Key Achievements & Learning Report

Introduction

The WMCA Homelessness Taskforce has been successful in securing further funding from the Department for Levelling Up Housing and Communities (DLUHC) Rough Seeping Initiative for a three-year period covering 2022/2023 to 2024/2025, with a combined value of £1,491,707. This funding to the WMCA from DLUHC was awarded in addition to Rough Sleeping Initiative (RSI) funding allocated to individual Local Authorities.

The breakdown of funding by year is as follows:

- 2022/2023 - £537,058
- 2023/2024 - £534,019
- 2024/2025 - £420,630

The primary objective of the RSI Fund is to:

- Help people sleeping rough off the streets;
- Help those who have moved off the streets to successfully progress away from rough sleeping; and
- Prevent those in crisis, and at imminent risk, from sleeping rough.

The WMCA RSI Programme 2022/2025 seeks to build upon the good work achieved in previous years by adding value, testing innovation, capturing learning, promoting cross regional practice and above all adding complementary outcomes to the work of our Local Authority partners. This report focuses on the work, investments, learning and achievements for the period 2022/2023.

To ensure relevance and strategic fit, the Homelessness Taskforce and Rough Sleeping Task Group jointly agreed the following regional priority areas for RSI investment in 2022/2023 and beyond:

1. **Preventing and tackling rough sleeping at the earliest opportunity** – including continued investment in a spot purchase fund to enable tailored, flexible and personal interventions.

2. **Preventing recurring rough sleeping** – continued investment to test how accommodation can be sustained through engagement with community activities and the creation of new supportive social networks.

3. **Employment Support**, including for those with restricted/no eligibility to public funds - new investment to test innovation in supporting individuals to access good quality employment that acts as both a protective factor in preventing homelessness, and a sustainable route out of homelessness, ensuring rough sleeping is a brief and non-recurring experience.

4. **Information, Advice and Guidance** – new investment to promote our alternative giving scheme, Change into Action, and continued investment to further develop the eight Street Support Network microsites, reflecting the shift of emphasis from crisis to prevention.

5. **Supporting the development of frontline staff** to enhance knowledge and skills, and to help build resilience – new investment to develop a regional training offer for people working in homelessness and housing-related organisations; and continued investment for training staff to be psychologically informed in their approach and interactions with people experiencing or at risk of rough sleeping and homelessness.

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Investment

Our RSI investment for 2022/2023 was configured across two distinct time periods: April to June (quarter 1) and July to March (quarters 2 to 4). Therefore, the mobilisation of our programme and subsequent investment across interventions was split into five key areas of activity:

1. To **avoid a break in service provision** in quarter 1 to individuals at risk, and to support the seamless transition of three projects delivering enhanced outreach and a women's pathway whilst they were being embedded/mainstreamed within Local Authority RSI programmes.

2. To allow one project in quarter 1 that was coming to an end **to complete work** with non-UK nationals who were already being supported into accommodation and employment, to prevent a return to rough sleeping.

3. To **continue delivery** of four projects we intended to fund in quarter 1 and beyond, including the PIE (Psychologically Informed Environments) Plus offer, placing clinical psychology at the frontline; two prototype projects to test how supportive social networks can be nurtured to help people to sustain accommodation; and further development of the online resource, Street Support West Midlands.

4. **New activity** commissioned to commence delivery from quarter 2, including three employment support projects testing out local, bespoke approaches to supporting people at risk of rough sleeping into employment; 6 projects enabling individual solutions for people sleeping rough and at risk of rough sleeping through a spot purchase fund; a regional training programme for volunteers, staff and trustees working across homelessness and housing-related prevention and recovery services; and promotional activity to raise awareness about street activity and begging.

5. Continuation of the **Faith & Communities Development Officer** role for the region, securing the legacy of the positive work to date, to work primarily with faith communities to help make the shift from crisis activity to prevention.

Outcomes and outputs

This section outlines the outcomes and outputs we have achieved directly and indirectly through our investment in the programme in 2022/2023. It is worth noting that during this period we increased our investment in indirect support to delivery through work such as the regional training and PIE Plus offers and reduced our investment in direct delivery. This means we have supported fewer people directly through project work, as is shown by the graphics below, and have focused more on supporting systemic change in line with the priorities of our Local Authority and wider partners, and the WMCA Homelessness Taskforce.

The first part of this section highlights the numbers of people supported directly by the projects we funded and the second goes into greater detail for each of the main investment areas.

