A Fresh Approach To Homelessness: Lessons From The United States

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“Every day you may make progress, every step may be fruitful. Yet there will stretch out before you an ever lengthening, ever ascending, ever improving path. You know you will never get to the end of the journey. But this, so far from discouraging only adds to the joy and glory of the climb.”

– Sir Winston Churchill
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Background

My name is John Cassap, I am 45 years old, born and bred in Sunderland, North East England.

I am an Assertive Outreach Worker for an organisation called Changing Lives. Within my role, I support rough sleepers, people with no fixed abode and those in private, unsupported hostels, on a daily basis. My job encompasses assisting clients to access the supported accommodation pathways or working with them on the streets. All clients have multiple and complex needs and a history of exclusion, non-engagement and entrenched lifestyles. Our approach is that of refer and accompany, engaging hard to reach clients and navigating them through services.

A unique element to our work is that many of the services are peer-led and many staff have lived experience of the services we work in. We call these people ‘Experts by Experience’.

My own personal experience of accessing Changing Lives is through our 12-step day rehab, Oaktrees. This enabled me to address my own personal issues around addictive behaviour and gain peer support. Following this, I volunteered with Changing Lives in Sunderland for 6 months before securing a paid position within the team.

I submitted an application to the WCMT after being inspired by a colleague who embarked on the Travelling Fellowship. After looking into the Fellowship in more detail, I felt passionate about exploring learning, practice, systemic change, and partnership working, that could be compared to and influence practice here in the UK.

My area of choice was America, in particular New Orleans and New York City.

These areas were chosen because both were areas which had experienced major disaster and had high numbers of homelessness. The aim was to compare and contrast services, barriers, responses and developments as well as to explore the different dynamics of the cities: the diversity, the density and resources available. Such findings, I hoped, could be compared and contrasted to the practice in the UK and in particular, in the city I work in.

Aims and Objectives

It was important for me to get an understanding of the cities I was visiting: background knowledge; strategic barriers and concerns; operational and frontline problems; and the impact these had on the population. What I specifically wanted to explore was:

- How services adapted after a disaster / dealt with high numbers of homelessness and reduced these numbers
- Responses and resources for Veterans who are homeless with multiple and complex needs
- New and innovative ideas to supporting the homeless population
- Partnership working and influence
New Orleans

My journey began in New Orleans, where I spent 10 days exploring and interacting with various services to get a flavour of the resources and approaches to supporting homelessness.

Service Visits

For my service visits to New Orleans, many of the appointments were arranged by Crystal Jones-Taylor, Senior Management Analyst, New Orleans Dedicated Opportunities to End Homeless (DOEH), Team Lead.

U.S Department of Housing and Urban Development (HUD) (Appendix 1) – New Orleans Field Office.

I arrived at the HUD and was greeted by many of the professionals involved in this partnership. The partnership was expanded and strengthened as a response to Hurricane Katrina, which hit New Orleans in 2005.

The over-arching aim of HUD was to reduce rough sleeping following Hurricane Katrina from approximately 11,000 to as close to zero as possible. A robust multi-agency working model was devised as a response, with organisations coming to the table and determining what had to be done and by whom. Resources had to be identified and where funds could be re-programmed for those in need and a creative, proactive, rapid response made to deal with a situation where 80% of the city was underwater. Communication, dedication and motivation was fundamental!

“We were all impacted, 80% of the city was flooded at different levels. The HUD’s own office was destroyed. Staff experienced flooding, mental damage from the disaster, concerns around family but still came into the office to support others. Everyone needed help, the team still had the commitment to help, even though experiencing it themselves”

- Crystal Jones

“People were moved to recovery areas, where they had to go and live in other cities while we dealt with the disaster (recovery state)”

The U.S. Department of Housing and Urban Development (HUD) is a Government Agency that serves over 1 million people through emergency, transitional, and permanent housing programs each year. HUD’s Office of Special Needs Assistance Programs (SNAPS) supports the nationwide commitment to ending homelessness by providing funding opportunities to non-profit organisations, and State and local governments, to quickly rehouse homeless individuals and families. Through these opportunities, SNAPS advocates self-sufficiency and promotes the effective utilisation of mainstream resources available to individuals and families experiencing homelessness.

The Dedicated Opportunities to End Homelessness (Appendix 2) DOEH is a joint effort between the U.S. Department of Housing and Urban Development HUD and the United States Interagency Council on Homelessness (Appendix 3), designed to help communities identify opportunities to more strategically target mainstream resources to achieve their goals of ending homelessness.

The 25 Cities Effort (Appendix 4) is a key federal strategy through which 25 communities are working in partnerships to create effective systems for aligning housing and services interventions through coordinated systems to end homelessness. This is led by the U.S. Department of Veterans Affairs (VA), in partnership with the U.S. Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH). The aim of this Effort is to assist 25 communities in accelerating and aligning their existing efforts toward the creation of coordinated assessment and entry systems, laying the foundation for ending all homelessness, including homelessness among Veterans, in these communities.
Veterans’ homelessness was and continued to be a priority after Katrina. Through the Mayors Challenge (Appendix 5) to end Veteran homelessness, local leaders across the country marshalled federal, local, and non-profit efforts to end Veteran homelessness in their states and communities. Ending Veteran homelessness means reaching the point where there are no Veterans sleeping on the streets and every Veteran has access to permanent housing.

“The Mayors Challenge, homelessness across the board, these things had to succeed. The Mayors Challenge came with lots of support but the challenge was how we take this to other segments of the homeless population, for example families and children”
- Crystal Jones

“The Mayors Challenge was so successful, prior to this challenge there was less strategic influence about how we end homelessness. Veterans were the priority but also chronic homelessness, family and children. Services didn’t want to work together previously, they had turfs and didn’t want to work together”

From discussion with the HUD staff it was clear that a key to their success in dealing with the homeless including the Veterans Challenge was around co-ordination, collaboration, communication and commitment to tackle the issue.

The emphasis was strongly on partnership working, regular leadership meetings, transparency of services and a single assessment process.

Prior to Hurricane Katrina, there were not the tools and strategies to manage homelessness. After the disaster, capacity of services was not up to speed and collaboration was needed. Resources and expertise were pooled, new goals were set. The importance of partnership was the lesson learnt and the need for robust partnership to achieve positive outcomes for the vulnerable.

Reflections

There are lessons to be learned from New Orleans’ responses to the disaster of Hurricane Katrina. It is clear that due to the massive increase in numbers of those forced onto the streets, it was inevitable that some would have to relocate during the “Recovery State” period and the subsequent rebuilding. However a large population remained in the city and needed housing, and how services adapted regarding the co-ordination of efforts is key. Communication and collaboration, especially with local landlords and funding from central government speeded up a lengthy process.

The City is to be commended for taking up the Mayors Challenge to end Veteran Homelessness and The Dedicating Opportunities to End Homelessness, both of which came into force after the housing crisis post Katrina.

