by the Department of Culture, Media and Sport.⁵⁴

5.6.2. APPLICATION CLIENT DATA NEEDS

As with many charitable grants, the client data needed is defined by the applicant in terms of the outcomes they set as part of the project proposal and plan. BIG is a good example of a funding body with multiple programmes, each with its own stated purpose. Reviewing these programmes would be the starting point for determining which BIG funding is appropriate for an organisation and project, and also the starting point as to what client data will be needed to illustrate the purpose of the grant and define proposed outcomes.

BIG manages a large number of different grants and for purposes of this review the 'Reaching Communities' grant has been identified as an appropriate example:

Reaching Communities funds projects that help people and communities who are most in need, and can really make a difference. Projects can be new or existing activities, or be the core work of your organisation.

We want to fund projects that respond to needs identified by communities, and those that fund projects that help those most in need including those people or groups who are hard to reach.

We want to encourage the following changes to communities as a result of our funding:

- people having better chances in life, including being able to get better access to training and development to improve their life skills
- strong communities, with more active citizens, working together to tackle their problems
- improved rural and urban environments, which communities are better able to access and enjoy
- healthier and more active people and communities.⁵⁵

The outline proposal form asks for a range of information about the people the project aims to assist. The main areas covered are:

- Evidence that the project is needed
- Who will benefit
- Client involvement / consultations
- Location of people who will benefit from the project

A full application may be requested from the applicant following the proposal.⁵⁶

5.6.3. MONITORING AND REPORTING CLIENT DATA NEEDS

BIG requires those in receipt of funding to provide annual and end of grant reports. The specific outcomes for the project, that were determined at the proposal/application stage, form the basis of the data needed for monitoring and reporting for BIG funding. There are also less pre-defined questions for organisations to report on the challenges, unexpected outcomes and successes in improvements to the lives of people.⁵⁷ The end of grant report is quite similar to end of year report forms, asking the organisation in receipt of the grant to respond and report on the outcomes they have identified at application and any that have arisen during the project.

As per most of the charitable grants we looked at, the data requirements for BIG are essentially determined by the applicant as they devise the outcomes they will need to report against. The greater detail and analysis the organisation has at the start will impact on both the likelihood of receiving funding and the level of data they will need to provide throughout the project.

5.7. CITY BRIDGE TRUST

5.7.1. BACKGROUND

The City Bridge Trust is a substantial (£15 million) trust supporting London charities, including services for homeless people which demonstrate the outcome 'more homeless and transient people and rough sleepers in touch with mental health services and reporting improvements in wellbeing.' City Bridge is an outcomes focused trust which looks for new projects which will make a big impact to the organisation applying for funding (e.g. development posts).⁵⁸

5.7.2. APPLICATION DATA NEEDS

The application process becomes more detailed depending on the amount of money being applied for, with a key upgrade in the level of detail requested for grants over £25,000.

The basic application form requests core client data around:

- Numbers of beneficiaries
- Ethnicity
- Disability

There is a large free text section of the application which asks about the 'purpose' of the application, and it is here that applicants need to identify proposed outcomes and outputs in relation to the stated aims of the Trust, this may be thought of as the part of the application that requires an analysis of the data that evidences the need for the project.

5.7.3. MONITORING AND REPORTING DATA NEEDS

In the application form organisations are asked how they will monitor and evaluate organisational and project outcomes. Data requirements are then matched against these outcomes, so data is required at the start of the project in order to be able to develop comparisons and demonstrate development and change.

5.8. TUDOR TRUST

5.8.1. BACKGROUND

The Tudor Trust funds smaller, under-resourced organisations which provide direct services, with particular interests in user involvement, marginalised people and inclusive communities. Grants can take the form of core funding (including salaries and running costs), development funding, project grants or capital grants for buildings or equipment. Average grant size is £50,000 from a total of £1,344,100. Organisations must submit a brief initial proposal as part of a two-stage process.⁵⁹

5.8.2. APPLICATION DATA NEEDS

Guidelines for applications state they are looking for:

- Direct services to marginalised people
- Overcoming isolation, encouraging inclusion
- High levels of user involvement
- Addresses complex needs
- Identified aims

Client data and analysis would be useful at all points here. The first stage proposal is an introductory letter and cover sheet, and then 2 sides of A4 addressing four points, one being: “Tell us about the people you are working with and how you know there is a need for your work.”⁶⁰ This is a good example of how straightforward the data analysis could be – evidence supporting your understanding of your client group and demonstrating how the organisation has identified the need for which they require funding.

5.8.3. MONITORING AND REPORTING DATA NEEDS

The Tudor Trust requests an ‘end of grant’ report which they describe as a “short report” and can be 2 – 4 pages. There may be more specific questions related to the individual grant. When reporting against the proposed outcomes at end of project / end of grant, organisations must answer: ‘What difference has the project made to the people the organisation works with?’ ‘How many people benefitted?’⁶¹ These examples show a need to collect data around both hard and soft outcomes.

