Porchlight

Changing attitudes • Changing lives

Slipping through the net:

Homeless people in Kent

January 2010

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Foreword

Homeless people, but especially single vulnerable people who are not owed a statutory duty to be housed, are particularly at risk from a number of socially isolating problems. Emotional, financial, and sexual abuse; drug and alcohol addiction; mental health problems and criminality, are all societal and individually damaging issues. Good quality supported housing is essential to providing some of the answers to these problems.

There are many people in this category in Kent. It is only through co-operation and working in close partnership with statutory and non-statutory partners that we can all begin to understand the scale of the problem.

This report sets out to present a snap shot of how the agencies, homeless people and the services that are set up to assist them, are perceived by each other. The purpose of the report is to generate debate and enable “both sides” to enter into open and honest dialogue. It is our hope that this will further improve joint working and allow us all to gain a deeper understanding of the problems faced by both the providers of services and those who need to use them.

The report as the title suggests, highlights how people can slip through the gaps in provision and paints a picture of a “non system”. What we have to understand is how this feels for the people seeking shelter and support. The fact that many are already frightened, frustrated and angry may go someway to helping practitioners understand why vulnerable people vanish or do not respond positively to being told that they need to find their own way; this in a housing market that is out of their reach in terms of affordability and supply.

I truly hope that the report is received in the spirit of co-operation and partnership; and opens the door for a more meaningful and effective discourse.

Mike Barrett MCIH
Chief Executive, Porchlight

Executive Summary

1. The aim of the present study is to present a picture of homeless provision for single people in Kent (and Medway). It is based on **91 interviews** with local authorities, prison and probation services, addiction and mental health units, agencies providing housing and services, and single homeless people.

2. The number of households accepted as homeless and in priority need by councils in Kent and Medway fell from **2982** in 2002/3 to **1159** in 2008/9; 44% of those who applied in 2008/9 were rejected. There is no total for the number approaching agencies directly, but one estimate is that agencies are housing three times as many homeless people as councils.

3. The provision of housing for homeless people via councils and agencies is best understood as a 'non-system'. Council provision is variable and leads to some homeless people having to leave their home areas to find housing. The level, type and location of agency provision is in the hands of the agencies. There is no overall strategy within Kent to match supply with demand. The result is patchy provision across the area. Homeless people with complex needs are very badly served.

4. Service users, who were mostly from Kent, had had a mixed experience with agencies from very good to very poor. Their experience of councils had been worse. They had often had the experience of being pushed from 'pillar to post'. Most were positive about their future.

5. Councils varied in their level of provision and conversely in their diversion of homeless people to neighbouring councils; all expressed the need for more hostel accommodation for young homeless people. What is not clear is the level of knowledge of homeless people about council eligibility rules and access to agency hostels.

6. Most drug agencies, prisons and psychiatric hospitals gave a high priority to placing service users and senior staff spend a lot of time on this. They had a mixed experience with councils.

7. One third of agencies providing housing had experienced an increase in demand from homeless under- 25s in the previous year. A few had vacancies. **58%** felt they were meeting the needs of the groups they worked with. **65%** took 70% or more of their residents by referral. **48%** faced strong financial constraints and **37%** faced strong capacity constraints. **86%** had good relations with other agencies, whereas only **46%** said they had good relations with councils.

8. The fragmentation of the provision and lack of a strategic approach needs to be addressed. This could involve agencies and/or Supporting People. There is scope for learning among the different parts of the area. This could be supported by research on innovative policies such as single assessment of all homeless people in a district, the rent deposit scheme, choice-based letting and how homeless people negotiate the non-system of provision.

1 Introduction[1]

Homelessness is an unsatisfactory term

Firstly, it has many definitions, from rough sleeping to sofa surfing, to being in hostel accommodation, to being without secure or independent accommodation. Councils operate with a statutory definition, while charities use a broader definition. Secondly, people who are homeless generally have additional support needs. For example, they may have alcohol, drug or mental health problems, they are likely to have disrupted relationships with their family of origin (if young) and/or with spouses or partners (especially if older). The term homelessness fails to capture this complexity.

The aim of the present study is to present a picture of homeless provision for single people in Kent (and Medway). To this end we have undertaken **91 interviews** made up of:

- **13 local authorities**
- **12 prison** and **probation services**, **addiction** and **mental health units**
- **44 agencies** providing **housing** and **services**
- **1 housing advice centre**
- **21 single homeless people**

We were unable to secure an interview with one council but apart from that the interviews were spread across every part of Kent and Medway. Anonymity was promised to all interviewees and no organizations or individuals are identified in the report. Quotations drawn from the interviews have been included but are not attributed.

1 *This report was commissioned by **Porchlight**, an independent Kent-based charity that provides supported accommodation, street outreach and homelessness prevention services. We would like to thank Mike Barrett and colleagues at **Porchlight** for their support, the Kent County Council Supporting People team, David Nettleingham and Fahid Qureshi, PhD students in SSPSSR, who carried out the majority of the interviews, and all the homeless people, agency and council representatives who agreed to be interviewed.*

2 The national and local context

Since 1977 councils have had responsibility for providing temporary housing for unintentionally (and hence 'eligible') homeless people who belong to specified 'priority need' groups. In contrast the supported housing provided by charities is mainly open to groups who are 'ineligible' from a council's point of view, as well as sometimes being open to nominees from councils.

The 2002 Homelessness Act extended councils' responsibilities by:

a) widening the priority need groups,
b) obliging councils to provide housing until permanent housing is found, and
c) by adding a responsibility to provide housing advice to ineligible groups.

The priority need groups became: households with dependent children or a pregnant woman or people who were vulnerable because of mental illness or physical disability, applicants aged 16 or 17, applicants 18-20 previously in care, or applicants 21 or over vulnerable due to having been in care, in custody or in HM Forces or due to domestic violence (CLG, 2006). A number of these priority groups are likely to include single homeless people, especially the 16-17 and 18-20 year olds. On the other hand older single homeless people are only eligible for temporary council housing if they are vulnerable in one of the ways indicated.

The 2002 Act also required councils to conduct a homelessness review and develop a strategy (in some cases this was done by councils jointly, e.g., Sevenoaks, Tunbridge Wells and Tonbridge and Malling; Canterbury, Dover and Thanet) and to adopt measures to prevent homelessness (including, since the recession, mortgage protection) and to help people move into the private sector (e.g. via rent deposit bonds).

In 2002 the government also launched a drive against street homeless people with the aim of reducing the number from 1850 (CLG, 2007). By 2001 a two-thirds reduction had been achieved, and in 2008 a zero target for 2012 was adopted. The annual rough sleeper count conducted by councils on behalf of the Department of Communities and Local Government (CLG) is well known for being a one-off count which requires people to be 'bedded down' or evidence of someone sleeping rough. However, counts are now 'intelligence lead' and local authorities are more able to target known sites.

The major source of funding for services for homeless people (and other vulnerable groups) is the 'Supporting People' programme. The KCC programme distributes **£32m** for **2009/10** to service providers. This funding is currently ring-fenced within the KCC budget, but this will cease to be so in 2010/11 when it will be vulnerable to transfers by KCC in favour of spending programmes with higher political salience. It may also be cut in total as part of post-2010 government spending plans.

