Health & Homelessness Case Studies

Case studies provided by organisations demonstrating how they are working to improve the health outcomes for people experiencing homelessness.

Homeless Link

Health Case Studies

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Contents

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Out of Hospital Care Team at Oxford City Council, Greater Manchester Housing First, Aspire Oxford, Street Talk and Single Homeless Project.

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Introduction

Unfortunately, people experiencing homelessness experience some of the worst health outcomes in society. Homeless Link recently published *'The Unhealthy State of Homelessness' 2022*, health audit report. The report presents findings from 31 Homeless Health Needs Audits and builds on learning from the 2014 report. Key findings were that between 2018-2021, 63% of respondents reported that they had a long-term illness, disability, or infirmity. The number of people with a mental health diagnosis increased substantially from 45% in 2014 to 82% in the 2018-2021 cohort.

This briefing shares good practice case studies, providing examples and insights of how organisations have developed new ways of working to improve the health outcomes of the people they support. Initiatives like social prescribing, and sport and physical activity sessions, have improved people's mental and physical health, whilst others have co-designed new models of engagement to make therapy more accessible for marginalised groups. The case studies include short videos and toolkits to provide further depth and context about how organisations have designed programmes, alongside quotes from people who have benefited from them.

We hope that these case studies and resources are useful and that they demonstrate how services can adopt new ways of working within current provision, to improve the health outcomes of people accessing them.

Case Study: Street Talk

A model of therapy developed through working with women in street prostitution. [1]

The context:

Street Talk was initially set up in 2005 with the intention of making therapy more accessible to women working in street prostitution in London. Street Talk's highly trained therapists soon recognised that traditional approaches and models of engagement created barriers for women to access therapy, and that a different approach would be needed. After 15 years of working with, and listening to those they supported, the 'Therapy of Presence' model was developed. This has guiding principles of patience, compassion, courage, and faith, and that listening, hearing and bearing witness can help release deep wounds. Street Talk is a partnership model that works with hostels and day centres to build meaningful relationships with the people they work with. Street Talk is funded through a wide variety of trusts, churches, banks and funds.

What they did:

- Developed a client-led service, allowing women to show Street Talk how to adapt the service to make it more accessible to them.
- Sent psychotherapists and art therapists into hostels and day centres where the women already were, taking the service to them in a familiar, non-clinical context.
- Psychotherapists spent time in the common rooms between sessions interacting and building relationships with the women, so they became more familiar with them over time.

> *"Drawing on Object Relations Theory in working with women who had, for the most part, experienced significant trauma, 'bearing witness' – and related ideas from psychoanalytic psychotherapy such as holding, containing and accompaniment – were presented as both an activity and outcomes of the services work... The women's accounts emphasised that one of the most beneficial aspects of a service was presence, in Cody's three senses; temporal and emotional 'accompaniment' on their journey reiterated through physical accompaniment at significant life events, such as family court proceedings."* ... (Anderson, S. et al, 2014)[2]

- Sessions ranged from between 5 and 50 minutes, allowing choice and control for the women about how long they chose to stay.

1 The term 'women in street prostitution' is chosen by those who have worked with Street Talk over the past 20 years and not the term used by Homeless Link.

[2] This quote relates to Street Talk's approach and learnings from their work over the past 20 years through using the Object Relations Theory model.

- There were no consequences for missing sessions. Street Talk provided drop-in sessions alongside pre-arranged appointments. Sometimes women came in and out of the service according to their circumstances.
- Street Talk offered long term work over years, typically working over ten years.
- Provided advocacy alongside the therapy, for example, attending court, probation, and case conferences to ensure that the woman's mental health history was considered.
- Offered therapy post recovery when other agencies fall away.

Key Learnings:

- Anyone can make a full recovery from trauma when the model or approach is adapted to meet their needs.
- Valuing lived experience and being client-led should underpin all aspects of the work: over 50% of Street Talk's Board of Trustees has relevant lived experience.
- Women can encounter extreme, lifelong injustice from other services that are less appropriate for them or do not fully understand their needs.
- Women are inadvertently punished in multiple ways throughout their teenage years and adult life for having been subjected to trauma in childhood. Without appropriate trauma-informed services and access to therapy, unresolved trauma is carried throughout life.
- People can make a full recovery, stop using substances, exit exploitative prostitution, get children back from the state care system, find stable accommodation, study, and move forward with their lives.

Case Study: Out of Hospital Care Team

Partnership between Local Authorities, VCSE and Health Partners

The context:
People experiencing or at risk of homelessness who are being discharged from hospital often end up in situations where health factors are exacerbated due to not having stable, or any accommodation. The OOHCT (Out of Hospital Care Team) in Oxford was set up as a multi-disciplinary group of psychiatrists, social workers, and housing professionals, to offer support for people with mental health barriers who were either experiencing or at risk of homelessness. The Out of Hospital Care team offer accommodation for when people are discharged and offer learning and skills sharing and relationship building across sectors. This project was evaluated by Kings College with support from a local group of Experts by Experience.