5.9. THE HENRY SMITH CHARITY

5.9.1. BACKGROUND

The Henry Smith Charity (HSC) is a large grant-making charity. They provide grants totalling approximately £25 million each year to up to 1,000 organisations and charities for initiatives and projects that address social inequality and economic disadvantage.⁶² The Charity supports projects providing practical support for the homeless and those at risk of homelessness, spending £2.4 million on homelessness grants in 2007. Small grants of £10,000 or less are given to organisations with an annual income of less than £150,000. General grants for more than one year for £10,000 or more per annum, and capital grants of £10,000 or more for the purchase or refurbishment of buildings are also available.

5.9.2. APPLICATION CLIENT DATA NEEDS

The HSC asks for a brief (half page) project summary and up to 4 pages of further detail (including the summary). The HSC asks a number of broad questions in which the detail of client data the applicant includes is left open, such as asking why the project is needed. As with many of the charitable grants, the application also asks the applicant to identify how aims, progress and outcomes will be monitored. In order to do this there is a need for data collection prior to and throughout the project.

5.9.3. MONITORING AND REPORTING CLIENT DATA NEEDS

The HSC requires progress reports at identified stages in the project. In terms of the actual data and information required, the HSC refers people to Charities Evaluation Services (CES) website which provides detailed definitions of outputs and outcomes. CES measurements of outcomes show the degree of its effectiveness, rather than its size, efficiency or productivity.⁶³ The HSC uses the CES guidance to show what kind of data and what analysis of data they need. The emphasis from the CES is very much on understanding and analysing the data supplied rather than simply providing a quantitative approach. (link moved to footnotes)

5.10. RENTS AND SERVICE CHARGES

Rents and service charges provide significant revenue to accommodation based services. Service charges are paid by the client directly from their own income. Rent is usually paid through Housing Benefit (HB) or a portion of HB and client's own income. Even when HB is paid directly to the organisation it is in the name of the client and is thus their benefit and not the organisation's.

Despite the importance of rent and service charge funds to service providers there is no requirement to report back to the client on how this funding contributes to the service. Any reporting to clients is often informal – through interactions with staff or through activities the service provides.

Some organisations have client involvement groups which are quite formal. Some have client magazines produced in collaboration with clients. The data reported to clients tends towards personal stories of clients and specific soft outcomes rather than general data or hard outcomes. The annual reports produced by services are likely to be relatively inaccessible to many clients and therefore do not constitute a way to report to clients.

The lack of formal reporting pathways to clients in contrast to the requirements of all other providers of funding raises interesting questions about the value placed on this funding and the sense of organisational responsibility to the client around the funding they provide. As it is a necessity for clients to provide this funding in order to use the service there may be greater ethical need to ensure good quality information about the use of these funds is available.

5.11. PRELIMINARY CONCLUSIONS

No organisation can collect client data across all possible outcomes and aims of all possible funders, but identifying a few key funders and developing systems around potential data needs would be a good way to improve the flexibility of organisations to respond to new funding opportunities and requirements.

Even with very rigorous reporting requirements, organisations need to be vigilant for gaps (where client needs may be being missed) and data collection can be a good way to identify this and thus open new funding avenues. This is especially an issue for day centres and other non-SP funded services that were not

Rents and service charges provide significant revenue to accommodation based services.

reporting under the detailed processes of the SP Framework and may therefore have less formal data collecting processes in place.

There are many similarities between the client data needed across SP, HCP and a variety of charitable grants – thus data requirements need not be thought of as a wide range of individual data needs to be collected and managed separately. Organisations could think about their client data as a bank of information from which they can draw on as needed for a variety of purposes.

Data alone is not the whole picture - data analysis is as important, as data must be shown in a way that has relevance and evidences potential. Data analysis also needs to be conducted separately to applications for funding so that services can identify gaps and needs and thus potentially new funding.

Good data collection and analysis has the potential to open up a service's funding opportunities and thus makes a significant contribution to the quality of the service and the support it offers.

6. CURRENT METHOD AND USE OF CLIENT DATA

6.1. BACKGROUND & SURVEY METHODOLOGY

In order to get an idea of current methods used in collecting client data, how this is used by projects, and to try and identify any support needs that Homeless Link members might have in relation to client data, a survey of Homeless Link members was conducted. Another objective for the online survey was to inform the toolkits that Homeless Link is going to produce as part of the Critical Mass project. The online survey was designed to explore which specific issues they have with regards to their client data, so that Homeless Link is better able to design the toolkit.

A questionnaire was devised, consisting of 10 multiple-choice questions relating to client data collection, storage and use. Due to the exploratory nature of the study, respondents are able to choose to give their answers in a free text box if the choices given were not applicable. The questionnaire took between 5 – 10 minutes to complete. It was uploaded online through Survey Monkey. An email was sent to all members of Homeless Link explaining what the study sets out to do, and requesting their participation. Participation in the survey was entirely voluntary and anonymous, but respondents had the option of leaving their email address should they wish to receive updates about the survey. It should be noted that most respondents did not answer all of the questions. Analysis was undertaken on all the responses received on each question through Excel and SPSS.