3 Homelessness trends

In England the number of eligible homeless households in priority need has followed a changing trend. It fell from 140K in 1991/2 to 102K in 1997/8, then rose to 135K in 2003/4, since when it has fallen to 63K in 2007/8 and 53K in 2008/9 (CLG statistics website, Table 637). In Kent (excluding Medway) the corresponding overall figures show a parallel trend, with a fall from 2713 in 2003/4 to 973 in 2008/9, though the figures for individual councils vary considerably *(see Table 1)*.

Table 1 Kent Homelessness - Decisions made during the year

	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Ton & Malling	Tunbridge Wells	KCC area	Medway	England
	Households accepted as homeless and in priority need														
2002/2003	140	181	161	118	200	180	186	266	294	298	160	250	2434	548	129,700
2003/2004	142	192	198	156	354	228	192	264	239	313	175	260	2713	#	137,000
2004/2005	153	109	181	177	222	298	84	192	227	251	177	216	2287	629	120,860
2005/2006	107	87	222	97	190	174	183	108	112	#	186	141	1607	662	93,980
2006/2007	120	76	#	90	258	53	114	68	45	111	184	122	1241	350	73,360
2007/2008	117	57	208	83	157	41	102	81	44	112	173	85	1260	#	63,170
2008/2009	125	42	153	61	105	37	100	88	61	96	32	73	973	186	

Table 2 Eligible homeless and in priority need but intentionally homeless

	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Ton & Malling	Tunbridge Wells	KCC area	Medway	England
2002/2003	31	28	28	19	15	26	25	54	25	33	18	26	328	28	10,000
2003/2004	34	44	13	32	22	29	13	41	48	42	22	30	370	#	12,970
2004/2005	27	54	9	22	36	24	14	41	41	116	13	30	427	29	13,810
2005/2006	34	35	27	6	27	34	23	40	15	#	10	35	286	38	13,260
2006/2007	12	22	#	2	35	13	6	38	7	50	11	15	211	45	10,930
2007/2008	9	22	32	11	30	15	6	51	16	19	11	17	239	#	9,560
2008/2009	9	19	18	1	39	15	3	29	8	10	11	3	165	67	

Table 3 Eligible homeless but not in priority need

2002/2003	17	147	671	24	51	9	21	13	47	28	18	108	1154	60	
2003/2004	27	103	190	23	72	9	63	23	52	4	19	102	687	#	
2004/2005	19	96	192	21	44	15	39	10	27	4	14	50	531	39	
2005/2006	20	110	219	3	23	36	64	7	26	#	20	37	565	31	
2006/2007	7	80	#	2	21	8	28	11	6	3	24	45	235	51	
2007/2008	14	145	17	6	15	4	3	16	3	0	14	24	261	#	
2008/2009	5	119	23	4	16	8	6	11	2	2	10	15	221	47	

Source: *KCC (2008) for all data except 2008/9; KCC (2009a) for Kent 2008/9 data; Alex Arulanandam, CLG for Medway 2008/9 data (#: no data available).*

Table 4 Eligible but not homeless															
	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Ton & Malling	Tunbridge Wells	KCC area	Medway	England
2002/2003	53	70	295	109	25	12	90	70	99	211	60	113	1207	271	77,930
2003/2004	50	61	236	104	75	19	89	44	205	149	84	116	1232	#	67,900
2004/2005	38	50	230	69	53	66	58	36	197	111	83	103	1094	288	73,030
2005/2006	23	34	199	34	42	64	76	22	94	#	88	70	746	369	60,500
2006/2007	58	19	#	34	49	57	33	16	9	61	21	58	415	199	43,920
2007/2008	40	19	66	52	43	30	20	26	11	35	26	36	404	#	36,320
2008/2009	35	27	21	30	27	66	13	45	22	64	14	39	403	185	

Table 5 Total decisions															
2002/2003	241	426	1155	270	291	227	322	403	465	570	256	497	5123	907	279,480
2003/2004	253	400	637	315	523	285	357	372	544	508	300	508	5002	#	300,840
2004/2005	237	309	612	289	355	403	195	279	492	482	287	399	4339	985	266,870
2005/2006	184	266	667	140	282	308	346	177	247	#	304	283	3204	1100	213,290
2006/2007	197	197	#	128	363	131	181	133	67	225	240	240	2102	645	159,350
2007/2008	180	243	323	152	245	90	131	174	74	166	224	162	2164	#	130,850
2008/2009	176	214	218	96	188	127	123	173	93	173	67	130	1778	487	

Source: *KCC (2008) for all data except 2008/9; KCC (2009a) for Kent 2008/9 data; Alex Arulanandam, CLG for Medway 2008/9 data (#: no data available).*

The question is what the decline since 2003/4 means

One view is that it represents an accurate picture of what is happening to homeless numbers and would credit the introduction of the preventive approach with the rather sharp decline since 2003 compared with the previous rising trend. Another view would emphasise that these figures are only part of the story because:

a) they only refer to 'eligible' homeless households, and exclude ineligible households or those who are eligible but not in priority need, and

b) they only refer to those households who make contact with councils and omit those who make direct contact with supported housing providers or are placed directly in supported housing by-passing councils.

On the first point the evidence supports the idea that in the period 2002/3-2008/9, when the statutory definition of priority need got wider, a slightly larger proportion of eligible applicants to councils were found to be in priority need: the ratio of the eligible households accepted as in priority need to those not so accepted in the KCC area moved from 2713/3400 (79.8%) in 2002/3 to 973:1194 (81.5%) in 2008/9.

On the second point, the declining trend in **Table 1** could be accounted for by an increased tendency for homeless people to go directly to a voluntary agency for housing rather than approach the council. This may be partly a question of convenience (two councils in the study found that opening a drop-in centre in a town centre rather than an appointment-based or out of town centre increased the number of applications to the council), partly a matter of perceived chance of success (which depends on the reputation of the council and the particular situation of the homeless person - why approach a council if you are unlikely to succeed?), and partly a function of word of mouth knowledge about the existence of voluntary providers. Unfortunately, there is no extensive direct evidence on this *(but see Section 5.)*

The only overall figures on homelessness are the official figures on statutory homelessness which record council activity. Although statistics are collected by individual agencies, these are not combined to provide aggregate figures. The only indication of the ratio between the need met by councils and by agencies comes from the Kent County Council Supporting People programme record of 'Service Users commencing Supporting People services between April 2008 and March 2009: 231 single homeless people were 'Accepted as statutorily homeless and owed a duty' compared with 638 who were 'Not statutorily homeless but considered homeless by service provider' *(KCC, 2009b, Appendix 12, Table 5)* This shows that councils are meeting about one quarter of the need for this group, compared with agencies three quarters.

4 A model of provision for single homeless people

To try and think systematically about provision for homeless people in Kent it is useful to set out a model to capture the main actors and processes.

Housing supply

Housing is provided by households of origin, friends who provide temporary accommodation, market providers (private rented sector, owner-occupied sector), and social housing (housing associations, councils and charities.)

There has been a continuing national shortfall of both market and social housing due to the number of empty houses (800,000), second homes (250,000) and the low levels of new building (under 200,000 per year) and due to affordability problems caused by high house prices. Since 2007, the financial crisis has led to an increased supply of private rented housing (as owners refused to sell at lower prices) but the increase in unemployment especially among young people has meant that affordability issues remained.