Regarding Veterans it was noted as crucial to have uniformed serving members of the Armed Forces participate in outreach to gain confidence of those entrenched hard to reach Veterans who were rough sleeping. This encouraged them to make a beginning, engaging with homeless services, addressing multiple and complex needs and accessing the pathway to housing either by Housing First or Permanent Supportive Housing. New Orleans now operates at a “Functional Zero” regarding Veterans sleeping on the streets.

The Dedicating Opportunities to End Homelessness Initiative aims to carry on the work of the Mayors Challenge and address the wider issue of homelessness in the general population, aiming at to prevent and end homelessness and operate at a functional zero for families, youth and children by 2020.
When I visited Ozanam Inn [Appendix 6], I met with Gail Ratleff (Director of Programmes) and colleague Biaggio Digiovanni (Executive Director).

On first entering the building I was struck by the magnificent chapel that I was told had been hand crafted by clients through their work programme. Everything about the place said master craftsmen and the inclusion of clients in such a creation was a pleasure to see.

The building was donated, and the service has been established for 60 years. 90% of the income comes from donations and this donation supports the service to produce 500 meals a day, 365 days a year, for those most in need. Clothing donations are also received and passed on to grateful recipients. On-site there is a medical unit and dentist available for clients.

Ozanam Inn is a male-only establishment [accommodation only] and consists of 96 beds, of which 60 are for emergency shelter and 36 are for those participating in one of their programmes. Residents stay here free of charge.

The model adopted by Ozanam Inn is that of a journey from entrenched rough sleeping to that of an empowered individual, with the right life skills, motivation and ability to sustain a tenancy, acquire a job with a strong work ethic, and live a more fulfilled life.

Ozanam Inn has three assisted programmes: crew assisted programme, occupational assisted programme and the medical assistance programme.

**Crew Assisted Programme**
Within this programme, clients live and work in the accommodation for up to one year. 1-2-1 support sessions are given by assigned keyworker twice weekly until permanent housing is secured. The main focus of this programme is around work ethic and clients work 6 days a week. The working day commences at 5am and encompasses general maintenance, cookery and housekeeping. Random drug and alcohol testing of clients occurs.

**Occupational Assistance Programme**
This involves clients securing employment outside of Ozanam Inn. This project requires clients to submit 80% of their wages into a savings move-on fund. Staff support residents to engage with a life skills programme, anger management and financial management programmes during this stage.

**Medical Assistance Programme**
This can often be the first point of entry to Ozanam Inn. The clients remain in this programme as long as they are under the care of doctors. The next step would be to access the Crew Assisted Programme.

Common themes throughout the three programmes are engagement with support via 1-2-1 with support workers, support to access social services requirements and legal assistance via pro-bono lawyers if required. Direct routes to rehab are available to clients and clients are expected to adhere to centre / accommodation rules.

Ozaman Inn and HUD have strong partnership links and they have moved over 600 clients into permanent supported accommodation. This includes rapid re-housing which is specifically for the homeless employed and shelter plus where HUD pay rent from allocated funds.
Service user consultation is a fundamental at Ozanam Inn, with regular client meetings, encouraging and allowing client feedback and suggestions.

All services are available to females except for accommodation. Females sleep at the Salvation Army, who charge $10 per night. Ozanam Inn make a voucher contribution of 6 vouchers per month. There are currently 200 women per month accessing vouchers.

Reflections

What was extremely impressive about Ozanam Inn was its whole-systems approach to the clients presenting needs. The client was assessed as a unique individual where health checks were a priority, remaining on the Medical Assistance Program until assessed as fit to work by the on-site doctor. Having medical and dentistry surgeries on board was an excellent way of breaking down barriers as the homeless population have struggled with all round engagement with services and healthcare being an early casualty. Drug and Alcohol treatment takes place off-site but the benefits of accessing the services and their proven outcomes can act as a motivator for change. Additionally, having quick and easy access to healthcare provision reduces self-neglect and avoidance. Addressing basic health needs can act as a catalyst for change.

The majority of beds on-site are for emergency shelter but this gives access to social services, health and dietary requirements, as well as providing information about what support is available upon enrolling onto the programs. In the Crew Assisted Program the residents are responsible for the day-to-day running of the establishment and this leads to pride in the up-keep in what has become their home, as well as a strong emphasis on work and motivation to progress to the Occupational Assistance Program.

A warm, friendly, committed atmosphere was evident throughout my tour, as well as an obvious mutual respect between residents and staff. This wasn’t just another ordinary homeless shelter, but very much a place of change where the resident / client was provided with the empowering tools of progress and given any necessary support required to maintain their journey to self-sufficiency.

This whole-systems approach reduces service drop out and disengagement. It also gives a “window of opportunity”, quick access to services and enhanced engagement as everything is all under one roof.

Service user consultation is a strength of Ozanam Inn. This is something we try to do within Changing Lives and specifically the service I work in.
Veterans Initiatives

Meeting with Tyra Johnson-Brown (Homeless Programme Director of Homeless Policy)

I met with Tyra to discuss the Mayors Challenge to end Veteran homelessness.

New Orleans’ Mayor Mitchell Landrieu announced on January 7, 2015 that New Orleans ended homelessness among Veterans, the first city in the United States to do so. The Mayor got involved with the challenge by visiting the White House, meeting with the First Lady and constructing a plan of action. He was frontline with co-ordinating partnership meetings and direction. There was no influx of funding or resources for this effort, so co-ordination, flexibility and dedication were paramount. Data around homeless veterans that different agencies held was collated to produce a master list, accessible to all, to ensure no one slipped through services. This increased information sharing, knowledge around homeless veterans, and improved the pathways of support. In addition, the Mayor wrote to local landlords, identifying possible accommodation and getting landlords on-board. 7,000 landlords came forward to work in the partnership.

Existing services and initiatives included: awareness of current statistics of homeless veterans, City of New Orleans 10-year plan to end homelessness, commitment to Housing First, 100,000 Homes Campaign [Appendix 7] and 25 Cities Initiative.

Since the post-Katrina spike in 2007, where a homeless count of 11,619 was recorded, there have been ongoing and substantial effort to reduce homelessness.

In 2014, 1,981 people were identified as literal homeless [rough sleepers] under HUD’s definition. This represented an 83% decrease in homelessness since 2007. It was also identified that 193 of the 1,981 homeless were veterans. This had decreased by 43% from 337 in 2013.

The aim of the Mayors Challenge was to engage veterans and keep them engaged through the pathways from the first point of street contact to accommodation. Support came in the form of a leadership team, outreach navigators and a strategy. In practice, this meant a variety of approaches.

Further veteran homelessness figures were collated by uniformed military volunteers going out in the streets to try and identify and engage with veterans. The military volunteers were trained prior to the event to assess, process, and identify, homeless veterans. The aim of this was for veterans to see military personnel and to hopefully establish an instant rapport. This was extremely successful in enhancing engagement and continues to be common practice.

Navigators engaged clients holistically, assessing and assisting, negotiating rents, supporting with start-up accommodation / Housing First, as well as being visible for clients. Regular meetings were held to look at barriers and issues fed up strategically for resolutions.