THE TOOLKITS

It is anticipated that three main sections will be developed to make up the toolkit. One section will deal with data collection and analysis. This section will provide guidance around which standard data variable should be collected, good practice around client data collection and analysis, and will also include things around engaging staff with data. Another section will be based around ethical reviews, providing guidance on how to enrich data that is collected in projects, as well as data retention. Finally, a tool will be developed around influencing commissioners. This will include guidance on how to evidence outcomes for commissioners and understanding how they would want the data to be presented to them.

6.2. ONLINE SURVEY RESULTS

6.2.1. PARTICIPANTS

The survey was emailed to over 3300 recipients, of which over 3000 were delivered. In a period of 3 weeks, 138 responses were received, giving a response rate of 4.5%. Table 1 and Figure 1 provides the breakdown of participants by project type. The biggest proportion of respondents (27.5%) chose their project categories as 'Other', followed by Direct Access Hostels (22.5%) and Day Centres (21%).

Project Types	Response Percent	Response Count
Day centre	21.0%	29
Direct access hostel	22.5%	31
Second stage accommodation	6.5%	9
Specialist accommodation	9.4%	13
Floating support	13.0%	18
None of the above	27.5%	38
Total	99.9%	138

Table 4: Participants by Project Type

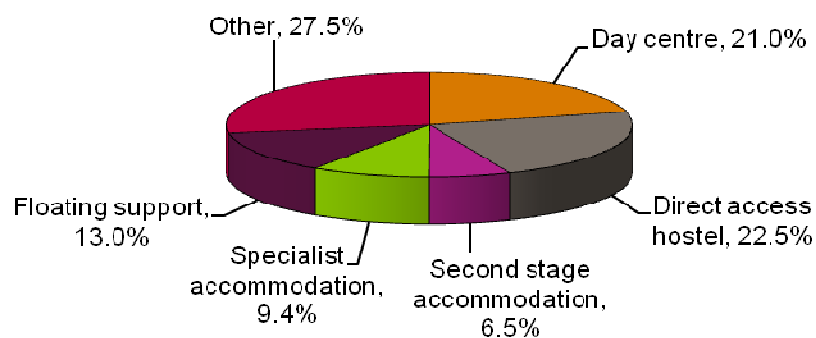


Figure 5: Participants by Project Type

6.2.2. CURRENT METHOD OF CLIENT DATA COLLECTION

Respondents were asked if their projects collect client data, and if so how data is collected. This question allows respondents to choose all options that apply to their projects. Of the 114 responses received, a big majority (87%) stated that they currently collect client data through an initial interview with the clients. Another source of client data that is used by a lot of projects (68%) is referral forms, followed by online systems (40%). Only one project (1%) stated that they do not collect client data. Of those that collect client data, over 90% stated that they update this data regularly.

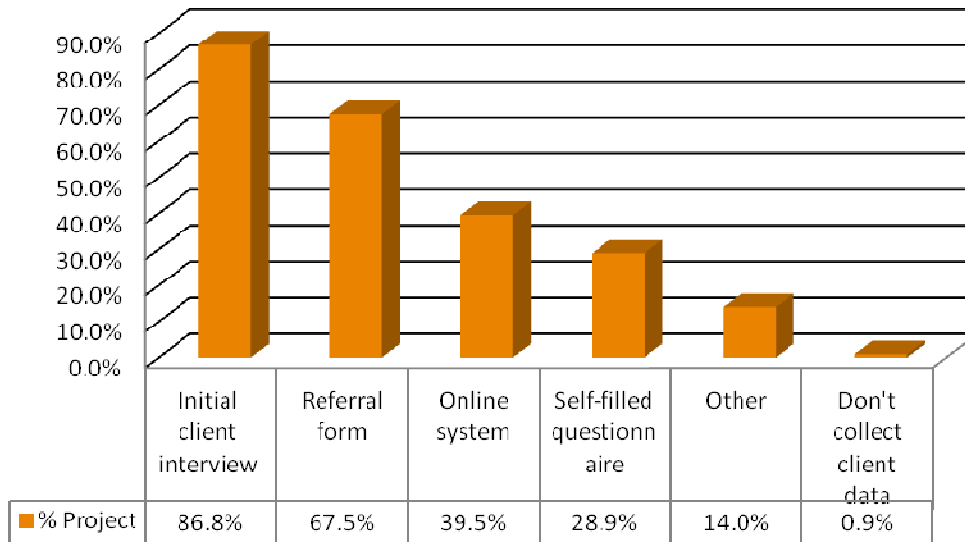


Table 5: Current Method of Client Data Collection

6.2.3. CLIENT DATA RECORDING SYSTEM, PERCEIVED EASE OF USE AND TIME-EFFICIENCY

Respondents were asked how their projects record and store the client data they collect. They were asked to choose one option only from the multiple choices given, which should be the main method they record their client data. It should be noted that some projects use more than one method of storing client data. For example, they might use paper form in the initial client interview, which would then be transferred to a database. The three main options available to participants are Paper Copies, Internal Database (e.g., their own Access or Excel database), and an External Database (e.g., In Form, CHAIN, NDTMS, etc.). Responses were received from 114 projects, of which over half (51%) stated that they used their own database to store client data. A smaller proportion of projects use an external system (23.7%) and paper copies (21.9%).