Supported housing is mainly provided by **charitable agencies** and **housing associations**. Charities range in size from those providing accommodation in one location, to those operating through some or all of Kent, to branches of national organizations (e.g. YMCA). They are funded by different mixtures of Supporting People funding, housing benefit, council funding (e.g. for prevention work), charitable funding, and DWP funding. In practice although charities are referred to as the 'third sector' they are closely dependent on state funding flows. Housing associations receive government grants and private finance to help them build and run subsidised housing. The term 'agencies' will be used here to refer to both charities and housing associations.

The key point regarding the supply of supported housing in Kent is that it is not the result of any strategic decision. Agencies vary in terms of:

a. The types of homeless person they specialise in (low, medium or high support needs) and who they reject

b. The types of specialist services they provide

c. Where they open premises

d. On what scale they operate: 20 places is a typical size

e. How long they offer housing before a person has to move on

f. What internal culture they operate

g. What balance of referrals or direct applicants they have, and what contracts they enter with councils and other bodies to secure a supply of homeless people.

These variations depend partly on their own choices and philosophies, and partly on the conditions imposed by funding sources.

The result is a 'non-system' of homeless provision characterised by uneven provision: in terms of volume, type and location. The small scale of most agencies' operations means that the number of vacancies available per month are very low and the likelihood of homeless people being turned away is high. There is also no guarantee that provision for people with a particular type of need will come into being in any particular area. Certain groups (especially those with the most needs or those who are considered most difficult to deal with) are forced to travel to those parts of the county where appropriate facilities exist – and even then there is no guarantee that they will be accepted. Equally, there is no process by which provision (e.g. for high support need homeless people) which closes is necessarily replaced in the same place, or at all.

The only factors on the supply side that bring any coordination or 'systemicity' into this picture are the policies of individual agencies. These result in reduced overlap of provision to the extent that they seek to complement existing services in a locality rather than to offer more of the same service. Ultimately their ability to open new facilities depends on their funding streams. But it is not clear that each source of funding will have in mind anything but its own sectoral concerns. For example the KCC Supporting People programme has no mandate to ensure that all groups' needs are met or that the spatial distribution of facilities is even or matches demand.[2] This distribution is in fact partly the result of historical accident, namely where agencies happen to have grown up. The model of arm's length provision of services present in the area of homelessness places the initiative for creating a facility in the hands of the charity not of the funder.

Housing demand

The demand for supported accommodation is of two types:

a) direct demand, when homeless people apply directly to accommodation (after having been to an advice centre or on the basis of informal information.)

b) referrals, made by councils under their responsibility for eligible homeless people or by 'suppliers' such as psychiatric hospitals, alcohol and drug treatment units, probation and prison services, and council social services departments which have a responsibility for placing people leaving their care.

The extent of demand for supported accommodation depends on the availability of other options: living with one's family of origin or partner (or whether these relationships have broken down – or whether preventive measures have averted this), or the feasibility of living independently in private rented or other accommodation, which depends on a person's ability to live independently as well as affordability and housing supply issues.

The overall impact of this demand is unplanned. There has been no research on how homeless people decide whether to approach the council or whether to go directly to a charity. Nor do we know how 'suppliers' who are trying to place their leavers go about directing the 'demand' they control *(see Section 7)*. Suppliers typically have to contact several providers since agencies respond to demand in terms of their vacancies, and by an assessment of the individual's support needs.

We conclude that there is no such thing as a 'system' of provision for homeless people in Kent which matches supply to demand by need group or by area. The 'non-system' which exists is not the result of an overall plan. The process by which new facilities come into existence and the ways in which demand is channelled between facilities are poorly understood.

[2] *Currently Supporting People funding in Kent can require agencies not to apply a 'local connection' rule to ensure that short-term accommodation is available to those from outside the district. From 2010/11 such conditions will no longer be possible and their continuation will depend on local priorities.*

5 Views of service users

Twenty one homeless service users were interviewed: seven women and fourteen men. The women's ages were between 17 and 41, while the men's ages were between 17 and 52. Seven said they were in hostel accommodation, twelve in supported accommodation while two were sofa surfing. Experiences of being homeless ranged from three months to 35 years. Eight claimed to have been homeless for five years or more. Seven mentioned they had problems with alcohol or drug use, and seven complained of mental health problems including panic attacks, schizophrenia, depression, mental breakdown, emotional problems, amnesia and suicide attempts. One man complained of arthritis and dyslexia and one woman said she had been raped while homeless. [3]

Most of those interviewed (14/21) had not lived outside Kent while homeless. Two moved from Sevenoaks (one to Maidstone, another to Tonbridge) and two moved from Herne Bay and Margate to Canterbury as they heard there was a better chance of housing there. One man had spent 17 years travelling abroad as homeless and five others had been homeless in various UK locations as well as Kent.

Connectivity does not appear to have been an issue for most interviewees as they were born in and lived in Kent for much of their lives. This would suggest they probably became familiar with service availability across the county through interagency referrals and word of mouth. Some had moved from one part of their family to another, then on again with spells in homeless accommodation before returning to their families. Those who had lived outside Kent and who were not originally from the county had managed to find connections and provision across the UK and Europe. No clear pattern emerged; each 'journey' was unique. [4]

[3] *KCC Supporting People data for new service users in 2008/9 show that where the primary service user group was identified as 'single homeless', of a total 1,092 individuals: 262 (24%) had alcohol problems and 241 (22%) had drug problems, 280 (25%) had mental health problems, and 174 (16%) were also identified as young people at risk. (KCC, 2009b). The Kent single homelessness survey in 2007 showed similar figures: 21% had alcohol problems, 22% had drug problems and 22% had mental health problems (KSHS, 2007, Table 6.)*

[4] *The Kent Single Homelessness Survey in 2007 recorded the location of interviewees' last settled home and their current district, allowing one to compare the patterns of movement. This revealed that Canterbury was the biggest net proportional gainer (155 current v. 63 originally) followed by Maidstone (140 v 93): Swale was the biggest net loser (12 v. 23); the other areas showed broadly similar figures. (KSHS, 2007, Table 9).*

Why homeless?

When asked about their reasons for becoming homeless, responses included:

Losing their job - **4**
Mental health - **4**
Family disputes - **7**
Relationship breakdowns - **6**

Several had more than one reason for becoming homeless; those cited included:

Being abandoned by their mother
Money issues
Serious workplace injury leading to loss of job
Violent brother
Bankruptcy
Divorcing parents sold the family home
Criminal activity
One beat up her mother
Another experienced domestic abuse at age 13.

Many had lived in numerous locations as homeless people. One young woman had been in two places in as many months, while one man had been in ten locations including hostels, caravans, prison and supported housing over twenty five years.

Agency encounters

Homeless people's responses to the agencies they used for support were very varied. Where agencies provided a good service the comments included:

Very good support workers

Got me into the system, but had complex application forms

Really good and good relations with staff

Helpful

Very helpful, got me off the streets, gave me a second chance of getting back into society

Helpful with everything you need and access to other services

Brilliant - life savers, regularly checked by outreach worker after finding him accommodation, doesn't want for anything

Helped with family issues - mediation, helped with depression and suicide attempts, made application for work

Marvellous, whole package of support every aspect of life, excellent safety net, but not open enough hours

Very helpful - provided showers, food and clothes

Very helpful, key worker keeps in touch

Housing agency did what council didn't, a key worker found her accommodation within a week.