Individuals Supported:

The diagram above shows that a total of 903 individuals were supported through our RSI investment in 2022/2023; and the diagram below shows the demographic breakdown of those individuals:

The tables below demonstrate the wide range of positive outcomes achieved across the whole programme and through specific interventions:

Overall Impact of Interventions

Outputs and Outcomes	Individuals Supported
Number of individuals helped to retain or secure sustainable accommodation	98
Number of individuals accessing housing advice or support to access housing	110
Number of individuals helped to prevent an incidence of rough sleeping/homelessness	219
Individuals supported to reduce the risk of returning to rough sleeping	184
Individuals supported to return to former accommodation	113

Impact of Intervention – Social Networks Innovation Projects

Outputs and Outcomes	Number of Individuals
Number of unique individuals supported	72
Number of individuals reporting improved social networks to draw on for support - promoting recovery and a move away from rough sleeping	19
Number of individuals regularly participating in activities within their local communities with support from befrienders and workers	25

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Impact of Intervention – Employment Support Innovation Projects

Outputs and Outcomes	Number of Individuals
Number of unique individuals supported	64
Number of non-UK nationals supported	31
Number of young people supported	31
Number of individuals with restricted eligibility to public funds supported	11
Number of care leavers supported	11
Number of individuals with a history of rough sleeping supported	34
Number of individuals at risk of rough sleeping supported	22
Number of individuals rough sleeping supported	8
Number of individuals supported to obtain accredited qualifications	12
Number of individuals supported into sustainable employment	7

Impact of Intervention – Spot Purchase Fund

Outputs and Outcomes	Number of Individuals
Number of unique individuals supported	717
Number of women supported	205
Number of young people supported	16
Number of individuals with restricted eligibility to public funds supported	78
Number of individuals helped to prevent an incidence of rough sleeping/homelessness	212
Number of individuals supported to reduce the risk of repeat rough sleeping/homelessness	168
Number of individuals supported to retain or secure accommodation	74
Number of individuals supported to take up new settled accommodation	76
Number of individuals supported to return to former accommodation	113
Number of individuals supported to start the process to enter employment	26

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Additional project level outcomes and insights

Despite a slow start caused by the delay in recruitment to key posts, the three **Employment Support** innovation projects have started to deliver strong outcomes. All projects funded under this investment reported that those individuals that they work with have multiple barriers to address before they can begin engagement to becoming ready to work, such as anger management, substance misuse, language barriers and the critical need to address housing situations before people are able to look for work.

Support has included being signposted to ESOL (English for Speakers of Other Languages) provision and facilitating access to equipment such as laptops to help individuals focus on and complete employability training before moving onto their next step, which may be into employment or further accredited training. ESOL provision has helped individuals to communicate with local authorities and DWP regarding housing and benefits queries. So far, the learning from the projects has demonstrated that access to ESOL provision positively impacts people's confidence and mental well-being, as well as increasing their employability chances. Many of the young people engaged with the projects reported not wanting to go into employment because of mental health or substance misuse challenges.

During this year the investment in a **PIE Plus** offer focussed on developing PIE Action Plans for six of our Local Authorities (LAs) including Birmingham, Coventry, Dudley, Solihull, Walsall & Wolverhampton. The plans outlined how LA specific Psychology Partnership Days (PPD's) would be used to train and support staff to develop a deeper understanding of the people they work to support. Over the course of the year, each LA has demonstrated good progress in relation to their individual action plans, with all LAs having achieved at least one of their pre-defined goals. In total 29 PPD's took place, exceeding set targets, with 105 staff attending at least one and 70 attending more than one.

A Dialectical Behaviour Therapy (DBT) informed skills group was formed in November with ten individuals experiencing or at risk of rough sleeping attending across different sessions, with one becoming a regular attender. Learning this year has included the recognition that the DBT informed skills group was difficult to establish at a supported accommodation site as it was perceived as an individual's 'home environment'. The venue has now been changed to a different site for 2023/2024 and the group re-branded to 'Living Wise' to increase interest and accessibility.

Two PIE for Leaders sessions also took place which were attended by 20 senior managers and team leaders from RSI and Housing First providers across the region. RSI senior managers and team leaders were also offered monthly Reflective Practice (14 attended overall).

The challenge in year 2 for this three-year PIE Plus offer is how the standard PIE offer can be enhanced and access to mental health expertise increased beyond the life of the project. The offer needs to be and is both responsive and flexible to local need, alongside LA colleagues being ready and able to take up the offer.