Respondents were also asked to rate the ease of use (“How easy to use would you rate this data storage system?”) and time efficiency (“How time consuming do you find it when you are asked to report on the client data you’ve collected?”) of their current data collection and recording system. This question was in the form of a Likert scale, whereby participants are asked to rate their responses in a scale of 1 – 10, 1 being very easy to use or time-efficient, and 10 being very difficult to use or very time-consuming. There is a moderate positive correlation between ease of use and time-efficiency, $r=0.505(97)$, $p(\text{two-tailed}) < 0.01$. This implies that the more difficult to use a system is, the more time-consuming it would be to extract the data. This result is reflected well on the means of the scores, which is summarised in Table 6. Looking at the three main categories of storage method (Paper, Internal, and External database), Paper Copies seem to have the highest difficulty ($M=4.5$, $N=24$) and time-efficiency ($M=6.65$, $N=23$) rating compared to the other two methods. This implies that compared to an Internal and/or External Database, keeping client data in Paper Copies is viewed as being difficult and time-consuming to extract. The storage system that is rated as the easiest to use is the External Database ($M=3.5$, $N=26$), while the system rated as the most time-efficient is the Internal Database ($M=4.83$, $N=54$). It is worth noting that in terms of ease of use average rating, all three methods are rated as relatively easy to use, with the highest mean being 4.5 out of 10.

Storage Method	Ease of use	Time efficiency
	Mean (N)	Mean (N)
External database	3.5 (26)	5.52 (23)
Own database	3.57 (53)	4.83 (54)
Paper copies	4.5 (24)	6.65 (23)
Other	6 (2)	5.33 (3)
Total	3.82 (106)	5.40 (104)

Table 6: Client Data Storage Method, Ease of Use, and Time-Efficiency

Although it is useful to analyse and compare the mean ratings of different types of Recording Systems, this should be interpreted carefully as means are affected by extreme values. To give us a better idea of the spread of data, the ratings are divided into 5 categories (Very Easy/Time-Efficient, Moderately Easy/Time-Efficient, Neither/Nor, Moderately Difficult/Time-Consuming, and Very Difficult/Time-Consuming) and their frequencies analysed. Figure 6 summarises the ratings on ease of use and Figure 7 summarises the ratings on time-efficiency for the three different Recording Systems.