Some agencies received mixed reviews eliciting the following comments; one shelter was described by one service user as looking after basic needs, offering support with benefits help and homelessness, while another commented on the same shelter as having more people than beds, with the staff having a cold attitude.

One housing provider received different reviews from its different sites - ranging from a good attitude to individuals, that provided link worker sessions but couldn't resolve tension within its shared accommodation in one location, to brilliant, got me back into human contact, treated me with kindness. On a third site they were seen as unhelpful at first with not enough adequate support, no rules and no meetings. One council was described as providing useful help at point of need for a 16 year old girl, but their help stopped once she turned 18.

One west Kent council attracted a lot of criticism. [5] The following comments reflect this. It was described as not helpful, the service user was fobbed off as he had mental health issues, offered him nothing. Another would-be service user commented that the same council was mostly unhelpful, no support, nor offered any meaningful options, said it was not their problem, and referred the person to a day centre in another town 25 miles away. At one rehab facility the service user felt brainwashed by the Christian ethic so he left. One shelter made the service user feel uncomfortable and implied she was lying and did not listen to her needs. Another council was seen as so slow to act that housing opportunities were lost, while another council sent a service user to accommodation that he described as 'worse than living on the street'.

[5] The views presented here are those of the interviewees. We were not able cross-check negative views with the views of the same events by staff in the agencies and councils referred to.

Levels of service

On the question of whether agencies provided services needed by homeless service users, nine responded that they did, ten were ambivalent and two said they did not. Among the negatives was a council sending a service user to the 'house from hell' 15 miles away which was unfriendly and inflexible. A lack of outreach services, more than poor temporary facilities were needed, more soup kitchens, more vegetarian food and a plea for responsive social services were among other general complaints.

Mixed reviews on quality of services working together included comments that one shelter was helpful but the local council was slow to act. Another person approved of the outreach support he received but criticised a different but associated housing provider who didn't even ask about his needs in order to offer support. This led to a remark that these agencies did not work well together. One housing provider was cited as catering for a service user's needs while for the same service user another agency was too slow and did not keep appointments. In one house staff were helpful to a service user, offering him support and accommodation but at local benefit agencies and job centres he was given low priority in pursuing benefits and job

seeking. Another service user criticised a council for giving her a low priority, thus forcing her to move to another west Kent town, where she praised the work of a housing provider. One housing provider and council were seen to be working well together but this was attributed to the housing provider being well-regarded, and making things happen.

An example of the changing levels of support within one agency was flagged up by a service user who praised a project's staff for helping him to get off alcohol and drugs and stop self-harming, yet later at the same place with different staff and lack of rule enforcement he lapsed into drug use.

A service user was very happy with the support he received at a day centre, but commented on a council's lack of support, prompting his move to a day centre in another town. One person said he was laughed at in a Social Services office, while the council in the same town told him they couldn't do anything, not even put him on a waiting list. He then discovered an outreach service by word of mouth on the street. They put him on to a housing provider. He was full of praise for these two agencies.

Interagency working

There were mixed views again on whether the agencies used by service users were working well together. Nine thought they were, five said they didn't know, five said they weren't and a couple were in two minds. The main complaint was the slowness of services. The following comment typifies this 'Slow moving forward lost me a place. Council took so long to refer me to an agency.' Another mixed review was blunt commenting that one service provider was professional but another, its partnership agency, wasn't. Benefits agencies are also criticised as being slow. 'They don't speak enough to each other. They work too slow and this affects the supply of benefits.' Better communication between agencies is needed, says one respondent, at present this is not happening well enough. One homeless person with mental health and alcohol problems complains that no single organisation could deal with all his problems, he just kept being referred. A lack of communication presented a different problem for one man who was referred on with no case file or record. He said he was always starting from scratch with an agency; however he did exclude some providers from this critique.

Pillar to post

When asked about the experience of being pushed from pillar to post in seeking provision from statutory and voluntary sector services there were clear differences. Thirteen said they had been pushed around, seven said they had not and one did not answer. Among those who had this experience the following comments emerged. Police move street sleepers from places they are able to sleep to places where they cannot sleep. Although a bit of a lottery, one man found it quicker to locate agencies by word of mouth on the street than go to councils. I've been moved on to different areas at different times in my life said one person. One day centre sent a service user to a council to seek housing, but the council referred him back to the day centre. Yes, pushed around all the time. A doctor sent a homeless patient from one town to another 15 miles away for rehab. He was then referred back to a hostel in the town where he started without receiving any rehab. One young woman was referred from Hastings in Sussex to a town in Kent to be housed, but once there she was referred between two agencies who 'did not look after me'. She was 17 at the time and 'back to square one'. Another person was messed around by Benefits offices, they lost his data and just took too long to get him sorted.

A 20 year old woman rang three housing agencies in three towns, none could help. She rang her local council who she said just didn't care, they said they could offer her nothing for at least 5 years. Another man was referred by a council to a housing association who referred him to another housing association who then ignored him. Being single homeless he felt that the housing associations did not care about him. A man with depression who was self-harming was not referred by a hospital to the correct people after giving him the wrong medication. It took him years before he got the help he needed. He had been made homeless when his parents divorced and sold the family home. Another man with mental health and alcohol problems said he kept being referred to lots of different agencies, which he found travelling to almost impossible while he was homeless. A young woman complained that her west Kent council was too slow to respond, adding that she had problems getting them to pay attention to her and to get help, telling her she wasn't their problem. Another man was clear that his local council and social services couldn't care less, and dismissed him. Two people said they felt they were being stigmatised by staff at council offices; looked down on and treated with indifference because they were homeless.

Losing accommodation

Asked whether their own behaviour had barred them from or lost them accommodation, twelve said not, while the other nine gave a mix of explanations. Two felt that their poor mental health lay behind the behaviour that got them banned. One lost a job because of mental ill-health leading to loss of accommodation. Another claimed his mental health caused him to be violent with another resident. He also said that his borderline personality disorder had been cited to evict him and a lack of landlord support was a big problem. Another claimed his drug problem lost him his job and then his place to live. One man living in a worksite caravan lost his job and caravan home due to arthritis. After being caught by Dover customs with a load of illegal alcohol on board, one man had his truck confiscated and found himself sleeping in a shelter on Dover seafront. One young woman was chucked out by her parents for violent behaviour. She later lost her job through being agoraphobic, angry and depressed. She ended up in hospital for her depression. Other reasons cited for being barred included non-payment of rent, bad behaviour and breaking the rules.

Future progress

We felt it important to ask homeless people if they saw themselves making progress in their lives.