A rapid response system was created for homeless veterans with a goal to house a veteran within 30 days after veteran status had been verified. The average rate of this was 23 days. In 2015, the Mayor announced that they had reached functional zero with regards to veteran homelessness after housing all 193 [+27 extra] veterans. This scheme continues to ensure a functional zero on veteran homelessness.

The success of this initiative has been put down to co-ordination, collaboration, communication and commitment.
Reflections

The USA has made a dedicated effort to end the problem of homelessness amongst its Veterans. The Mayors Challenge is one such program that has been rolled out with participation from Mayors of selected cities across the country.

Identifying Veterans on the street has been a challenge in itself as some entrenched rough sleepers are not willing to engage in services. Vital to its success was the collaboration of agencies committed to partnership-working to avoid duplication and stop individuals slipping through the net.

The Mayors dedication to meet the challenge head-on, and from the front, was evident and commendable, personally writing to local Landlords asking for their co-operation.

The unique approach of using currently-serving uniformed military personnel to engage with those “hardest to reach and easiest to forget” had obvious benefits, a method we would do well to emulate, possibly utilising reserve forces (including training given by homeless services) for weekends to go out onto the streets alongside outreach teams in locations where high numbers of homeless Veterans have been identified, again through robust partnership-working and outreach teams taking military service into account at point of referral.

Rapid re-housing using the Housing First model, providing floating support around the individual’s needs, alongside client engagement with relevant services supported with a ‘refer and accompany approach’, could be used to avoid escalation of Veteran homelessness and operate as New Orleans now has with a functioning zero. This proven model of engagement and outcomes for veterans has been reflected on and has influenced a recent bid by Changing Lives in Sunderland.

Pictured: At the Community, Resource and Referral Centre (CRRC)
Sacred Heart Apartments – Accommodation for Homeless Veterans

I arrived at Sacred Heart Apartments [Appendix 8] and met with Emily Leitzinger (Director of Partnerships, UNITY [Appendix 9] Selena Sims, and Nicole Sweazy (Louisiana Housing Authority).

Sacred Heart Apartments is a 109-independent unit apartment block that opened in December 2014. It was a former nursing home destroyed by Hurricane Katrina. This complex was re-built and specifically designed to house Veterans in line with the Mayors Challenge. Sacred Heart supported to house the original homeless veterans identified through the Mayors Challenge and has continued to house newly-homeless veterans. The scheme provides 55 Permanent Supportive Housing (PSH), with the remaining apartments allocated to those on low income / state support.

I was privileged to be introduced to Darren, a veteran of 6 years, who prior to arriving at Sacred Heart had been rough-sleeping on and off for 15 years. Darren lived with De-Ow-Gee, his Shih-tzu dog, prescribed to him by his doctor. De-Ow-Gee is a service dog, one of many dogs prescribed to people for therapeutic purposes. Darren has Post Traumatic Stress Disorder (PTSD), anxiety disorders and fits due to a previous head injury. De-Ow-Gee supports him emotionally.

Darren’s apartment had everything to meet his needs: a private bathroom, bedroom, lounge and kitchenette. Of his apartment, Darren commented:

“It’s so wonderful. I didn’t think this was going to happen. It’s the best Christmas ever as I have a home for Christmas”

“I love my place. After sleeping on the streets for so long, I found it hard to adjust, sleeping in a bed was weird for me. I’m used to it now, and I couldn’t be happier”

Darren has found his forever home and is hopeful that his support workers at Sacred Heart will help him re-learn basic skills.

On-site support at Sacred Heart includes 1-2-1 and group work support. Peer support is encouraged and residents can get involved with a variety of courses and activities such as IT classes, numeracy and literacy, life skills, cookery, counselling and exercise.

Reflections

The implementation of permanent supportive housing for Veterans in New Orleans ran parallel with the Mayors Challenge to identify, engage, and support those most entrenched homeless individuals around housing and multiple and complex needs. Sacred Heart Apartments is a state-of-the-art, purposely designed building that provides residents with access to support, both on a 1-2-1 basis and through group work on-site, as well as education, health, dentistry and recreation / hobbies.

Viewing the apartment of a resident and hearing his personal opinion of the complex, it was obvious to me that the independence of self-contained living, along with peer support work from those who were also ex-military, was the main reason he had re-adjusted to living away from the streets.

The use of a prescribed therapy dog was unheard of to myself but the emotional benefits described by Darren were very encouraging, especially when backed up by staff on how his mood had lifted from that of when he first arrived at the Sacred Heart Apartments.
Community Resource and Referral Centre (CRRC)

The CRRC [Appendix 10] is a unique partnership between the Department of Veteran’s Affairs, City of New Orleans, and several non-governmental community partners to serve both the homeless Veterans and non-Veterans of greater New Orleans. The centre supports all efforts of the VA Secretary’s Five-Year Plan to end homelessness among Veterans, and the Mayor of New Orleans’ Ten-Year Plan to end homelessness in Greater New Orleans. There are currently 13 community partners providing services to Veterans in the CRRC.

The CRRC is a large “one stop shop” which originally started for Veterans but has now expanded to be accessible for all homeless. Within the centre there are a number of services including a representative from Veterans Justice Outreach, healthcare for homeless veterans, medical and dental care services, shower and laundry facilities, day centre provision including food, TV and lounge areas, crisis counselling, employment / job search assistance, legal services, travel assistance [including reconnection to home state], personal item storage, donated clothes service, hygiene and toiletry donations.

To access the service, clients must complete a referral with a worker to gather information and to ensure the right services are offered. A keyworker is identified and allocated who will support the client to navigate through the services offered at CRRC.

There is a separate section for Veterans-only, to ensure they can access the full support offered, in particular around healthcare and housing provision.

Reflections

CRRC is a centre of the highest standards, apparent by the early morning numbers queuing to access the service. It is an extremely holistic complex, well-equipped with everything needed to support clients with whatever needs they present with on a daily basis.

Again, the importance of medical screening and immediate aid available on-site can be a catalyst for those of the homeless population who struggle to engage with front-line services. The clients we support in Sunderland are the most costly on the public purse and are seen as the highest group to misuse urgent care.

The centre started off as a resource for Veterans-only and is now accessible for the general homeless. This all-inclusive service allows for greater provision but also a level of integration.

Attaching a Community Psychiatric Nurse (CPN) to drop-in centres serving the homeless populations here in the UK could be a worthwhile addition to the services we offer as it is common for those with no fixed abode to lack engagement around healthcare.

Pictured: Myself and Gail Ratleff at Ozanam Inn
**Veterans Justice Outreach**

The purpose of the Veterans Justice Outreach [Appendix 11] is to support Veterans involved in the criminal justice system. The service collaborates with the local justice agencies to support identified Veterans entering the criminal justice system who require treatment services as opposed to imprisonment.

The service focuses on assisting Veterans around housing, health and wellbeing. This holistic service looks at the physical and psychological wellbeing of Veterans. Workers provide information and assessment to refer clients to appropriate VA and community services to ensure community integration, stability and recovery.

Workers support clients appearing at court (Municipal Court House) and the court orders community rehabilitation with the team. Immediately from court, clients are supported to a Mental Health assessment and a Drug and Alcohol assessment, and relevant interventions are determined and implemented.