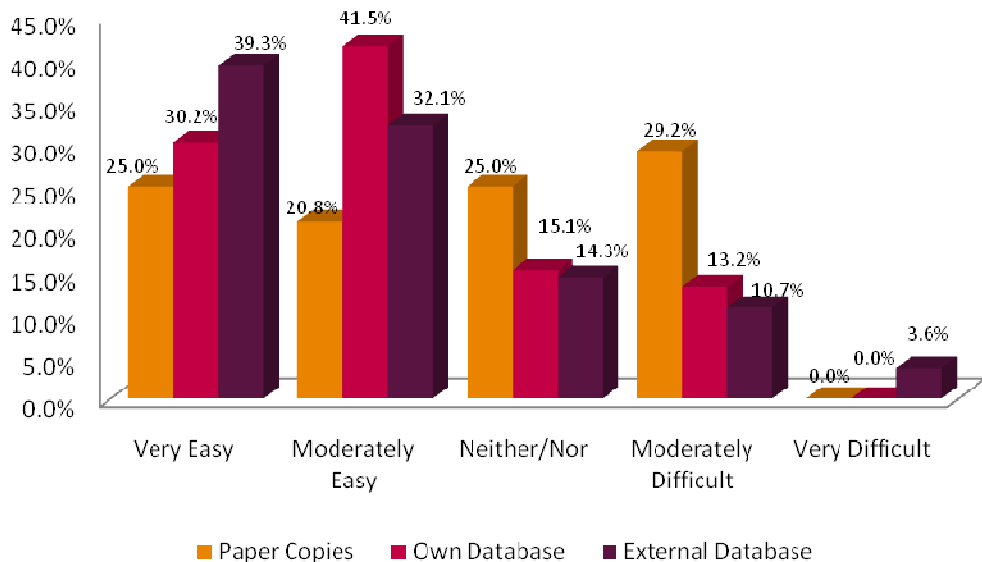


Figure 6: Recording System - Ease of Use

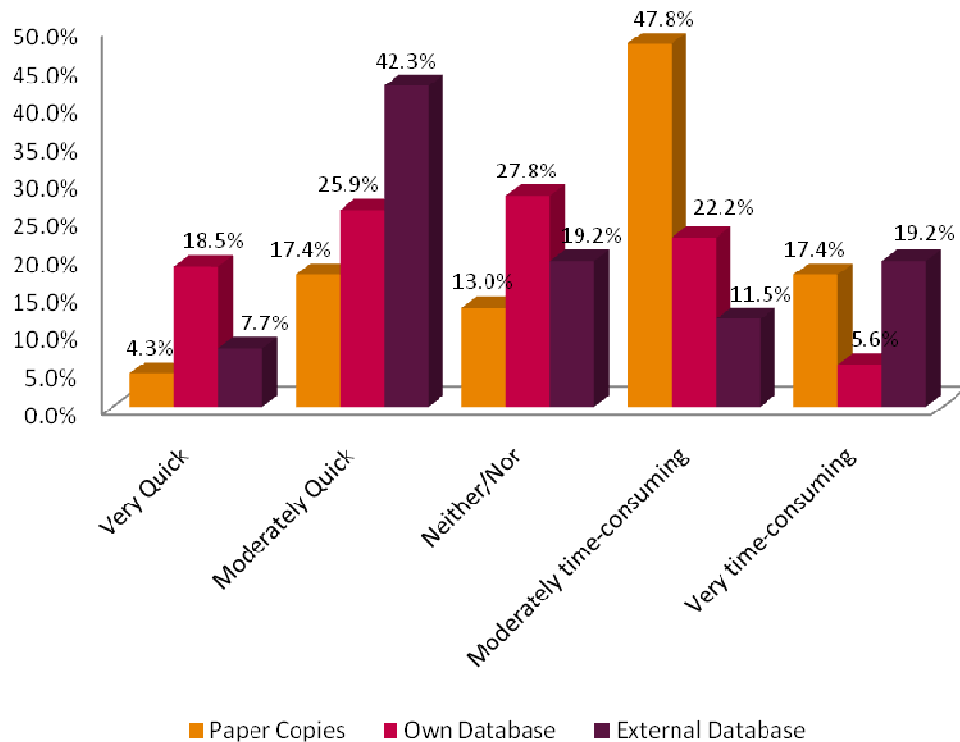


Figure 7: Recording System - Time-Efficiency

6.2.4. FREQUENCY OF CLIENT DATA USE

The next question asks the participants how often they use the client data they collect. The majority of projects (80%) reported to using their client data more than once every three months. Broken down further, this is made up of respondents replied that use their client data more than once a month (40%), followed by monthly (25%) and quarterly (15%). A small proportion of participants (5%) reported using their client data daily. Figure 8 illustrates the break down of responses.

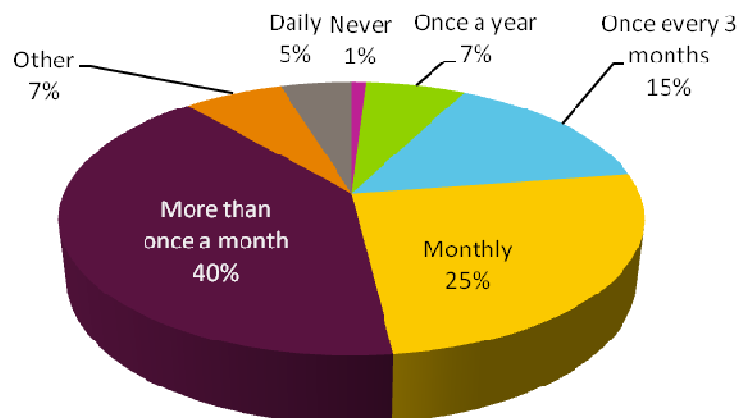


Figure 8: Frequency of Data Use

6.2.5. CURRENT AND DESIRED CLIENT DATA USE

Participants were asked what they are currently using their client data for, and what they would like to use it for that they are currently unable to. As expected, there is a direct negative relationship between the current and desired use. This means that the type of use at the top of the ‘Desired’ list is also the type of use that the smallest proportion of projects is employing their data for, and vice versa.

The responses collected suggest that a high percentage of projects are currently using their client data for various reporting requirements. The highest proportion of respondents stated that they use their client data for internal reporting (88.5%) and reporting to commissioners/funders (85.6%). Less than three quarters (73.1%) of projects are using their client data to make funding bids and proposals, and finally for creating an action plan for the client (68.3%). Conversely, the latter has been rated by the highest percentage of participants as what they would like to use their data for but are currently unable to. Nearly half of the respondents (46.7%) indicated that they would like to be able to use their data to create an action plan for the clients. The next desired use is to make funding bids and proposals (42.2%) and reporting for commissioners and funders (40%). Table 7 summarises the responses.