A few were pessimistic about their future but most were positive and some really upbeat. Where individuals' comments are cited their ages have been included. The few who felt the future looked unpromising made comments such as:

I'm stuck in Ramsgate, I've split with my girlfriend and have no friends *(39)*

Another felt he was stagnating, could find no work locally as his accommodation address was stigmatised and he had no idea where to move to *(43)*

One man was registered disabled, said his health was declining and the agency he's with is slow to help *(42)*

Where people felt more positive, training was a key ambition, as was getting their own place to live. Training and work prospects that were mentioned, included:

Going on a computer course *(31)*

Joining the army or the RAF *(17)*

Beginning a back to work programme, then planning to go to college *(17)*

A woman with a child was seeking a part time job and had applied to go on a rent deposit scheme for private accommodation, but was still waiting to hear from the council *(22)*

Another 22 year old woman had made huge progress in the past year, was looking for work then back to university to finish her nursing degree

Another person's ambition was to go to university to study for a PhD and then work, but is at a crossroads at the moment *(24)*

Several people had issues with their families or relationships that were improving or worsening.

A 20 year old woman said her depression was lessening but had not reconciled things with her family. However she is due to be married in 2010.

One man felt healthier now, is off drugs and alcohol and not so depressed now that he's back with his girlfriend who is supportive *(27)***.**

Others with mental health and self-esteem issues reported improvements as a result of being in more stable accommodation.

My confidence has improved, said one man, I have a new sense of worth and feel included, adding that his relationships with project workers and others has improved *(48)***.**

More generally, one man having moved from the streets with a serious injury to living in a house has improved his health and injury recovery prospects. His agency has been helpful in getting him on the right track, being positive and moving forward *(41)***.**

Three others with mental health issues cited progress.

One, recognising his new stability, is bidding for a flat with his council *(34)*

While another's housing has made him more positive, where he now feels re-humanised and supported. He's reduced his drug and alcohol intake and his mental health has improved. A mechanic, he hopes to pick up his trade again *(52)*.

A man with suicidal feelings has good days and bad, he acknowledges he has a long way to go but feels he'll get there. He has more friends now he's stable and will endeavour to avoid drugs and crime *(51)*.

Several interviewees commented on the support and encouragement they received from agency staff. Typical of this is that:

Agency staff helped keep me staying positive and moving forward *(37)*.

Comment

What struck us reading these interviews was the diversity of opinion, experiences and differing perceptions among this anything but homogenous sample. Despite living in very difficult circumstances, we were humbled and cheered by the positivity and ambition of these people, many of whom have had horrible experiences in their lives.

There is clearly a good deal of satisfaction with the services provided for these homeless people and this is reflected in their comments. Having said that there are many shortcomings too.

From the comments made and views expressed the levels of service vary enormously.

It is pleasing to comment on the good work done by the staff in many of the voluntary sector agencies, which are often operating on shoestring budgets. What is of great concern is the apparent indifference, stigmatization and contempt experienced by far too many, particularly at the hands of the staff at local authorities and their housing departments. Councils and their housing departments were viewed less favourably than voluntary sector agencies by homeless service users. Councils were perceived as mostly unhelpful or offering limited help, were slow and referred service users to inappropriate housing. There was a perception that councils gave homeless people a low priority, were unwilling in some cases, to put applicants on waiting lists. As a result some service users felt stigmatized and that one council just didn't care. However it is not possible from this sample to take a critical view of any one agency. One provider for example got both good and poor reports from different service users. A general view might be that provision is very patchy across Kent with pockets of excellent provision while other areas have a shameful reputation among service users who have little choice but to engage with them.

A significant number of those questioned had dual diagnosis issues; both problem substance use and mental health issues. Staff at four psychiatric units commented on how difficult it was to find housing for discharged patients. Some had prescribed medication regimes to adhere to while others were using illicit substances and alcohol. Drug agency staff accepted that known drug users found it harder to secure accommodation. There appeared to be no dedicated accommodation for those with both mental health issues and substance use problems, arguably the most vulnerable of all at any age.

6 Views of councils

We obtained interviews in all but one of the 13 target councils. All were involved in various new schemes which made comparisons hard with the past. Councils were applying the preventive approach to homelessness which tries to solve disputes that might otherwise lead to homelessness: this work was undertaken by councils themselves or by agencies. The rent deposit bond scheme provides a guarantee to landlords against damage which helps people obtain private rented flats. The choice-based letting scheme introduced for access to council housing and to council nominations to housing association housing now covers eligible homeless people in priority need as well. We were not able to study the impact of any of these in detail to see whether the claimed results were actually achieved. One has to be cautious as there is a tendency for public service initiatives to be 'proved' by figures to be more successful than they actually are.

There was a difference between those councils which reckoned to place homeless people entitled to housing within the district because supported housing was available within the area, and those who lacked such provision and referred such cases to supported housing outside the area. This is part of the uneven geographical pattern of homeless provision. Within Kent there are councils which 'over-provide' and councils which 'under-provide'. In one of the under-providing councils an interviewee referred to 'managing the expectations of homeless people' and the belief that 'it's not unreasonable to expect people to rent privately'. On the other hand an over-providing council referred to its reputation as a 'soft touch' and said that some applicants were aware of the 'good bed and breakfasts' and 'would accept nothing less'. Under-providing areas 'export' some of their homeless to areas of over-provider areas. (Such moves were mentioned in Section 5.) Some even have out of area hostels. Every council we interviewed expressed a need for hostel accommodation for young homeless people or specifically for 16-17 year olds. In one area it was said the council leader was set against this.

One interesting comment was the experience of two councils that opening an office in the town centre had increased the number of homeless people making contact with the council. (In one case from **8-10 per day** to **29 per day**).

This raises an important question about the numbers of homeless people and how this is known. **Can councils' own data be used as a guide to actual levels of homelessness?**

As we showed earlier, in 2008/9 973 households were accepted as homeless and in priority need by Kent district councils, a fall from 2713 in 2003/4. The councils we interviewed received between 1,000 and 3,000 requests for housing advice each year and accepted between 50% and 90% of homeless applicants (the latter typically totalled 50-120) as unintentionally homeless and in priority need.

Typically this number fell between 2007/8 and 2008/9 (dramatically in Tonbridge and Malling, where it fell from 173 to 32) though in Ashford, Swale and Shepway it increased *(see Table 1)*. The numbers of people councils provide temporary housing for (as opposed to advice) is thus small.

The total number of **homeless households** housed by councils in **Kent 2007/8** was **925**, made up of **473** in council or housing association stock, **288** in the private sector, **65** in bed and breakfast and **57** in hostels and **42** others. *(A further 159 households were 'waiting at home').*

What is not clear is the level of knowledge among homeless people about how council eligibility rules for homeless people work and how access to hostels works. The large numbers whose claims for eligibility and priority need are rejected by councils (45% for Kent in 2008/9; 805/1778 - *see Table 1*) suggests either that they are poorly informed about their chances or else that they believe that there is sufficient discretion in the system for it to be worth applying for. Of those who make direct contact with agencies, some may have been entitled to council-secured accommodation, while others may have rightly judged that they were not so entitled. *(The question of direct access to agencies is discussed further in Section 8)*.

7 Views of ‘suppliers’ of service users

A mixed group of 13 service providers, not directly involved in providing housing for homeless people, were interviewed to explore how housing issues impacted on those who came into contact with homeless people and their concerns in the course of their other work. Three of these are working with drug agencies across Kent (D1-3), five in Kent hospitals (H1-5), two in Social Services departments (S1-2), one each from Kent Probation (B1), a prison (P1) and an advice centre (C1).

