

# Street Outreach Case Studies

## Mental health – Stephen

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Stephen was first found rough sleeping in February 2014 when, due to the outreach team's immediate concerns, they contacted the local mental health Crisis Team. They advised that there was nothing that they could do – and that the only way to access support was to present with him at his GP or A&E.

After advising that neither was possible at that time, outreach were told that the only other way to access mental health services was to call Police so, reluctantly, they did. However, when Police arrived Stephen remained calm and as such they stated they had no immediate concerns and left.

Later that day outreach contacted the local Community Mental Health Team (CMHT) and were advised that Stephen was known to them, that he had previously been detained involuntarily in hospital and that upon discharge he had moved into a property within the private rented sector. Over a period of time his mental health had deteriorated, which was attributed to him not taking his medication, and he abandoned the property to sleep on the streets of Lincolnshire. They also advised that although never convicted, they believed that he had carried out a serious assault on a family member.

Outreach arranged for a member of CMHT to join a shift, and were told Stephen's case had been closed due to there being no concerns regarding his mental health. However, his presentation over the following weeks continued to give serious cause for concern, as a result of which outreach again attempted to link him in with mental health services and a further joint visit was arranged. Following this they were again told there were no concerns.

During the months that followed they continued to visit Stephen at his rough sleeping site and his only response to any questions was "*I'm fine thanks*". He refused food and drink, he refused help with benefits, he refused the offer of immediate accommodation from the Local Housing Authority (even in temperatures as low as minus 5).

Outreach liaised with the local Neighbourhood Policing team who advised that Stephen had family in the local area – they agreed to contact them to see if they would agree to talk to outreach to share out some background information. They agreed.

Family explained that Stephen had a long history of ill mental health (and gave several examples), which included a period where he had spent time sleeping in local woodland during which he would ring them every day and tell them that he was drinking muddy river water and running naked through thorn bushes. They also confirmed that he had assaulted a family member, and that they hadn't reported it to Police as at the time they were trying to protect Stephen, but acknowledged in hindsight that a report might have been the catalyst for getting him the help that they thought he desperately needed.

Family put outreach in touch with Stephen's previous landlord who again would give several examples of what she described as "*bizarre and frightening*", behaviour including that he used to leave the taps on as he thought someone was living inside them and that whilst living in the property, on more than one occasion, he had smashed floorboards with a sledgehammer. He told her because someone was living below them.

All of the information given – as well as the outreach team's own observations e.g. witnessing Stephen talking to himself – only heightened concerns. A number of further attempts to link him in with mental health services were unsuccessful.

Then the team discovered that, within the Mental Health Act "*the nearest relative*" has a power to request a Mental Health Act assessment. They supported family to make that request, liaising direct with the Approved Mental Health Professional duty team.

After reviewing the outreach team's concerns, they agreed to facilitate a Mental Health Act assessment. Almost 2 years after outreach had first found him rough sleeping, an assessment took place, following which he was deemed detainable under Section 2 of the Mental Health Act. Due to no suitable beds available across the UK, he was forced to rough sleep for a further 3 nights until one became available.

Stephen is now living in his own accommodation – and has been for more than a year – and is receiving support from the services he requires.

## **Modern slavery – FC**

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FC was referred into No Second Night Out by Camden Safer Streets team, having been found bedded down outside King's Cross Station. During his assessment by frontline workers, FC told staff he had been homeless since losing his job with tied accommodation in Lincolnshire. He had worked on farms and in factories intermittently, regularly changing jobs and going wherever his agency sent him. He had no ID or documentation from his previous employment and a quick online search revealed that this agency did not exist. The client was originally offered a job 'working with food' in the UK while he was unemployed in Portugal. He was promised a good wage and free accommodation in a room in a shared house.

On arrival in the UK, FC was paid a small amount, though often this was withheld – his employers told him it was for tax reasons. On average he worked between 15-20 hours a day, and shared a caravan with other men in a similar situation. Despite not being allowed to leave the farm, he managed to escape one day and walked 40 miles to the nearest city before catching a train to London.

Frontline staff were confident from their assessment that there was enough information to make a referral to the National Referral Mechanism, and that offering reconnection back to Portugal was not appropriate in this occasion. NSNO staff explained why they thought that he had been exploited by his 'employers', and that they wanted to refer him to a specialist agency who could provide on-going support. It was explained that he would need to go through another assessment

on the phone with the Salvation Army, which the client agreed. Within 24 hours of being found rough sleeping on the streets of London, the client was referred into the NRM and into specialist accommodation while his trafficking case was considered.