We delivered 22 courses as part of our **Regional Training** offer, on a variety of themes including:

- Homelessness Law, Practice and the Homelessness Reduction Act
- Benefits Overview
- Bid Writing
- Mental Health First Aid
- Outcomes & Impact Measurement
- Alcohol & Substance Misuse

Over 250 members of staff, volunteers and trustees attended the training courses, from approximately 50 organisations - demonstrating the wide reach of the regional training offer. An evaluation survey was undertaken with responses showing that:

- 92% thought that the course(s) attended provided the knowledge and skills that could be practically used in their work and that the facilitator was engaging and knowledgeable on the course topic.
- 91% stated that the courses they attended met their needs.
- 84% thought that the training was directly relevant to their work with those at risk of or experiencing rough sleeping.

In addition, the three roundtable discussions held in partnership with Homeless Link in February and March on Adult Safeguarding, Trauma Informed Care, Conflict Management and Strengths-Based Approaches have been highlighted by Homeless Link as an exemplar of workforce development in terms of enabling, empowering and involving frontline staff. As a result of learning from these events, we will be further collaborating with Homeless Link in 2023/2024 to produce a case study on this activity and will convene a Community of Practice for senior leaders and managers on how to help empower their frontline staff to practically use and embed learning from training opportunities. This work will be accompanied by a short briefing paper to support workforce development.

The eight Street Support Network microsites covering our region were completed and formally launched in February. They have begun to gain traction with website analytics showing c. 7000 page views. Focus for the investment in 2023/2024 will be to work with Local Authority leads to further develop and refine the microsites; to maximise their potential, including developing the Give Help section and commencing an evaluation of the impact of the online platform within the WMCA area.

Our work to raise awareness amongst the public about rough sleeping, street activity and begging has included two campaigns to promote our alternative giving scheme, Change into Action, which took place in the summer during the Commonwealth Games and in the winter focussing on the period running up to Christmas and the new year. The campaigns included the use of social media (Facebook, Twitter and LinkedIn), as well as out of home advertising on digital screens to reach residents and visitors to the region in areas of high footfall and key arterial routes. This promotional activity resulted in a significant positive impact on new visitors to the Change into Action website, increasing by 365%, indicating that our promotional materials and activity had encouraged people to find out more about our alternative giving scheme and work on rough sleeping, street activity and begging.

Faith & Community Groups

During 2022/2023 we have keenly built on the work undertaken in the previous two years, achieving some significant outcomes, in particular enabling the faith and community sector to begin to explore shifting the core of its work towards prevention of rough sleeping and away from crisis interventions.

We have worked in partnership with the West Midlands Faith Strategic Partnership Group (FSPG), focussing on articulating the role faith communities can play within Universal Prevention, as part of a positive pathway to design out homelessness.

We successfully facilitated discussions to coproduce a shared faith-based approach to Universal Prevention. An important part of this activity was creating the space for members of the FSPG to understand the concept of Universal Prevention and reflect on how this resonates with their own community and faith communities more broadly. This included enabling those involved to begin the process of redefining their role and contribution as part of promoting a shift away from crisis work to prevention work.

The coproduced shared approach to Universal Prevention, and subsequent framework, is based on the following 5 principles:

- Faith groups offer support that is transformational not transactional.
- It is an approach, not a project or service.

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- It builds on the strengths, role, and place of faith within communities.
- It is about how communities can identify people or groups that might be at risk.
- It builds on the important role faith groups have in nurturing a sense of belonging and creating social support networks.

On the back of this work we delivered a workshop in March with over 70 stakeholders from the sector and produced a [publication](#) for wider distribution further exploring the role of faith communities in homelessness prevention.

Feedback from both the event and publication has been excellent, with some attendees describing the event as one of the best they had been to related to homelessness. This positive feedback has encouraged us to further develop this work. In 2023/2024 there will be a range of smaller local engagement events that will provide more space for faith communities to discuss their experiences and learn more about Universal Prevention, with the aim for them to consider the principles in relation to their own work and where possible, put this into practice.

During the year we also helped to facilitate an event focused on awareness raising of communities with restricted or no recourse to public funds and homelessness. The conference brought together over 100 people from across the homelessness sector, faith communities and community groups to:

- Increase knowledge and understanding around supporting individuals/families with restricted or no recourse to public funds.
- Contribute ideas and actions on how the WMCA Homelessness Taskforce can work with its regional partners to design out homelessness for non-UK nationals with restricted or no recourse to public funds.

We have also contributed to workshops on rough sleeping at the West Midlands Faith Alliance Summit to help improve faith communities understanding of how they can best support people experiencing rough sleeping. There were further collaborations with colleagues from Solihull Council to put on an event for faith and community groups in the local authority area aimed at building strong prevention focused partnerships.