Type of Use	Current use	Desired Use
Creating an action plan for the client	68.3%	46.7%
Making funding bids and proposals	73.1%	42.2%
Reporting for commissioners or funders	85.6%	40.0%
Internal audit or reports	88.5%	37.8%
Other (please specify)	19.2%	31.1%

Table 7: Current and Desired Use of Data

6.2.6. ISSUES IN CLIENT DATA

One of the main aims of the survey is to explore what issues are affecting current data collection, storage, and ultimately, client data use. Participants were asked about each of the components in turn.

6.2.6.1. Client Data Collection:

Participants were asked “What are the main obstacles you face in collecting the data?”. One of the main issues that came up was that it was difficult getting the information from the clients (38.4%). More than a quarter of respondents chose ‘Other’ as an option. Upon exploring some of the free text responses, it would appear that the issues mentioned include issues with staff (e.g., frontline staff and/or volunteers not recognising the importance of collecting data, staff not collecting the same information from all clients, etc.) and the system used (e.g. not having a system, lack of IT access in some services, etc.). Nearly a quarter (24.2%) stated that they do not have any problems in data collection. Other issues that were mentioned were not having the time to collect the data (18.2%) and not knowing what data to collect (14.1%).

“Frontline staff are not always great at collecting data from clients or making sure that data in database is kept up to date. “

“The shift leaders sometimes feel uneasy about asking for information from the clients.”

“We have to collect different datasets for different funders, commissioners, trustees.”

6.2.6.2. Client Data Recording System:

Participants were asked “What are the main obstacles you face in your current client recording system (e.g. Excel, Access, LINK)?”. The highest proportion of response (39.2%) indicated that projects do not have any issues relating to their current recording system. More than a quarter (26%) reported having a system but not finding it very useful, and a quarter of respondents opted for ‘Other’. Some of the issues mentioned in the free text related to the system and IT infrastructure (e.g. lack of flexibility of current system, technical glitches, having to have multiple systems, etc.) and costs. A small percentage (8.2%) reported being worried about storing client data, while 4% reported not having a system and not having enough time to set up a system.

“The need to have multiple systems to collect the required data for external reporting. “

“Managing and updating system with different elements.”

“Some of the data I would want to collect can’t be collected with current Link set up and don’t have the authority to change this.”

6.2.6.3. Client Data Analysis:

The next question asked “What are the main obstacles you face in analysing client data?”. The highest proportion of response (41.2%) indicated that projects do not have any issues relating to analysing their client data. Over a third (32%) of respondents stated that it is too difficult to extract the data from their current Recording Systems, and 19.6% reported that it was too difficult to analyse the data. Close to a third of the respondents chose ‘Other’ as a response. Some of the issues mentioned were the amount of data (lack of and excess of), as well as time and resources constraints.

“The sheer complexity of the issues/possible outcome makes it very difficult to analyse meaningfully without being inaccurate + lack of equivalent data from other nightshelters to compare to.”

“Don’t always have time and some of data I want doesn’t exist.”

“Too busy doing interesting things.”

“As a small project, time spent on detailed analysis (as opposed to quick number count) is time away from client support.”

“Sometimes there is too much data!!!”

6.2.6.4. Client Data Uses:

The last question asked “What are the main obstacles you face in using client data?”. The highest proportion of response (62.2%) indicated that projects do not have any issues in using their client data and 22.4% of the respondents chose ‘Other’ as a response. One of the main issue that is prevalent on the responses was the lack of resources, be it funding, staffing or time to extract and analyse the client data they have. Others include the quality of the data itself, and lack of standardisation in the type of data required for different things.

“Limited resources (both funding and staff time) means certain actions cannot be carried out.”

“Lots of sources of information/duplication/cross-over - where do you start?”

“All services across the organisation are working in slightly different ways and collecting slightly different data.”

“Different data required for different purpose or same information needing to be presented in different ways.”

6.2.7. CLIENT DATA SUPPORT NEEDS

Finally, the participants were asked what support would be useful to them around recording and using their client data. Table 8 details the responses.

Support Type	%	N
Online system for recording and analysing data	51.7%	46
User group to share best practice	42.7%	38
Workshop on how to best use client data	41.6%	37
Data analysis training	39.3%	35
Excel template	21.3%	19
Other (please specify)	18.0%	16

Table 8: Desired Support

6.3. CONCLUSION

Results from the online survey confirmed the issues that frontline agencies are facing with regards to their client data collection and management. A big majority of the projects surveyed stored their client data on paper forms or internal database. Paper copies are perceived to be the least easy to use and the least time-efficient due to the need to count the data manually when it is needed. Those who use an external database rated it easiest to use. Consequently, when participants were asked about the support they need around client data, more than half of them replied that they would like an online system to manage and analyse data.