## **Complex needs and Local Authority gatekeeping – Gary**

Gary, 37, was living in his own private rented accommodation in London. He had been living there for the past 6 years while working off and on at his local supermarket on a zero hours contract. Gary suffers from depression, and a range of complex medical issues including cirrhosis of the liver, and some skin conditions that have exacerbated in recent years.

Gary broke up with his partner several years ago, and since then his anxiety and depression have increased dramatically, leading to him not being able to work as many shifts as he needs. Following an increase in his rent arrears, Gary was receiving letters from his landlord threatening him with eviction. At the advice of a colleague, he took the letters to the council, but was given a piece of paper with some local services, and was unable to cope with the busy housing options centre. Shortly after, he was admitted into hospital for two days for a medical issue and when he returned to his flat, his belongings were piled up outside, the locks changed and the landlord would not return any of his messages or calls.

Gary had no friends and family to turn to and ended up sleeping on night buses for a week, too afraid to sleep on the streets. During this time, he lost all of his paperwork, identification documents and proof of residence. He ended up sleeping in a doorway outside a McDonalds.

A member of the public referred Gary to StreetLink, and 24 hours later the local outreach team located him and as they had not encountered him before, took him to a No Second Night Out (NSNO) Assessment Hub, where he was given a support needs and housing history assessment, shelter, and a place to rest.

During the assessment, NSNO staff quickly ascertained that Gary had a local connection to Lewisham and that due to his homelessness, complex range of physical health, and mental health issues, Gary was almost certainly owed a duty.

Staff at the NSNO assessment hub immediately ordered Gary a new fast track birth certificate, contacted his local GP and the hospital he was recently admitted to request supporting medical information. By visiting a local bank with staff the next day, he was able to get printed proof of addresses for his time living in his previous flat.

NSNO staff got in contact with the Housing Options team in Lewisham to arrange an appointment to undertake a housing needs assessment. They were given the council website, told they couldn't book without a unique Housing Options triage reference number, and told to expect an appointment in no less than one month. Despite repeated assertions that Gary was still currently rough sleeping, they were unable to secure an appointment.

Once all his necessary documents had been brought together two days later, a coordinator at NSNO emailed the Housing Options Team Manager at Lewisham, detailing the precise details of

the case, including all supporting documents. He also provided information of Gary's attendance at housing options just prior to being evicted, in case they had record of him and any actions taken. They informed the HO Manager that they would be accompanying Gary the next morning for an urgent assessment.

Arriving at 9am, they again presented all the necessary documents to satisfy the local connection criteria, and using the supporting medical information made their case for a referral into immediate local authority temporary accommodation, pending referrals into supported accommodation pathway in the borough.

Despite having to wait for three hours for an appointment in the Housing Options triage centre, staff at Lewisham had been able to review the documentation sent the night before and an appointment was given and eventually temporary accommodation secured.

The NSNO staff were able to support him through this process, and even provide a small amount of funding to settle him into the temporary accommodation to pay for necessary personal items, and ensure he has a clear understanding of the next steps. In the following weeks NSNO staff continued to liaise with Gary and with staff at Lewisham Council to make sure of any final decision and necessary referrals.

## **Advocating with the Local Authority – Michael**

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Michael is a 56-year-old man, sleeping rough since 2013. He has been alcohol dependent for a long time, but has been sober for over three months. He is at risk of death if he starts drinking again. Michael has short-term memory loss due to prolonged drinking, and forgets where he is and who he is speaking to frequently. This means he needs support with accessing services and applications.

He has COPD lung disease that makes it difficult to walk long distances and to breathe generally. His previous offences cover a wide spectrum and he been in prison previously. He has attempted to get a job but been refused due to offending history.

Michael experienced past trauma, losing his mother at the age of 12 which is when he began street drinking and sleeping rough. He has experienced traumatic experiences whilst street living, including having his stuff stolen and being attacked by members of the public.

He is an entrenched rough sleeper and does not trust services easily. It has taken a long time to build a relationship with Michael. He also has trouble reading and writing so needs support to make applications etc.

Claiming ESA: Michael had no ID and no bank account. Difficult to track down due to memory problems. Opened bank account through a friend. Managed to find out the name of town he was born in through the local council there and got certificate. Now successfully claiming ESA.

Accommodation: Due to entrenchment and having been in the borough for a year, Michael felt that it was his home and refused to move anywhere else. Due to past trauma that occurred in his city of origin, he felt it was a danger area and did not want to go back. He has had various support

locally, including a community support officer who checks up on him every week, a member of the health-link team, a support worker at a local charity, and various people within the community who have seen him rough sleeping in the same spot for over a year. They provide him with food, shower and phone charge. This all contributed to him wanting to stay in the area.