Funding:
Initially, this project was funded by the Department for Levelling up, Housing & Communities and Ministry of Justice. Locally in Oxfordshire, Oxford City Council have secured more funding to continue this work with local partners.

What they did:
Working with an individual who had experienced multiple disadvantages and was currently pregnant, sex working, drug dependant and experiencing homelessness, the OOHCT involved all working professionals within safeguarding, mental health, the local drug and alcohol team, to ensure the safety of both the unborn child and mother. They considered the legal aspects and responsibilities as a team whilst encouraging autonomy and rights to the individual. As a system, the OOHCT embedded and improved communication locally and integrated health and housing professionals, which is currently being evaluated and tested as a cost-effective model.

The outcome of the above, was that after support from multiple services, the individual became free from using substances, and is now planning to move into a Housing First property, with the right support around them.

The outcomes for OOHCT were:

- Collaboration and regular meetings across mental health, housing and health professionals enabled a joint strategy to support mother and child and increased communication.
- Reduced duplication of efforts and improved integration within health and homelessness achieved improved outcomes for the individual.
- Built stronger links and offered support to hospitals for people at risk of experiencing homelessness upon discharge.

Key Learnings:

- A joint strategic approach across health & housing professionals increased productivity and effectiveness and improved relationships.
- Missed opportunities for early intervention were mostly due to a lack of adequate notice or opportunities to be involved in planning related to when individuals were involved in the criminal justice system.
- The hospital's increased willingness to 'do things differently' was enabled through listening to individuals' experiences via housing and drug & alcohol professionals.
- For all partners, it is most important to have a flexible approach to do what's best for the individual.

Case Study: Aspire Oxford, Blenheim Palace & Oxford University

Social Prescribing Project

The context:
Aspire Oxford, Blenheim Palace and Oxford University partnered to run a pilot project with the aim of helping participants' well-being by engaging in social activities connected to nature and the great outdoors. The six-week programme saw a group of people take part in two-hour walks and mindfulness activities around the Blenheim Estate. The purpose of the walks was to help people find non-medical interventions, aimed to alleviate mental health needs and isolation through physical exercise, meeting new people and connecting with nature. This collaboration involved Aspire Oxford who worked directly with people experiencing homelessness and leaving prison, as well as young people. Blenheim had the grounds and estate where the well-being walks could take place, and Oxford University provided the research, insight and evaluation into this project using digital devices and technology to measure impact. A short video with more information can be found here.

Funding:
Initially, it was funded from Blenheim Estate and Oxford University to trial and test the pilot, alongside matched funding.

What they did:

- Ran a 6-week programme for individuals to get involved in the wellbeing walks who had experienced mental health needs or isolation.
- Created access to lakes, walks and nature.
- Provided Fitbits to participants.
- Had coffee and cake afterwards to help people connect and build new relationships.
- Gained support from Aspire staff to access new opportunities like volunteering, training, hobbies, and even finding employment.
- All individuals who completed the walks gained a free year pass to access Blenheim Palace at any time.

"*Aspire came along when I was dealing with great difficulty, stuck in a hotel, homeless, with nothing to do and nowhere to go. Aspire took me out for day trips to walk with other people in similar positions around Blenheim Estate, helped me with my housing and with so many things. I'm now on track to move forward with my life*".

Key Learnings:

- Participants built relationships that continued after the walks had finished which helped to develop new social networks.
- Participants' well-being improved which was captured using the ONS4 wellbeing measure
- Participants' levels of activity per-week improved (which was tracked by using Fitbits which participants kept after the walks)
- Participants who completed the well-being walks went on to lead future walks as volunteers.
- There is scope to incorporate and use digital tools. A short video explaining more can be found here.

Case Study: Single Homeless Project

Sport Project

The context:
Single Homeless Project's (SHP) Sport Project was formed in 2018 to provide physical activity opportunities to people experiencing or at risk of homelessness, to improve their mental and physical health. SHP introduced the project for several reasons:

- Individuals were spending, on average, 18hrs a day alone and sedentary in their rooms.
- The individuals had unmet mental and physical health needs.

To remove the barriers to participating in physical activity, SHP developed its Sport Project to help get people more active, and to break the cycle of homelessness.

Funding:
Initially, the 3-year funding was for a Sport & Health project, providing opportunities for individuals over the age of 55, as part of Sports England Active Ageing Initiative. The current project is funded for 2-years, open to all adults, with the focus on sport and physical activity, with the health team growing separately with independent funding.