The responses received seem to suggest that there are a few main issues around current client data collection and recording, namely:

- Lack of an affordable and integrated CRS
- Lack of consensus on which data and/or report is required from different funders and commissioners
- Lack of training and support for staff around the importance of collecting client data, and what this can be used for.

With the results in mind, Homeless Link is better informed about what should be included in the toolkit, especially with the issue around influencing commissioners and many projects having to analyse and present a large variation of data for different purposes. This highlights the need for a project such as Critical Mass in order to clarify data requirements in the sector and to explore if it is possible to standardise data. The responses received in the online survey will be used to advise the next stage of the project, which include interviews with commissioners as well as frontline workers to find out more about client data recording practices and requirements.

**Homeless Link
May 2011**

¹ FEANTSA (*Fédération Européenne d'Associations Nationales Travaillant avec les Sans Abri* – the European Federation of National Organisations working with the Homeless) is an European network that focuses exclusively on homelessness at European level and receives financial support from the European Commission for the implementation of its activities. FEANTSA also works closely with other EU institutions, and has consultative status at the Council of Europe and the United Nations.

² Retrieved from: <http://www.legislation.gov.uk/ukpga/1996/52/part/VII/crossheading/homelessness-and-threatened-homelessness>

³ Robson, P. and Poustie, M. (1996). *Homelessness and the law in Britain* (3rd edn), London: Butterworths/Planning Exchange.

⁴ Bramley, G. (1988). The definition and measure of homelessness, in G. Bramley, K. Doogan, P. Leather, M. Murie and E. Watson (eds). *Homelessness and the London housing Market*. Bristol: SAUS Publications.

⁵ Sommerville, P. (1992). Rooflessness or rootlessness? *International Journal of Urban and Regional Research*, 16, pp. 529 – 539.

⁶ Alexander, K. (1999). *Homelessness Factfile*. London: Crisis.

⁷ Pleace, N., Burrows, R. and Quilgars, D. (1997). Homelessness in contemporary Britain: conceptualisation and measurement, in R. Burrows, N. Pleace and D. Quilgars (eds). *Homelessness and Social Policy*. London: Routledge, pp. 1 – 18.

⁸ The latest report is: *Statutory homeless 4th quarter of 2010*, published March 2011.

Source: <http://www.communities.gov.uk/publications/corporate/statistics/homelessnessq42010>

⁹ CLG. (2010). *Evaluating the Extent of Rough Sleeping: New Approach*. Retrieved from:

<http://www.communities.gov.uk/documents/housing/pdf/1713784.pdf>

¹⁰ This is available at: <http://www.communities.gov.uk/publications/corporate/statistics/roughsleeping2009>

¹¹ St Mungo's research findings briefing can be downloaded from the publications section of their site:

http://www.mungos.org/homelessness/publications/latest_publications_and_research/

¹² For details, see <http://www.homeless.org.uk/outcomes-star-consultancy>

¹³ Executive Summary from 2008 report can be found in:

[http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/4EDD0C6DE833283B8025747F00428441/\\$file/TheSeedsOfExclusion-FullReport.pdf](http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/4EDD0C6DE833283B8025747F00428441/$file/TheSeedsOfExclusion-FullReport.pdf)

¹⁴ For details, please refer to:

[http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/58A56A802FEAE3EC802575E5004A2FED/\\$file/The%20Seeds%20of%20Exclusion%202009.pdf](http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/58A56A802FEAE3EC802575E5004A2FED/$file/The%20Seeds%20of%20Exclusion%202009.pdf)

¹⁵ Full report can be accessed here: <http://www.broadwaylondon.org/CHAIN/NewsletterandReports>

¹⁶ Full report can be accessed here: <http://www.broadwaylondon.org/CHAIN/CHAINResearch/ProfilingLondonsRoughSleepers2009>

¹⁷ Eurostat is a Directorate-General of the European Commission located in Luxembourg. Its main responsibilities are to provide the European Union with statistical information at European level and to promote the harmonisation of statistical methods across the Member States of the European Union, candidate countries and European Free Trade Associations countries.

¹⁸ Edgar, B. (2009). *Register-Based Statistics in the Nordic Countries*. UNECE, Geneva.

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²⁰ National Board of Health and Welfare. (2009). *Homelessness: Multiple Faces, Multiple Responsibilities*. Socialstyrelsen, Stockholm.

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http://www.feantsa.org/files/freshstart/Communications/Flash%20EN/PDF_2010/10_09_September_FEANTSA_Flash_EN.pdf

²⁴ Edgar, W., Harrison, M., Watson, P., and Busch-Geertsema, V. (2007). *Measurement of Homelessness at European Union Level*, DG Employment, Social Affairs and Equal Opportunities, Brussels.

²⁵ Edgar, B., and Meert, H. (2005). *Fourth Review of Statistics on Homelessness in Europe* FEANTSA, Brussels.