Clients must return to court every 30 days with workers to discuss progress and any issues. Links are made with agencies such as Unity of New Orleans Homeless Outreach, Volunteers of America, and Probation, who attend the court hearings and engage with clients immediately.

This pathway can prove not only effective for repeat offenders, but also demonstrates a large cost saving, rehabilitating and supporting clients in the community rather than through imprisonment. The whole systems, holistic approach ensuring focus and progression on all elements of the individual’s life shows positive outcomes and pattern-changing behaviour.

Holistically meeting the client’s needs plus the mandatory D&A assessment and immediate mental health evaluation, the team will then re-present at court escorting the defendant every month to give a progress report to the Judge. Those who make satisfactory progress and meet goals set around their individual needs may be discharged without sentence.

**Reflections**

This is an impressive early intervention service utilising the court as a point of entry / referral. Defendants agreeing to the Judge’s offer to defer sentence for observation on how the client engages with services gives clients the opportunity to look at recovery and stabilisation. They are given the chance to progress down the pathway, and engage with the in-court team on adjournment. This forward-thinking approach gives clients who may have previously fallen through gaps in services the chance to access support.

Again, it is a holistic approach, attempting to meet the client’s needs along with elements of statutory enforcement. I spoke with one such client who stated he had been caught in the cycle of addiction and its accompanying complexities until brought before the court. He had engaged with his various support workers for some months, had made sufficient progress in addressing his personal issues and was discharged that day free to start a new life.

It was eye-opening to see a different model of intervention and the impact and outcomes that such a model could produce relating to the progress of the individual. I felt that there were elements of psychologically informed practice within this model, seeing the client as a whole and looking at alternative ways of breaking the cycle of homelessness.

Additionally, I felt this model took on a safeguarding approach as priority over punitive which is often very much needed with this client group.

Such a model would be interesting to trail in my area of work.
Liberty’s Kitchen

Liberty’s Kitchen (Appendix 12) is a social enterprise with the mission of focusing on transforming the lives of vulnerable young people. Their aim is to teach, nourish and empower. This is achieved through two complementary programs.

The Youth Development Program supports excluded 16-24 year olds who are out of school and out of work, for up to 24 months. It helps them access food service-based training, mental health, education and work readiness programmes to develop and enhance life skills and confidence. The Youth Development Programme links into the School Nutrition Programme which focuses on producing healthy, homemade meals for undernourished school children via participation in the training.

In addition to training, the service looks holistically at the needs of the young people with a needs-led wrap around support service including mental health support [99% of clients report trauma or abuse], childcare and parenting support [39% have children] and homelessness [62% are chronically homeless].

Within its 6 years of operation, Liberty’s Kitchen has supported almost 400 young people to complete work readiness training and engage with support services, with more than 85% of graduates obtaining employment upon programme completion. Furthermore, more than 1.5 million freshly prepared, healthy meals have been served to low-income New Orleans based charter school youth.

Referrals to Liberty’s Kitchen are made via self-referral or agency referral, including a local homeless shelter for young people, Covenant House.

Reflections

Liberty’s Kitchen is a social enterprise designed to empower disadvantaged young people and provide occupational and employment skills through the two programs: Youth Development/School Nutrition. The restaurant and kitchen were of the highest quality, as was the food and service. All trainees were very courteous, uniformly dressed and very warm and friendly. The whole set up had a great vibe.

Liberty’s Kitchen prides itself on utilising its food service-based business to teach participants to succeed in the world of work and become self-reliant members of the community. I found it very impressive that they still provide a minimum of one year case management support to former students after they have secured a job placement. I feel that this is something that would work effectively in the region I work in. We have various elements of the model of Liberty’s Kitchen but not working in silo with each other. For example, Changing Lives runs an Employability project, where individuals would access work placements and CV / interview support, however this is time bound, restricted and is on a 1-2-1 basis rather than group-ran with peer support.

Additionally, Changing Lives works with a local NVQ provider who also enrol young people on a number of courses including catering and hospitality. An example of this in action would be a local tea room, which is operated fully by young apprentices.

The School Nutrition Program was especially interesting in that it both serves as a training vehicle to the Youth Development Program and helps to remove healthy food barriers to undernourished children.

Partnerships with Whole Foods Market (A high Street Store – For Profit) and Starbucks provides additional revenue alongside funds raised over the counter at Liberty’s Kitchen. This innovative and replicable model combines the goals of for-profit and non-profit organisations to teach, nourish and empower and was mentioned by First Lady Michelle Obama as a model social enterprise.
New York

The second part of my journey took me to New York City, where I stayed for 7 days, visiting various services and project. My aim was to continue exploring some of the themes identified in New Orleans, to enable me to compare, contrast and learn from practice.

The Door

The Door [Appendix 13] is a 5 storey “one stop shop” drop-in centre for disadvantaged youth situated on Broome Street, in the SoHo district of the city. This includes the homeless and non-homeless, but 95% of clients are low income from all 5 boroughs. The age group of service users is 12–21, but up to 24 years old for the homeless. The average age of the service user is 19.

Facilities include a health centre, health educators, counselling and psychiatrist service, behaviour management team, opticians and dentist, legal services, dining facility and food provision, laundry service, area to rest and clothing. A common theme with this project as with others on my itinerary is the importance placed on mental health. Here, there is an on-site Medical Centre where those accessing the drop-in can speak with a member of the Psychiatric Team. Health educators provide peer support around physical and mental health concerns, where birth control and prevention of STD’s is also high on the agenda. Issues around substance misuse are tackled and the relevant referrals made. The centre really goes the full distance in providing a holistic approach – health, education, family law, immigration, and welfare, human and social needs.

Daily groups are run from the building: support groups such as anger management, substance abuse prevention, gender groups, yoga, meditation, origami, LGBTQA* groups, cookery, dance, music, and photography.

A variety of training programmes are also operated including job assistance programmes and education training such as IT, arts, assistance for young people to get into college and HSE (High School Equivalent) with the use of Peer and Health Educators.

Within the drop-in, the morning is dedicated to the homeless young people and the afternoon is open to all disadvantaged young people. A key goal for the service is around integration.

Part of this service includes support workers who can be allocated for more intensive support, such as supportive housing packages for young people with additional needs [eg. care leavers or those with mental health issues], as well as support around benefits, job programmes and linking to other services.

There is no accommodation on site so workers refer clients to youth shelters for the under 21s. Over 21s must access adult shelters which can be difficult for the young people, and the team often see such clients sleeping rough.

Their Outreach team consists of two workers, one female and one male. The team conduct night outreach two times a week and this is from 10pm-2am. They try to engage clients and encourage them to access the centre.

Additionally, there is a worker specifically working with young people who are survival sex working, at risk of sexual exploitation or trafficked for the purpose of sex.
Reflections

I was extremely impressed with the set up and services provided by The Door. Sarah Meckler, the Program Director, showed me around and the place was a mixture of young people engaging in structured activities and those who were resting in the quiet area or eating in the canteen (two meals are served daily Mon-Sat). Crisis Services are provided on site to those who have no place to stay that night. This is also addressed during Case Management, where applications to supportive housing as well as transitional housing are assisted.