Trends

Asked about trends in homelessness most said that the numbers they had dealt with had been steady in recent months, and years in some cases. However there were some exceptions to this.

A senior staff member at P1 commented that the pressure was on prisoners to find their own accommodation. Home detention curfew (electronic tagging) is only given to those having an address, so self interest plays a part here. Help is only offered to those who have failed to find accommodation.

A staff member at C1 said the numbers seeking somewhere to live was steady, but it was harder to find homes for them. Adding there was little help for this group (13 to 19 years or up to 25 if they have a disability or are statemented), so a revolving door situation is common for many. B&B serves to hide the problem, where the onus is on councils to resolve young persons' homelessness. The adviser added there is a prejudice against young people, many of who have a complex of problems including poor mental health, involvement in the criminal justice system and no fixed abode. Many places offered are of a very poor standard.

B1 said there was a steady increase in people seeking accommodation combined with a shrinking social housing stock, aggravating a situation where service users are in an acute, entrenched and marginalized culture. Lack of housing is seen as causal to re-offending, as they cannot claim benefits or get a job. Mental health issues and long council waiting lists contribute negatively where housing status is recorded as a factor within criminogenic needs assessment by Probation. Private housing is expensive and landlords demand upfront payments from 'criminal justice' tenants. The latest data from Kent Probation for 2007/08 shows that across Kent 35% of their service users are homeless, with the highest proportion, 47%, in Tunbridge Wells.

S1, a senior staff member at a Social Services resettlement team, commented that a slight increase had included middle class professionals who had lost their jobs and had alcohol problems. A psychiatrist at H1 said there had been some increases, but they could not quantify, adding that some buy-to-let property dealers were in trouble and there were more women in this group.

An advocacy service, H2, have seen a big increase in homelessness. An advocate identified immigration as contributing to this during the past year. Added to this they have seen a new type of service user; mainly middle aged men losing their jobs, home and family. These men are often suicidal. The agency attributed this to the current economic recession.

S1 said there were increases in west Kent where many were in temporary accommodation following loss of jobs. Aspects of the credit crunch were cited as a reason for this; where buy-to-let private landlords were losing mortgages. A specialist practitioner at D1 pointed out that although numbers of young persons seeking accommodation was steady, there were seasonal fluctuations, with more homelessness in the summer among young people. Changes in family dynamics were cited as playing a part in homelessness among young people as was a growing awareness of what support is available. They argue for more preventative work with schools and Social Services to help support this age group. A senior practitioner at D2 said that while demand for accommodation was steady it was nonetheless a superficial picture, adding there is much hidden homelessness in the area anecdotally. *(See comments from C1 on page 29)*

Service User acceptance criteria

Looking at supplier agencies' criteria for accepting service users revealed broad similarities in operating policies. They all have service users who are homeless and seek to address their needs where they can. Some, like prisons and psychiatric wards, have little choice. The senior officer at P1 said some prisoners who have accommodation plead homelessness, hoping to improve on their present accommodation. Others' criteria are defined by their broader operating remit. For example C1 can only help 13 to 19 year olds, D1 and D2 service users must have drug related issues. D's young persons' service assess a service user's need through a standard Kent-wide DUST (Drug Use Screening Tool) process. Probation service users come from courts and prisons.

Overall, most of these service providers, with no specific remit or budget for homelessness do, however, become involved with their service users' general needs including homelessness. The work done by hospitals, probation, prisons, drug agencies, social services etc. in responding to the needs of homeless service users and patients is time-consuming and often hidden.

Priority for homeless service users

When asked about what level of priority was given to meeting the needs of their homeless service users, just about all the supplier agencies said it was a high priority. For the prison service P1, housing ex-prisoners is one of seven key performance targets, a pathway to reduced offending. Although they do not keep statistics, we were told that their re-housing strategy works for the most part. At H3, a psychiatric unit, priority varies from high to low depending on patients' needs. At C1 it is a daily need. For H4, a psychiatric unit, priority is high as they seek to avoid bed blocking by discharged homeless patients. They have 57 beds and there is a constant need to move people on. At H1, a psychiatric hospital, priority is high as homelessness is often part of a person's crisis, which is typically complex. Similarly at H5 priority is high as homelessness is linked to mental health; it is perceived as a vicious cycle, one which they try to break. The advocacy service H2 reported that they see high levels of desperation. Housing is a key factor in recovery - more so than medication.

Probation B1 give re-housing a medium high priority. As a statutory provider housing is not their responsibility, but they have good working links with local housing agencies, using their local core budget to buy in housing services which they see as money well spent.

Social Services Resettlement Team S2 give housing a high priority as all their service users are vulnerable. This is also the case with the Substance Misuse Care Management Service S1 who say that housing is necessary to facilitate stable drug use and a stable future. D3 young persons service give their homeless service users priority, seeing them as soon as possible as they are susceptible to risk-taking behaviours. D1 and D2 echo this adding that being homeless is a bad experience and a poor indicator for recovery from problem drug use, and that stability is necessary to work effectively with service users.

Local authorities' performance

Local authorities get mixed reviews when we asked how well these provider service staff thought local authorities were performing. One local authority set up a 'choice-based letting scheme' but it was said not to work. Elsewhere, responses from local authorities, when requests were made about accommodation, were characterised as 'a post code lottery'. A Kent-wide initiative 'Youth Homeless Protocol' was launched in 2007, but did not succeed and was re-launched in 2008. A senior practitioner at S2 dismissed local authorities' performance in relation to housing as nothing new - pretty dire. A H1 psychiatrist commented that they were building better multi-agency relationships over time, but there were no new policy initiatives from local authorities at the moment. Swale Council had funded a 'New Horizon' project. A multidisciplinary community rehabilitation facility, but it was too early to say if it was delivering results. Dartford Council initiated a fast track scheme, guaranteed housing for people with mental ill-health through private landlords in exchange for up-front financial loading against rent arrears and risk of damage. Local authorities and private landlords normally reject people with mental health problems who are also often benefit recipients, so H2 saw this as a breakthrough, adding - if it has legs!

A staff member at S1 said they have protocols with Probation, Health, Social Services, housing departments and housing associations to address housing need issues. He said the 'Dartford 20 Places' supported accommodation scheme was good, as was the Tunbridge Wells JARS (Joint Assessment and Referral Scheme) which included people with learning difficulties and mental health problems. A young person's specialist worker at D1 said working with local authorities was getting better, but they relied on a personal touch as personalities are key to getting things done. Good PR skills are needed for effective working with local authorities. A front line practitioner at D2 said changes to local authority and national policy regarding housing-related payments being made to individual claimants now being paid directly to landlords had created some problems. Either way there are still very limited choices for this group. At D3 we learned that local authority funding for rent deposit scheme is now easier to access than before via outreach support.

Are your service users needs being met by service provision in your area?

Although this question does not refer to accommodation specifically, most of the answers were about housing-related issues.