Michael didn't want to stay in a hostel, due to his desire to remain independent and due to the risk of people in a hostel encouraging him to start drinking again. I talked to him about making a housing application through the local council to try to get social housing or to be considered for sheltered housing due to his extreme vulnerability. He was very keen to get sheltered housing as he felt that having the warden and other people around in a community setting would allow him minimal support but still to keep his independence.

Michael was hesitant at first, but eventually he came to the council with me and I began to explain the situation to a housing officer. I explained Michael's numerous vulnerabilities and asked that he be considered for sheltered housing despite being 4 years under the age limit of 60. The housing officer laughed and said to him "You have no hope of getting sheltered housing". The client walked out of the meeting. I stayed behind and managed to get the housing team to agree to consider an application due to the extreme vulnerabilities.

The housing officer said that I "should not have brought him here yet" and that I "had not worked with him enough". I wanted to make a complaint about the way the client had been treated and about the council's attitude towards extremely vulnerable people who have experienced trauma, however my manager felt this wasn't the right approach.

Upon trying to make the housing application after this the council had locked the account, due to him making an application previously. I kept calling the council for two weeks and asking them to call me back with no response. I emailed the head of housing and various housing staff who did not respond. I went into the council to explain the situation. They advised me to complain. I complained and, two weeks later, someone managed to get me the log-in details. A housing application was made and, at the time of writing, we are waiting for a decision.

Michael felt very rejected and it took a lot of conversation for him to still consider council accommodation. During the time that he was still rough sleeping, he was attacked by another rough sleeper and got into an altercation that meant he had to go to court. He was not charged. He has also had his belongings stolen three times and has now had to move sleep sites as he feels unsafe on the street.

It is unclear what the outcome will be. It has taken us a long time to get the information the council wanted together. Michael sometimes stays with a friend who supports him and is giving him work experience.

## Support with prison discharge and pregnancy – Sam

Sam is 36-year-old woman who had been released from prison and unable to return to her parents' address or any other previous accommodation. Initially street homeless on release, she spent the first night sleeping rough. She had been in and out of prison over recent years due to minor theft charges, due to substance misuse problems and having very little stability. Although no long-term diagnosed mental health issue, she described suffering from anxiety and depression due to her lifestyle. Used illegal substances on occasions to 'self-medicate' and had worked with recovery services previously, but was trying to stay clean as she was pregnant at the time of contact. She had received support from housing agencies in the past, but this had been mainly temporary hostel accommodation and a short stay in supported housing.

Sam was referred by Changing Lives Women's Services while in prison but did not attend a prearranged appointment on release. When she did eventually attend Housing Options they contacted the Changing Lives' Housing Response Service (HRS), as she was unable to reside in any temporary hostel accommodation in Sunderland due to previous rent arrears and other related issues.

The HRS worker arranged to meet Sam at Housing Options and assess her referral needs. HRS arranged with a local private landlord for Sam to gain her own tenancy in Sunderland. This was a single bed property but with the chance to move on to a two-bed property once the baby was born. This was secured due to the offer of continued and intensive support as part of Housing First element of HRS, which gave the landlord confidence in accepting Sam as a tenant.

The property would be ready in 10 days, so the support worker arranged for Sam to stay in a room in an HMO until the property was ready for her to move into. During this period the worker supported Sam to register at a GP and, from this referral, Sam was able to get help from the substance misuse midwife at Sunderland Royal Hospital and then linked in the Social Services for welfare checks. Sam was also supported to claim Housing Benefit and other benefits appropriate to her needs.

HRS arranged for a food parcel and essentials, such as bedding, personal hygiene products etc. This allowed Sam to transition from custody back into her community smoothly and quickly build a more stable footing in which to consider her own needs.

At the time of writing, Sam is still in the community and has not re-offended. She continues to be monitored by both health and social services around her pregnancy. She says that she is not using any substances at present, attends regular testing and is now housed in her own property.

Initially there were concerns about her stay in the HMO but, due to the intensive support offered by HRS, these issues were effectively managed and Sam has continued with her recovery. Sam is maintaining her property to a good standard and has recently sought counselling from the Sunderland Changing Lives volunteer counselling service. Sam's plans are very dependent on the outcome of her pregnancy and whether the baby gets to remain with her. There is more chance of this at present due to her current situation, but we continue to be mindful of the effect of a removal may have on Sam. Sam said "I am happy at the moment but I know things might change. Diane has been an amazing help, but it's up to me as well".