The displayed activity schedule, also available to take away as printed flyers, was a very well-structured and diverse curriculum, with plenty for the young people to be interested in. The whole place had an atmosphere conducted of learning, addressing issues and at-hand support. I especially liked the fact that homeless and runaway youths had priority access to the facility first thing on the mornings, giving them that extra support and freeing up staff to take a more personalised approach.

The building itself was very large with multiple classrooms and most of the walls throughout had been decked out with graffiti art and photo collages. Security was tight on the front door, where metal detectors provided safety from weapons potentially being brought on-site.

There is nothing to compare this project with in my area of work and I feel our disadvantaged youth are missing out on a second chance and would greatly benefit by a project of this type.
Opened in 2011, The Jericho Project, Kingsbridge Terrace, is accommodation for homeless and low-income Veterans. Of the client group, 60% are chronically homeless and 40% are on the poverty line. The facility can accommodate 76 individuals and operates at 95% capacity at any one time.

Jericho is staffed by three case managers, two of which are Veterans and one senior case manager, specialising in PTSD. Additionally, there are former homeless Veterans who provide peer support, including hospital discharge, engagement with services and emotional support. Peer mentors also support around integration and organising and encouraging participation in Veteran’s Pride, where significant dates, anniversaries and honours are celebrated.

Furthermore, there is an on-call nurse and a careers counsellor. The site is situated next to the Bronx Veterans Medical Centre.

Referral to the service is either via the Department of Homeless Services or self-referral.

When the project began, there was an estimated 5,000 homeless Veterans. This is now down to 463. The team do a daily head count and around 10 Veterans remain rough sleeping.

Jericho’s is one of six homeless Veteran communities across New York.

Funding for the project is partly from the city of New York and partly from client’s rent. Residents pay 30% of the rent and the remainder is paid by Section 8 vouchers, which is a housing benefit equivalent that is means-tested. There is a robust screening process to establish contribution. If Veterans have no income, the government pay full rent. Services on-site are funded by the Department of Mental Health. Further services on-site within the scheme support Veterans around money management, Veterans Pride, community integration, employability and creative art therapy.

Within the PTSD support, pet therapy is used to support Veterans through trauma.

The increase in focus on homeless Veterans has resulted in the establishment of a Veterans Court. It was identified that the court will “[b]e a more humane way of treating people suffering from illnesses caused by their service to their country – service that’s often heroic”. Jericho will be part of the pathway for homeless Veterans needing accommodation within the court system, alongside a panoply of services to address issues like unemployment and addiction.

Although Kingsbridge Terrace can be permanent housing, residents are encouraged to move on to their own independent accommodation once support is no longer needed, and they are financially able. Assistance can be given with this as expensive market rent rates can be a barrier.
“Returning home to less than promising living conditions is unacceptable for the men and women who have proudly served their country. The Bronx cares about its veterans and the Jericho Project provides them with more than just a warm bed for the night. The Jericho Project is a place that provides supportive programs helping veterans get back on their feet and enabling them to slowly acclimate back into society and everyday life, while maintaining their dignity and honour. Our appreciation and duty to help those in need cannot be overlooked especially at their most critical time.”

- Councilman Joel Rivera, New York City Council.

Reflections

This is the second of two state-of-the-art Veterans Residences built by Jericho in the Bronx, enabling Veterans to live in affordable, furnished housing whilst accessing comprehensive counselling to address issues like PTSD. Reunification with family, job and educational training are placed high on the agenda.

Its location next to the Bronx Veterans Medical Centre is ideally suited to help residents focus on issues that are outside the scope of the support in the accommodation i.e. alcohol and substance misuse, and their needs regarding physical or mental ill health.

The apartments themselves were of very high standard both in size and furnishings and I was taken aback by the view from the rooftop garden which Executive Director Tori Lyon informs me is well received and frequently used by residents as an aid to de-stressing.

It’s very obvious that the USA holds its Veterans in high esteem and prioritises them, doing everything possible to assist them to re-enter civilian life with dignity. Kingsbridge Terrace recognises this with a program they run entitled ‘Pot Luck’, where residents group together to get involved with current events in the community. Another program on-site is ‘Vets Pride’, in which they celebrate any Veteran-specific anniversaries (notable historic battle dates and honours, for example).

It is seen as imperative that some of the on-site support is delivered by a percentage of Veterans themselves and the camaraderie amongst residents is typical of a peer group such as Veterans.

Housing is permanent as is the support, but move-on is not uncommon if and when both the client and caseworker agree that it is the correct time and in the best interest of the individual. This is an empowering way of clients taking control, choice, and ownership, as well as recognising success and the need for others to benefit.
Manhattan Outreach Consortium (MOC)

This consortium consists of Goddard Riverside Community (Appendix 15), Centre Urban Community Services and Breaking Ground.

I visited Goddard Riverside Community on 166th Street and Broadway, where I met Cesar Venagas, Director of Outreach Services. Goddard are the lead project within the consortium and the focus of the consortium is around supporting homeless clients following the Mayor’s instruction to strengthen services and a 40% increase in staff resources. Alongside this increase in staff is a new, sophisticated reporting method via a downloadable app, called 311. 311 is an app that allows members of the public to report sightings of rough sleepers.

Furthermore, a new team called Homestat has been created that canvas the area to spot rough sleepers. They then pass this information on to the Outreach Team to attempt engagement. The Outreach Team consists of six mobile workers, across three shifts. Their role is to engage clients with services until they are ready to access permanent, supportive housing, which includes Goddard Riverside’s 13 supported-housing projects. More entrenched clients are visited daily and a tracking system is used to monitor movement and location of vulnerable clients. Alongside the Outreach Workers, there is a part-time Psychiatrist attached to the team. Additionally, there is recruitment in process for a Nurse and Doctor to be a part of the Outreach Team, to make immediate mental and physical health assessments.

During my visit, I went on outreach with staff Latoya and Reg. They showed me their client list for that shift, which was around 20 clients. We quickly saw a guy sitting on the pavement and approached him for a chat. This method is identical to the approach used by Changing Lives. The client was panhandling and had a visible eye injury, which he stated was sustained in his previous accommodation. As a consequence, he was reluctant to consider going to a shelter, so Reg took his details and advised he would see him tomorrow.

After a short drive, we came across another rough sleeper, Scott, who also had a dog with him. They both looked healthy and Scott declined support.

Reg informed me that approximately 70% of the clients on the street are entrenched rough sleepers who decline help. The remaining 30% are newly homeless and engaged with the team at varying levels.

Reflections

The first noticeable difference was the fact that the outreach team was mobile. One vehicle was shared amongst the three shifts that make up the team starting at 5am until the third shift finishes at 2am the next morning. The car was absolutely necessary considering the demographics of NYC and the area to be covered by the two outreach workers.

A written log was also filled in for all clients newly engaged that shift and also any existing clients spotted that day. The log remains in the vehicle for handover to the next shift, and the tracking systems data is updated daily which is great for quickly locating individuals and also monitoring those assessed as most at risk. This seemed to me a simple but highly effective recording and reporting tool.