What they did:
SHP have provided a wide range of physical activity opportunities such as cycling, boxing, football, yoga and chair aerobics across 12 London boroughs, reaching over 800 people. They have run sessions within the communal spaces of the hostels in order to remove the accessibility barriers, and engage more people. SHP have also run sessions in local community centres and sports halls, for individuals who have their own flats but are at risk of homelessness. SHP also run trips such as Ice skating and Go Ape, and an annual sports day.

All sessions are client focused and the specific activity/sport implemented is chosen by the clients themselves. The social aspect of the sessions is a key focus, recognising that building relationships can also improve confidence and self-esteem.

"When we started our physical activity project, we initially had the focus on just physical activity and sport, but soon discovered that physical activity and health came hand in hand."
- SHP

SHP aim to share as much of what they have learnt in their project with likeminded organisations so that they can start or develop similar projects, and therefore, use physical activity for change for a wider range of individuals. Single Homeless Project have released a series of toolkits which can be found on their website.

Key Outcomes:

- 89% of participants improved their mental health.
- 92% of participants improved their physical health.
- 76% of participants improved their stress, anxiety, and depression levels.
- 81% of participants improved their activity levels.
- 31% reduced their substance misuse.

In addition to these statistics, SHP feel a powerful portrayal of the impact of the project on individuals' health is through case studies from the individuals themselves. One individual who was street homeless for over 10 years before becoming a resident didn't engage in the opportunities on offer, until he came to SHP's Annual Sports day. Here he won the athlete of the day award after getting stuck in with all the events. This had a massive impact on his life, and he started engaging in other aspects of his life such as health and dental care, cooking classes, carpentry courses, rehab and he even got back in contact with his daughters. When speaking about sports day he said:

"That day changed my life, nothing else, that day".

"I truly believe that the exercise sessions are slowing down the process of my Parkinson's".

"I feel so good after I leave this room. It has reduced the pain in my legs, it's good to get moving".

Case Study: Greater Manchester Housing First

The context:
Housing First is an evidence-based approach, which uses housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness.

Housing First is a housing and support approach which:

- Gives people who have experienced homelessness and chronic health and/or social care needs a stable home from which to rebuild their lives.
- Provides intensive, person-centred, holistic support that is open-ended.
- Places no conditions on individuals; however, they should desire to have a tenancy.

Greater Manchester Housing First (GMHF) is a partnership between 12 organisations across Greater Manchester. Great Places Housing Group is the lead partner, alongside Riverside; Petrus (part of the Regenda Group; Jigsaw Homes Group; Stockport Homes Group; Greater Manchester Mental Health Trust, The Bond Board, MASH (Manchester Action on Street Health), Community-Led Initiatives, Early Break and Humankind and Creative Inclusion.

Funding:
The GMHF pilot was originally commissioned for three years by the Greater Manchester Combined Authority (GMCA) with funding from the Department of Levelling up, Housing and Communities. The pilot project has secured ongoing funding for another 2 years to-date to continue the project.

What they did:
From the start of the bid, the Greater Manchester Mental Health Trust (GMMH) were a partner with a senior management representative sitting on the board of GMHF pilot. The contract originally specified that GMMH would provide up to 4x Dual Diagnosis Practitioners (DDP's) full time to the partnership, to provide support and sign-posting for those on the program along with training and support for the staff, in working with and supporting people with complex needs.

GMHF developed 2 pathways at the beginning of the pilot for people referred to the service:

Pathway 1: Consultation & Advice only and
Pathway 2: Referrals for treatment that would become full cases and be assessed, before being referred into the appropriate treatment pathways.

The DDPs also enabled and hosted reflective practice sessions for frontline workers to build resilience and help to ensure that vicarious trauma and stress were dealt with in a

safe environment. The work of the DDPs was supported by a part time Clinical Psychologist who provided case reviews and reflective practice support.

Key Learnings:
Whilst the above original approach provided routes into care and treatment for people on the program, it also highlighted some difficulties in getting people diagnosed in order to get treatment. In discussion with GMMH as to what further enhancement GMHF could bring to the service, they highlighted the use of a Consultant Psychiatrist within the Manchester City Council RSI team. The Psychiatrist could provide:

- Weekly advice and medical review of any complex cases to support treatment pathways and recommendations.
- Diagnostic assessment and treatment recommendations where this would be needed for specific cases.

The diagnostic assessment would be delivered using an assertive outreach approach to enable those unable to engage on a more structured pathway to be able to complete medical assessments, obtain a diagnosis, and then to be referred on into a suitable treatment service. This additional enhancement was added to the service in Spring 2021.

A further review of the service suggested that the frontline staff would be better served and supported by Reflective Practice delivered by a Clinical Psychologist with training in systemic therapy. This would mean the Reflective Practice would be truly evidence based and led by a specialist practitioner in the field. In order to provide this, a change was made in the grading of the Clinical Psychologist and additional funding was provided to extend the provision of the GMMHT services. This further enhancement was added in Spring 2022.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Homeless Link

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Let's End Homelessness Together

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