Six respondents clearly thought their service users were not receiving the support they needed from local providers, three thought they were, while four were ambivalent. One positive response from the P1 was qualified. Yes, he said, at the moment with the help of local voluntary sector housing agencies. Local councils, he added, are contacted as a last resort. They are obliged to help even if it's only B&B. Service users needs are definitely not being met, was the response from a Staff Nurse at H3, it is a fight to get ex-patients housed, local authorities also need more resources. C1 said needs were not fully being met, local authorities try but do not provide what is needed. H4 had problems with delays; services are provided to a degree, but housing agency waiting lists range from 10 to 13 weeks. Probation B1 are clear that services were not available as there was insufficient housing stock. S2 agreed that services were poor due to lack of housing stock. A H1 psychiatrist praised the work of two agencies but said that local housing departments across east Kent do not meet needs.

A H5 psychiatrist said local authorities were unreasonable with homeless mental health patients. They are seeking a protocol with the local housing department in an attempt to overcome this. The view from H2 was that their 'advocated' service users did well but not with local authority housing department, who insist on a distinction between 'crisis' and mental health diagnosis. S2 thought it was variable and depended on the area. D1 said their service user's needs were met locally once they were in services, but it is a problem bringing them in, and more street searches would help. A practitioner at D2 said most service users get a GP, there is no long wait for methadone, and inadequate housing is available if there is nothing else. A staff member at D3 said needs are not being met where housing benefit is paid directly to service users with substance use problems. They spend the money on drugs then seek emergency social loans from the local Job Centre.

Comment

While the agencies in this section are not housing agencies or local authorities, they are nonetheless routinely involved in meeting the needs of homeless service users or patients in order to succeed in managing their workloads. It would appear that a significant amount of the true cost of re-housing homeless people is hidden among the work of the above agencies. Many of the people directly involved in this work were senior managers and hospital consultants who typically see housing as an important key to future good health, recovery from problem substance use, getting work and becoming more independent. Many are critical of local authority provision, and appear to succeed in housing their service users and patients when initiatives come from the advocates of homeless service users rather than from allegedly inert local authorities. These agencies are facing Sisyphean challenges, struggling with a range of seemingly intractable obstacles, not least an all-round chronic shortage of housing. They are working with unpopular groups with little political clout.

8 Views of agencies

We interviewed **43** agencies. *(We omit an advice centre here)*. They were spread across Kent as follows:

Dartford 1	Ashford 2
Gravesham 3	Maidstone 4
Medway 7	Canterbury 6
Tunbridge Wells 3	Shepway 2
Tonbridge and Malling 2	Dover 5
Sevenoaks 1	Thanet 2
Swale 5	

Their experience of trends in homelessness was as follows. Of the 34 who gave responses, 20 said there had been no change in the last year, 11 said there had been a selective increase. Usually but not always this meant an increase among the under 25s. One said there had been an increase, and two a fall.

This agency experience contrasts with the Kent council data which shows a decline (from 2164 in 2007/8 to 1778 in 2008/9) in the 'total decisions' they made *(see Table 1)* as well as in the eligible homeless in priority need (from 1260 to 973). This shows that councils and agencies each have contact with a different part of the whole homeless population.

In geographical terms some areas were more likely to see no increase: Maidstone, Ashford, Tonbridge, Sevenoaks (and less clearly Tunbridge Wells and Swale): while others were more likely to see a selective increase: Dartford, Gravesham, Medway, Canterbury, and Dover.

Was this due to the types of provision by the agencies in these areas, rather than the areas themselves? There was a tendency for agencies aiming at young single homeless to be more likely to show a selective increase wherever they were, but this did not cancel out the geographical patterns just described. (This implies that there was more constancy in the numbers of homeless ex-offenders, and people with mental health, drug and alcohol problems.)

Four hostels reported having vacancies: a specialist mental health hostel, an organization that was 100% dependent on council nominations, and two others in a district where all homeless applicants for housing had to pass via the council.

Meeting need

We approached this question in two ways:

a) by asking agencies which groups they served and
b) by asking whether they thought they met these groups' needs.

1. Target groups

The distribution of specialist hostels is an obviously important issue. We asked interviewees what groups their hostels catered for and how they chose entrants. The answers were not always easy to interpret. The most common answers were 'young people' (under 25 usually) and 'low to medium need groups' (where this was mentioned). Others mentioned older age groups or couples as well as singles. A very small minority referred to groups with special needs such as ex-offenders or people on probation (8), people with drug, alcohol and mental health problems (often the same hostel would accept several of these groups.) Most hostels used a risk assessment procedure in admitting new residents; some had specific exclusions (e.g. arsonists, people with histories of rent arrears), many referred to the need for a balance within the hostel and to the need not to overload staff with specialist skills.

The overall effect of this on the availability of supported housing to someone with a specific need is hard to judge. It depends not only on the availability of specialist hostels, but also on whether homeless people can gain admission to non-specialist

hostels, and over what areas homeless people search. These depend on hostel policies on length of stay and moving on, and house rules and how they are enforced, as well as on their admission criteria and the state of supply and demand.

Some interviewees alleged that certain agencies 'cherry picked' the 'easiest' service users and left the highest need, most risky, groups to others. The study did not allow us to investigate such claims. But there is nothing in the current system that prevents this. The 'least attractive' homeless people are most likely to be sent to wherever hostels that are not selective are located, which could be in quite different parts of the county. This is significant because our interviews with homeless people showed that most were living in an area they had lived in before and are likely to have valued hostel provision in that area. To that extent, having to leave their area to get access to a non-selective hostel could be detrimental to their coping successfully on leaving hostel life.

A number of interviewees referred to the ways in which councils exported homeless people to other areas. Some even had their own accommodation out of district. One said they were closing it as young people sent there drifted back to their home area. Not only whether need is met but where (in what type of hostel and where it is located) and how soon, are both important. There appears to be no monitoring of the adequacy of the performance of the 'system' in this respect.

2. Performance in meeting needs

We asked whether agencies felt they were meeting the needs of the groups they worked with. This could be a measure of their actual success or their awareness of a lot of need which no agency was meeting so it is not easy to interpret the answers.

Overall the **43** responses were positive:

25 **said yes** *(58%)*
4 **said mixed**
14 **said no** *(which included one 'never')*

There were distinct geographical patterns. In some areas all the agencies gave positive responses: Dartford, Tunbridge Wells, Tonbridge, Ashford, Maidstone and Canterbury. In some areas there were mixed responses: Gravesham, Medway, Sevenoaks and Swale. In a last group the responses were entirely negative (Shepway and Thanet); and in Dover they were mainly negative.

It is clear then that there are some parts of the county where agencies judge themselves to be performing well. Unfortunately this refers only to those groups whose needs they address. No one can speak for groups whose needs are not met locally.

Accessing hostels

We were also interested in the geographical distribution of the types of hostels as indicated by how homeless people gained access to them: by referral or by direct contact.

Of the **37 hostels**, the numbers depending on referrals was as follows:

0 - 29% 5
30 - 49% *(dependent on referrals)* 4
50 - 69% 4
70 - 89% 7
90 - 100% 17

Thus 24/37 (65%) of hostels took 70% or more of their residents by referral, and 28/37 (76%) took 50% or more.

The relation between referrals and selectivity needs further study. Having a high proportion of referrals could mean having a high degree of control over entrants if there is an agreement about the type of homeless people to be referred. Conversely, hostels which are least selective in terms of who they admit will include those which admit groups which have been rejected by other hostels.