A new approach is the downloadable mobile app 311, which allows the public to inform any sighting of rough sleeping immediately to the outreach team and they can attend the scene promptly, similar to ‘Street Link’ (Appendix 9) in the UK. It is in the immediacy of the direct link to the worker, however, that 311 excels in as opposed to a chain of communications that occurs using Street link. This is vital to a consortium responsible to set areas throughout the borough of Manhattan, sighting location information from the App goes directly to those whose remit is to cover that particular area. This avoids duplication or lack of attendance due to confusion over topographical boundaries.
The levels of engagement were very different to what my team experience in our roles. The figures of 70% entrenched and 30% new to streets were contrasting opposites of what we see as well as the engagement rates. Again, the importance in having health professionals available to the team, both medical and psychiatric, is an area that those in the USA are utilising. Mental health is a serious problem amongst the homeless population and physical concerns can at times be overlooked by the individual until prompted by professionals.

The increased recruitment of staff alongside the novel tactic of ‘Homestat’, where volunteers canvas designated areas and report back to the outreach team, has improved response time and efficiency in engagement with those in need throughout the areas covered by the ‘MOC’.

The service seemed to have many similarities to Changing Lives approach. One thing predominately different is Changing Lives’ emphasis on Experts by Experience and a peer-led model.

Department of Homeless Services (DHS)

I visited the DHS [Appendix 16] on Beaver Street and met with Danielle Minelli Pagnotta (Associate Commissioner, Street Homelessness Solutions), Derick Aiken (Programme Administrator – Adults) and Echo Bona (Director of Outreach Services).

I spent some time talking about our service in Sunderland. The team seemed interested in trends and we discussed drug misuse, in particular New Psychoactive Substances (NPS), often referred to as ‘legal highs’, which seemed popular in both our areas and widely available.

Danielle began to discuss the services they commission, which are mostly shelters, and a small amount of outreach and preventative work. In 2007, the service went through a re-vamp and a change in strategy. Initiatives such as focusing on chronic street homelessness were implemented. Historically, there was little focus and the strategy enabled more resources to be placed on engaging chronic homeless clients and supporting them into shelters. This resulted in a 24% reduction in street homelessness.

Most of the services are commissioned to non-profit organisations including Goddard Riverside Community in Manhattan, Bronx Works in the Bronx, Breaking Ground in Brooklyn and Queens, Project Hospitality in Staten Island and BRC on the Subways.

The service recognises there are around 30,000-40,000 homeless families on any given night in the City and around 11,000 single homeless people.

The shelters work under the protocol of “Right to Shelter”. This allows for any single person who wants a bed for the night to present at a shelter and by law, can get one, this is regardless of circumstances, money and property they may own. However, ironically, there is a screening process for couples and families which can last for 10 days and looks at whether or not they can return to where they came from.

Alongside this, within the strategy, was the expansion of available housing resources. Previously, there were only shelters and drop-in centres available. Following the changes, Safe Havens and Stabilisation Beds were created.

Safe Havens was created from client consultation and views of people who were street-homeless and did not want to go into shelters due to rules and regulations and the size of some of the shelters. Commissioners wanted to create something that clients would engage with and accept, and ultimately, that worked.
The scheme started with 19 beds and now has around 1000. It is hoped by 2017 they will have 13 separate Save Havens. Within the scheme, there is a low ratio of staff to clients (1:12) to allow for more intensive working with more enhanced clinical staff. Clients feel it is more homely, have a higher level of privacy than shelters and as a result, engage more effectively.

Stabilisation Beds are bed spots purchased in venues like the YMCA and other hostels allowing street homeless to stay there for the night.

This scheme has allowed over 6000 chronically homeless individuals to secure Safe Haven or Stabilisation Beds since 2007.

The service has begun quarterly head counts for the first time. This had previously been annually with an average of 3,000 people across the city.

Within my area of work, we conduct a similar annual headcount, identifying rough sleepers on a specific night of the year. This is then collated nationally to give an overall rough sleeping figure.

Changes in provision and an increase in Outreach Workers [150 extra workers in the last two years, due to the Mayor’s “Homestat” approach] has resulted in a decrease in Manhattan from 1,805 street homeless in 2005 to 822 in 2015 [a 54% decrease].

Outreach Workers within the scheme support street homeless to engage. They continue to work with clients through transitional housing and permanent housing for up to 6 months.

Further work around homelessness is identified in the Drop-In Centres. There are 5 drop-ins in the city where street-homeless clients can stay for the night. These are open 24 hours a day. There is a sit-up service where clients can sleep, as well as laundry facilities, food, showers and referral routes to other services. I visited the Olivieri drop in.

**Olivieri Drop-In Centre**  
(Appendix 17)

I arrived here with Derick and was lucky enough to get a tour of the building.

Support is provided with regards to basic needs of food, laundry and showers. In addition to this, health screening, psychiatrist support and case manager allocation is offered as well as support for people to get reconnected to the city they are from.

The centre is open 24 hours a day, providing three meals per day and fifty chairs for clients to sleep on. There are around 75 clients engaging throughout the day at the centre and around 50 clients coming in off the streets during the night, making a total of around 150 clients seen on a daily basis.

Within the drop-in, there are around 40 staff members who have a variety of roles to ensure the service runs safely and smoothly.

Attached to the drop-ins are 13 respite sites, such as churches, where beds are provided for clients to access. There is a bus attached to the project to transport clients to respite beds safely.
Travelers Safe Haven Drop-In Centre
(Appendix 18)

Safe Havens offers New York City’s homeless population a safe option for those who do not want to go into the shelter option. The model provides this population with the opportunity to live indoors again in single or double rooms. Furthermore, they have great access to an assigned case manager who can work towards permanent housing with them.

At Travelers, all clients come directly from New York outreach teams, who meet with clients where they are at, usually on the streets, park benches or subway benches. The outreach teams they work with are BRC, Breaking Ground, and MOC. These teams receive daily reports on client’s attendance at Travelers. If the client is AWOL for 72 hours they are discharged and a new client from that outreach team has an opportunity for a Safe Haven bed.

When an outreach client arrives to Travelers, they immediately undergo an intake where they meet their case manager for the first time. They are provided with the rules and regulations as well as the expectations of their stay. These expectations are reflected on a service plan which describe the goals of the client. All Travelers and Safe Haven residents have a goal of permanent housing. They meet with their case manager at least once a week to work towards completing a housing packet. The case manager will also link and make medical, psychiatric, and other appointments for clients. The case manager will also work to ensure that clients have all the necessary documentation such as birth certificates and IDs. The idea is to begin to stabilize clients and assist them in becoming equipped and prepared for living in a community again.

At Travelers, clients also have the opportunity to complete a work enhancement programme, where they are trained on the process of becoming employable as well as the opportunity to shadow an employee and get real experience. Each of the participants receive a weekly salary for their participation. The idea is to transition these individuals not just into housing but in other facets of their lives, such as mental health, physical health, employment, and locating activities which they find enjoyable and rewarding, thus improving their quality of life.