²⁶ Bursch-Gertseema, V., and Edgar, B. (2009). Survey on the Use and Potential Harmonisation of Core Variables for Measuring Homelessness. Retrieved from: <http://www.trp.dundee.ac.uk/research/mphasis/papers/MphasisReport-EvaluationofQuestionnairesonVariables.pdf>

²⁷ FEANTSA, (2011). Comparability of homelessness data collection across the EU - A case study of 6 European cities. Full report available from: http://www.feantsa.org/files/freshstart/Working_Groups/Data_collection/Docs/casestudy_citydata_01042011.pdf

²⁸ See <http://www.ndtms.net>

²⁹ Please see: www.teachernet.gov.uk/management/tools/ims/cbds/

³⁰ Please see: <http://www.dcsf.gov.uk/rsgateway/contents.shtml>

³¹ Homeless Link, SNAP 2010

³² All details of all funding, statutory and charitable, are subject to change and this document should not be used as guidance; contact the funder directly if you want more information on their funding and to make applications.

³³ Homeless Link – Client data collection survey August 2010

³⁴ New Philanthropy Capital 'Well informed - Charities and commissioners on results reporting' March 2010 p.10

³⁵ Homeless Link 'Funding for day centres' 2009 <http://www.homeless.org.uk/funding-daycentres> a broader selection of possible funding options than covered here can be found by following this link.

³⁶ Homeless Link, SNAP 2011. This survey was undertaken prior to Supporting People being subsumed into the Formula Grant.

³⁷ <http://ggsrv-cold.st-andrews.ac.uk/chr/supporting-people.cfm>

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- ³⁸ Centre for Housing Research, University of St Andrews <http://ggsrv-cold.st-andrews.ac.uk/chr/supporting-people.cfm>
- ³⁹ Department for Communities and Local Government 'Using the Quality Assessment Framework' April 2009 p 3
- ⁴⁰ Sitra 'The New Quality Assessment Framework' <http://www.sitra.org/1016/>
- ⁴¹ Communities and Local Government 'Creating Places of Change – Lessons learnt from the Hostels Capital Improvement Programme 2005 – 2008' 2007 p. 5, 8.
- ⁴² Homes and Communities Agency 'HCA Affordable Homes Programme 2011-15 Housing for Vulnerable and Older People – Supplementary information' <http://www.homesandcommunities.co.uk/public/documents/ahp-vulnerable-older-people-guidance.pdf>
- ⁴³ See http://www.homesandcommunities.co.uk/vulnerable_people
- ⁴⁴ Communities and Local Government 'Creating 'Places of Change – Lessons learnt from the Hostels Capital Improvement Programme 2005 – 2008' 2007 p. 8 – 10
- ⁴⁵ Ibid p. 12 – 13
- ⁴⁶ <https://core.tenantservicesauthority.org/LearnAboutCoreMain.aspx> Retrieved 1 October 2010
- ⁴⁷ Tennant Services Authority 'CORE Factsheet Continuous Recording of social housing lettings and sales in England 2008 – 2009' <https://core.tenantservicesauthority.org/LearnAboutCoreMain.aspx> Retrieved 30 September 2010
- ⁴⁸ <http://www.insidehousing.co.uk/news/housing-management/shapps-confirms-plans-to-scrap-tsa/6510462.article> Retrieved 1 October 2010
- ⁴⁹ Telephone interview with Carol Hamlett, The Basement, 20 September 2010
- ⁵⁰ New Philanthropy Capital 'How are you getting on? Charities and funders on communicating results' p. 17
- ⁵¹ Charities Evaluation Services 'Managing Outcomes – a guide for homelessness organisations' 2003
- ⁵² Charities Evaluation Services 'Managing Outcomes – a guide for homelessness organisations' 2003 p. 6
- ⁵³ http://www.biglotteryfund.org.uk/index/about-uk/about_blf.htm Retrieved 1 October 2010
- ⁵⁴ http://www.biglotteryfund.org.uk/prog_reaching_communities Retrieved 9 September 2010
- ⁵⁵ Big Lottery 'Fund Reaching Communities Outline Proposal Form'
- ⁵⁶ BIG Lottery Fund 'Sample end of year report form' 2010
- ⁵⁷ Homeless Link 'List of charitable trusts and foundations for day centres' 2009
- ⁵⁸ <http://www.homeless.org.uk/funding-daycentres>
- ⁵⁹ Homeless Link 'List of charitable trusts and foundations for day centres' 2009 <http://www.homeless.org.uk/funding-daycentres>
- ⁶⁰ Tudor Trust 'Funding Guidelines April 2009 – March 2011' www.tudortrust.org.uk
- ⁶¹ Tudor Trust 'Funding Guidelines April 2009 – March 2011' www.tudortrust.org.uk
- ⁶² <http://www.henrysmithcharity.org.uk/index.html> Retrieved 26 August 2010
- ⁶³ <http://www.ces-vol.org.uk/index.cfm?pg=113>