Although our survey was not comprehensive, the distribution of the hostels which were least selective (i.e. which had inward referral rates of 30% or below) is worth giving:

Dartford	**1**
Medway	**1**
Swale	**2**
Maidstone	**2**
Canterbury	**1**
Shepway	**1**

This shows that many Kent districts do not offer this type of provision and that homeless people in the most difficult categories are thus likely to have to move to the six named districts if they cannot find supported housing in their own areas. (The inclusion of hostels not included in the study would be necessary to be sure of this conclusion).

Financial and capacity constraints

We asked agencies to what extent they faced such constraints. Of the **40** who responded about their financial constraints:

19 *(48%)* **said they were high**
9 **said medium**
12 **said low**

Of the **38** who responded about their capacity constraints:

14 *(37%)* **said they were high**
14 **said medium**
10 **said low**

There was no particular pattern in the responses, e.g. in terms of current size, or geographical location.

On the one hand, these responses can be taken as measures of how much the current provision is under pressure or how much slack it contains. In that respect the 48% and 37% figures indicate quite a high degree of pressure on both fronts.

On the other hand, the responses can also be seen as a measure of ambition to expand or to meet needs more adequately. In that sense, they suggest that agencies are keen to expand their provision. (In theory 'low capacity constraint' responses might be due to excess capacity built up in the past and underused; in practice the small size of the typical hostel makes this unlikely.) This interpretation is supported by the elaborations agencies gave in answer to a subsequent question about the extra services they would give if they had more money. These ranged from employing more specialized staff and running more activities to upgrading or expanding existing premises or acquiring more move on accommodation.

Relationships with other agencies and councils

We asked whether agencies had good relations of working with other agencies. There was an overwhelmingly positive response to this question:

32 out of 37 agencies *(86%)* **said they had good** *(or very good)* **relations with other agencies**

3 had mixed relations

4 had poor relations

By comparison only 18 out of 39 agencies (46%) said they had good relations with councils; 8 had mixed relations and 13 had poor relations. These evaluations were based on the agencies' experience with councils in various respects: overall evaluation of their performance on homelessness (e.g. whether they sent homeless people away or referred them to other districts, or had good mediation schemes), as suppliers of referrals, in terms of good personal and working relations. However, in almost all cases there was variation in agencies' evaluations of particular councils, no doubt reflecting the specificity of their relationships. Three councils received largely positive evaluations, one received only poor evaluations, while the others received a mixture. The council which is trying a new 'gateway' approach whereby all homeless people are assessed by the council itself received the most varied evaluations - from good to poor.

A number of agencies mentioned difficult relations with Social Services departments over referrals, and the stresses of being funded by Supporting People with the ever-present danger of having funding removed if their performance was not adequate. In many cases the importance of Supporting People funding meant that its removal would threaten the continuation of the provision.

9 Conclusion

The extent of homelessness in Kent is strongly contested. Firstly, the concept itself is open to different definitions from rough sleepers to 'hidden homeless' not living independently. Secondly, official council estimates of homelessness refer to homeless people who approach them and who are accepted as eligible and in priority need based on the statutory definition. But this group represents only half of the people who approach councils as homeless. Thirdly, this leaves a large group who either a) are not considered eligible by the council or b) who do not make contact with the council at all and instead go direct (or are referred by a 'supplier') to an agency. The scale of provision for this second group is not publicly known since the agencies do not produce a combined figure. If this total was known it would provide a tool to challenge official council figures.

Single homeless people are highly diverse in terms of the additional problems they have (alcohol, drugs, mental health, for example) and their immediate previous accommodation (prison, care, etc.) This study was not able to examine in detail the match between the extent of these problems and the provision they received (e.g. the services that are available to them), or the trajectory of individuals through different types of provision. Clearly different agencies catered for different groups by offering different types of provision, some agencies had their own move on accommodation and there were generally good relations between agencies. But there was evidence of shortfall of provision for single homeless people with high needs or dual diagnosis.

Our main conclusion was that provision for single homeless people in Kent was not coordinated, and was in fact a 'non-system'. The fact that provision is largely in non-statutory hands means that what is available in Kent as a whole or in a particular district is the result of history (e.g. where particular hostels happen to have been founded), and of the policies of individual agencies regarding which groups to provide for, or how to expand their activities. These policies can lead to better coordination if they result in a better balance between local need and local provision. Supporting People can only distribute funding to agencies which exist; it cannot wish agencies into existence in districts where there is a need for them.

It could be argued that the spatial distribution of agencies in Kent does not matter since people are mobile. Certainly, some councils respond to the lack of local provision by encouraging homeless people to go to another part of Kent. Some even have their own provision 'out of area'. Moreover, we found evidence, as did the 2007 Kent Single Homelessness Survey, that districts that had greater provision attracted more single homeless people. However, these movements should be seen as more a result of constraint than choice, and therefore not as making up for variations in quality of provision. Most homeless people have a local connection and generally look for accommodation near the place where they have relatives and friends. (One council had closed an out of area hostel as residents found their way back to their home area.) This suggests that a match between local need and local provision is desirable. This would avoid the deliberate under-provision by certain councils, a policy which has precedents in the days of the Poor Law when local areas were responsible for their own poor people and had an incentive to push them out to avoid bearing the cost. At present there is no mechanism for avoiding such beggar-my-neighbour policies.

This non-system contributed to the dispiriting experience of homeless people described in Section 5. They were unsure which council or agency to approach, they could not understand why they were being referred from one to another, and any idea that they had rights or entitlements was lacking. Their experience was that of entering a labyrinth with no certainty of success. This is a direct result of a basically market mode of provision of housing in which access depends on ability to pay, except in the mainstream social housing sector which is too small in size.

The fate of people who cannot get access to housing through these two channels rests on the non-system of council, housing association and charitable provision of supported housing in which charities operate their own rules, and councils carry out their statutory responsibilities (or off-load people onto other districts). There is no back stop, coordination or strategy. It is hardly surprising that homeless people have the often bewildering experience that they do.

We have found evidence of considerable variation in the quality of performance by councils across Kent as seen by homeless people, agencies and suppliers. The relation between councils and psychiatric hospitals, prisons, etc. which are trying to place their leavers to free up space is a particular focus of tension. Certain councils were cited often as particularly good or bad performers. Certain council initiatives aimed at improved performance were in operation (measures to prevent homelessness, rent deposit bonds, etc.) but their effect could not be explored. Agencies had a similar mixed report but worked well together.

Clearly there is scope for learning among councils across Kent (and more widely) about 'what works'. The experience of the council which is obliging all homeless people to go through a single access channel instead of making direct contact with agencies has not been going long and will be interesting to learn from. Agencies have a particular role in placing on the political agenda non-statutory forms of homelessness, and issues such as the adequacy of provision for different need groups and across Kent.

Homelessness is a field which lacks an overall champion at the Kent level. Supporting People probably has more data than most agencies. Perhaps there could be a national campaign to expand the role of Supporting People to include the monitoring of gaps in provision for need groups and the power to instigate provision where it is lacking. For this to happen will require coordinated action between voluntary agencies and Supporting People. In addition, with the end in 2010/2011 of the ring-fencing of Supporting People funds, local politics will play a larger part in the size of these funds. There is thus every reason for those with action against homelessness at heart to turn the non-system of provision for homeless people into a system.

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