Holy Apostles Soup and Soul Kitchen

I visited the Holy Apostles [Appendix 19] on 28th and 9th Avenue. It began in 1982 and is now the largest kitchen in the Tri-State area. It has served 7 million meals, but sees its focus on moving people off the soup kitchen line, into employment, into their own homes and ultimately, into a more manageable and fulfilling way of life.

The centre is a community space where services are amalgamated to provide support for the homeless. Services include social services, health checks and a medical van, a soup kitchen, voucher schemes, PO Box-use facilities, clothing and toiletries donations, free use of phones, computer workshops, signposting information, and support workers to refer to other services and listen to clients and to assist in transportation.

The service is open every day providing 1000 meals a day to those in need, referred to as ‘guests’, with the help of 50 volunteers. After food is eaten, music is played with a resident pianist and guests are encouraged to participate. Broadway acts and students from the college of performing arts also attend when available.

Clients needing assistance are given an appointment with support workers within the facility. Their role is to engage clients and refer to specialist services such as immigration, legal aid around family law, obtaining ID, misuse services including rehab and sober living, mental health services and any other services clients need support with.
Final year medical students are on-site to do basic health checks including diabetes checks and blood pressure. Additionally a psychiatrist visits weekly to support around mental wellbeing. Furthermore, group therapy sessions take place for clients to join in.

Night classes take place including drama, computer classes, creative writing classes, employability skills and yoga. The ethos of the service encourages guests to attend for more than just food.

**Reflections**

This is a “one stop shop” with an overwhelming sense of community. It is attended in high numbers both by those needing to access food and services as well as those giving up their spare time to volunteer. Volunteers either work in a role necessary to the efficient functioning of the soup kitchen [a massive logistical task], or to provide an array of social services or community and educational activities.

Holy Apostles Soup and Soul Kitchen serves 1200 people every weekday and in thirty years has never missed a single serving day, operating through hurricanes, blizzards, transit shut downs, terrorist attacks and even a city wide blackout in 2003.

The cost of this operation is obviously high and the Holy Apostles draws money from state funds, individual and corporate donations alongside benefit and fundraising events.

It is a harsh economic fact that more and more New Yorkers are requiring access to soup kitchens, but this is so much more, catering to the needs of those attending on an individual basis. A fine mix of entertainment through music and social integration makes for a warm atmosphere for those awaiting there listed scheduled appointments with those providing a multitude of social services.

Another example of a service bringing health professionals to the client (guest), a visiting psychiatrist holds a weekly clinic and guests have daily access to a medical team who provide primary care.

Creative workshops fuel the sense of community activity amongst the guests and affords them a voice through media evident in the writer’s classes where students gather to appraise each other’s work and select pieces to publish on line. This also acts as therapy as their work invariably details an individual’s journey and current approaches to the daily struggles of those in the class.

An emphasis on self-sufficiency regarding job readiness and employment-bound training is there for those who are at a stage where they feel ready to take the next step. On-Site legal assistance along with advocacy regarding housing applications makes the Holy Apostles Soup and Soul Kitchen the complete package in assisting those most marginalised members of society to address issues around homelessness and its accompanying complexities.
Project Renewal’s Bowery Detox and Recovery Centre

Project Renewal [Appendix 20] is a non-profit organisation delivering services for people with multiple and complex needs, working in partnership with New York City’s Department of Homeless Services. With the ethos of “Renewing Lives, Reclaiming Hope”, the service focus on addiction and recovery, homelessness, employability, families, Veteran services and health.

I visited the project at the Bowery, East 3rd Street where I met with Emily Brown. The building is over six floors, aimed at the homeless, and provides shelter beds, medical and non-medical detox, recovery counselling, food facilities and communal spaces. Detox is available for clients via a consultation and referral route, with mental health support incorporated into recovery.

There is a visiting psychiatrist who frequents the building three times a week, offering support and guidance. Additional therapeutic intervention comes in the form of art therapy and cookery.

Comfort Food is an employability project based in the Bowery Detox and Recovery Centre. It is a culinary scheme training former clients in catering, through an eight-week programme which leads on to a twelve week internship with corporate businesses throughout the city. Often, this results in trainees obtaining employment with the businesses. At around 40 clients at any given time, Comfort Food provide meals at Bowery of around 700 per day and externally throughout the city of around 3000 meals to shelters.

“Project Renewal has found the perfect mix of services to address Veterans’ homelessness: supportive healthcare, affordable housing, and meaningful employment”

- New York City Council Member Eric A. Ulrich, Chair of the City Council Veterans Committee.

Reflections

A combination of detoxification from drugs and/or alcohol mixed with early stage psychosocial intervention. This project gives room for homeless individuals to address their chemical dependencies. Again, the use of psychiatric professionals is paramount as is the unique opportunity to accurately assess the client for mental health needs once sober as this may have been impossible whilst they were living on the streets due to opinions regarding dual-diagnosis. Art therapy was recognised as very therapeutic and beneficial to the clients encouraging them to be creative and rebuild the self-esteem previously stripped from them in their active addiction, coupled with regular one-to-one counselling and group therapy sessions.

Having a place to stay along with support from a case manager helping the individual to take a look at the broader range of issues they may have been experiencing allows for referrals to be made assisting the client to move forward towards self-sufficiency, aim towards a place in supported-housing, and ultimately, their own tenancy.

“Comfort Food” - The in-house project providing training around catering and internships with local businesses is open to any client of Project Renewal. The working kitchen was extremely busy and had a thoroughly professional feel to it. They have a full-time professional chef to guide trainees through each stage of their training and to help them find a placement, as well as making sure a large number of orders make it out to various locations in the city on time every day. The emphasis is on employability, helping those taking part to rebuild their lives, gain qualifications and secure a job.
Recommendations

There was a great deal of learning and knowledge shared during my visits and many commonalities as well as inspiration. Some of the main themes that were demonstrated and recurrent were the following:

Client Consultation

The integration of client’s views into the development and running of the services I visited seemed to be a common theme. Services such as the Safe Havens at DHS, Holy Apostles, CRRC and Ozanam Inn demonstrated a depth of a personalised approach and involvement of clients in the shaping of services.

I think that this is something Changing Lives does as a whole, but could improve on.

Within my own team in Sunderland, in our three homeless, multiple and complex needs services, we explore client consultation. Questionnaires are asked within the services to assess what is working, what could be improved and what clients want. We are also going to introduce exit questionnaires for clients. Furthermore, clients have been, and will continue to be, part of our independent evaluations of our services.

Additionally, we have developed a number of DVDs where clients are interviewed, to feedback about the service. Future bid submissions are currently looking at options around client focus groups and having a dedicated Expert by Experience volunteer to run these.

Actions:

- Introduce client exit questionnaires to Changing Lives services
- Ensure clients are part of the mobilisation of contracts
- Continue to evaluate and review services frequently
- Recruit a Volunteer Client Involvement Lead

Integrated Service Delivery - Homelessness and Health

Throughout my visits, there was a strong emphasis on, and success in, health and homelessness services being in the same location. Examples of this were seen in The Door, Manhattan Outreach Consortium, Liberty’s Kitchen, and Veterans Justice Outreach.

Traditionally, our client group neglects health needs but the ease and whole systems approach of having GPs, Nurses, and Mental Health practitioners on-site seems to be a simple yet highly effective way of ensuring a holistic and client-focused way of practice as well as ensuring the “window of opportunity”. Additionally, this is undoubtedly a cost effective way of working.

This model is lacking in my area of work and something that has been discussed at a strategic level. The implementation of such a model would reduce DNA, waiting lists and also assist with the barrier of dual diagnosis.

Actions:

- To continue to address systemic change and service flexibility around more effective partnership within health and social care world.
- Explore the model of co-location of health practitioners and practitioners with expertise of homelessness, multiple and complex needs

www.wcmt.org.uk
Working with Veterans with multiple and complex needs

Veterans Court and Veterans Justice Outreach as well as Jericho Project, CRRC and Sacred Heart Apartments, demonstrated emphasis on a more holistic way of supporting Veterans, including offenders. The focus seemed to be on safeguarding rather than punitive and this is needed in some circumstances. The model seemed to be a cost-effective way of rehabilitating offenders through robust engagement with services they need.

The Veterans accommodation projects had a myriad of services on-site with trained experts and peer support to understand issues such as PTSD. These services understood and reacted to the needs of Veterans and incorporated creative solutions to mental health such as pet therapy. Additional to this, the outreach approach with uniformed military personnel having a visible presence resulted in enhanced engagement and rapport.

Within Changing Lives, we have a similar model with our sex work and sexual exploitation services where we work with Dedicated Liaison Officers in the Police who are familiar with the needs of the client group. The ACPO guidelines were revised last year to look at preventative and safeguarding for sex workers rather than go down the punitive route. This means the Police work effectively with our service being the intervention and ultimately it reduces crime, safeguards and provides support for complex and vulnerable adults. This model could easily be replicated to focus on Veterans.

Veteran services in my locality are extremely limited. The North East is the second biggest armed forces recruitment area outside of London, yet we have minimal services offering support to homeless, multiple and complex needs, Veterans.

Changing Lives have recently been successful in getting to the second stage of a Royal British Legion funding bid for work with homeless, multiple and complex needs, Veterans. Learning from my journey to New York and New Orleans has helped inform the bid and it is hoped that if successful, we can identify the need and develop a successful service.

Actions:

- If successful with Royal British Legion (RBL) funding, ensure a robust and cost-effective service delivery with continued client consultation, peer engagement, visibility and partnership approach.
- Explore the possibility of implementing a visible, easily accessible, community-based support group for Veterans.
- Investigate the option of temporary veteran-specific short-term accommodation, to access peer support, specialist counselling and guidance through the pathways to more permanent housing.
Integrated Hubs / Community Resources

Another common thread throughout my visits was that of integrated hubs, catering for all health and wellbeing needs under one roof for anyone who is homeless. This simple yet effective model is a proven way of meeting clients’ needs and producing outcomes. The approach is flexible and creative, it reduces: disengagement, waiting lists for services, people slipping through the gaps in services, and increases consistency and window of opportunity as well as access for clients. Our clients increasingly say they are fed up of repeating their story over and over again. Furthermore, they struggle with finances to get to appointments. Such a model minimises this.

Homelessness specialists, health practitioners, drug and alcohol workers, psychiatrists, counsellors, legal support, benefits advice, education and training, employment support, Veteran specialists, young person’s specialist, women’s service, social activities and peer workers, all under one roof, works in a whole systems approach method for engaging hard to reach clients.

This model is needed in my locality. We are successful at doing the work of the model, but in silo and not with expertise together. However, recent development of a drug and alcohol contract where there are three separate partners and expertise co-located has elements of this integrated hub model. Something specifically around homeless, multiple and complex needs and community space, however, is missing and would benefit the client group greatly.

Actions:

- Continue looking for funding possibilities for an integrated hub for homeless, multiple and complex needs clients.

Homeless Outreach

Homeless Outreach is something that services have been doing for many years, responding to and engaging rough sleepers. Services such as Manhattan Outreach Consortium, specifically with Goddard Riverside Community, demonstrate the latest approach and effective model to supporting one of the most vulnerable client group. Sophisticated methods using technology that are cost effective, simple, but highly effective, result in positive engagement and outcomes.

The use of the 311 app, computer tracking system and mobile outreach as well as the use of volunteers, are effective measures for time management but most importantly, sharing and responding to intelligence. This is particularly effective with a transient homeless population and keeping engagement at the forefront.

The use of a company bus, and data sharing are simple measures that assist greatly with response and engagement of a high number of rough sleepers.

Although there are much smaller numbers of rough sleepers in my location of work, such systems would ultimately help to identify and locate those who we are not aware of, and transient clients, in a timely manner. Something like a company mini bus could allow the team to go city wide, increasing visibility.

Actions:

- Design of an app similar to 311 to alert workers directly rather than the current system of Streetlink (Appendix 21).
- Exploration of possible funding for a small mini bus / team vehicle to cover a wider geographical area.
Housing First

Within my travels, there were many strong examples of the Housing First approach and the success that this can have for homeless, multiple and complex needs clients. Examples could be seen in HUD and Manhattan Outreach. It seemed that the Housing First model was successful due to clear pathways, ample resources and a strong, dedicated multi-agency buy-in.

We have various services in Changing Lives that use the Housing First approach. This has been successful to a degree but not on the scale of the services I visited. I feel this is due to a lack of partnership buy-in and resources.

Actions:

- Raise the profile of the housing first model and the success this can bring for homeless, multiple and complex needs clients.
Conclusion

The USA has a large problem with issues around homelessness, but the projects I visited showed a dedicated and highly motivated effort to make fresh inroads to address these difficulties. I was especially impressed at their efforts to help disadvantaged youth from becoming another statistic and empowering them to lead more fulfilling lives.

The United States as a whole has a completely different attitude to their Veterans, they hold them in the highest regard. Efforts to attain a functional zero when it comes to homeless veterans has on the whole been successful and the fresh approach in using serving uniformed personnel to outreach and engage those sleeping rough has been a major success in gaining the trust of those veterans on the streets and encouraging them to engage with services.

This has been an incredible journey of discovery and development. I have grown personally and professionally through this opportunity. My employers, Changing Lives, are utilising the information in my report to improve current ways of working, to promote discussion about how to provide more holistic services and to assist in bidding for funds to develop new projects. Though my travels have ended, the journey will continue.
New Orleans


7. 100,000 Homes Campaign [http://100khomes.org/](http://100khomes.org/)


12. Liberty’s Kitchen [http://www.libertyskitchen.org](http://www.libertyskitchen.org)

New York


18. Travellers Safe Haven Drop-In Centre [http://www.urbanpathways.org/new-page-3-2-1/](http://www.urbanpathways.org/new-page-3-2-1/)


It would have been impossible for me to have carried out a project of this magnitude without the amazing support and guidance from those both at home and on the other side of the Atlantic. I would like to say with heartfelt gratitude a massive thank you to all involved. I will name a few here.

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Marisa Hill [DHS].
Derrick Aiken [DHS].
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