We designed and commissioned a specific Spot Purchase Fund for faith and community groups. This provided an opportunity for groups to apply for a small grant to deliver flexible, person-centred interventions to ensure rough sleeping is prevented wherever possible, and where it occurs it is brief and non-recurring. So far one group has been successful in receiving this funding and has commenced delivery in 2023/2024.

There were a large range of groups who expressed interest in the Spot Purchase Fund opportunity but who did not submit applications. We have worked with those groups to understand some of their barriers to applying for this kind of funding. We are using this feedback to help us in the delivery of future opportunities for faith and community groups. This activity has put us in contact with a range of faith and community groups across the region who were not known to us previously and we are continuing to work actively with these groups.

Supporting these new groups, and groups we were already in contact with, is a key part of our offer to the sector, the kind of issues that we major on are as follows:

- Providing advice and guidance related to effective work to prevent rough sleeping. Providing information on the relevant Local Authority pathways to ensure groups have awareness of these and are using them.
- Working with groups that have identified someone rough sleeping to ensure they have the best advice available to support that individual, including reminding groups to use [StreetLink](#) and also

promoting [Street Support West Midlands](#) to ensure groups have a good awareness around what support is available in their area.

- A key theme from groups over the past year has been accessing funding opportunities, we have regularly shared details of relevant and available external opportunities as well as advice about applying for funding and activities to deliver the most added value. This has led to groups being successful in receiving funding from a range of external sources.

- We have worked closely with night shelter projects that operate in the Birmingham area to ensure that they continue to have information on best practice on how to operate, meet local needs, and run safely. One example of working with a night shelter in this way led them to reduce levels of communal provision and to procure single hotel rooms over the Christmas period. We worked with another night shelter supporting individuals with restricted eligibility to public funds and connected them to the relevant legal agencies so they can work with people effectively to regularise immigration statuses. Through collaboration with Housing Justice and Homeless Link, another group which aimed to open a communal night shelter was successfully encouraged to consider delivering other forms of support as an alternative.

Our assessment is that the support, information and guidance we have provided has continued to help groups supporting individuals rough sleeping off the streets and into appropriate accommodation through the relevant Local Authority pathways. Work over the past year has also supported, and will continue to support, faith groups to consider how they can deliver support that is more transformative and prevention based. Our learning suggests that we will need to continue this work as groups consistently require additional information on how best to support people, on what types of activities will add most value in their area and how to build capacity for their group.

Cross Cutting Learning

A central component of the WMCA RSI programme is to capture and disseminate key learning emerging from the projects we invest in, and to consider how the investments made are adding value and complementary outcomes to the work of our Local Authorities and wider partners. Crucially, we are seeking to use the learning gained to enhance the region's expertise in designing and commissioning innovative rough sleeping services that aim to prevent rough sleeping wherever possible, so that it is rare, and where it cannot be prevented, it is a brief and non-recurring experience for our citizens.

During 2022/2023 we have monitored both data on outcomes and outputs, as well as asking providers for case studies demonstrating what works and what doesn't work. We asked providers to reflect on their own learning over the past year as part of that process. A detailed analysis of the case studies and some examples are attached in the appendices below.

The introduction of the **WMCA RSI Coordinator role** has increased our capacity to support our partners significantly. This has been especially critical for projects in the mobilisation stage of delivery. Our Coordinator has also formed a group for all the RSI Coordinators located across the WMCA region so that we can help to promote the sharing of best practice and learning from innovation across the region, as well as keeping up to date with key gaps and challenges that we will feed into our RSI programme, alongside our wider work on designing out homelessness through the WMCA Homelessness Taskforce and Rough Sleeping Task Group.

Our **Regional Training** offer has been pertinent in supporting our 7 Local Authorities who would not have the critical mass individually to either fund, commission or make use of such programmes. We have been successful in developing a region-wide programme of training courses and learning sessions, covering a wide range of topics as aforementioned, designed to build resilience and knowledge in frontline services. The scale of people working in services across the WMCA region that attended one or more training opportunities was significant, with the added value that staff attending the training sessions met with colleagues from other areas and therefore had the opportunity to share their own experiences and learning across traditional boundaries.

Our objective to **test out and deliver innovation** through investments for prototype projects involved in delivering employment support and facilitating supportive social networks has come with its challenges, not least due to a number of providers' ability to 'think' and deliver creatively, especially where the requirement has been to support individuals with a history of sleeping rough to integrate into their community. There is a tendency to 'default' to delivering all support to individuals within homelessness services rather than facilitating access to community services. The shift in focus to prevention rather than crisis intervention has also been challenging for some providers. We will continue working with our delivery partners to establish new ways of supporting people to build a life away from the streets. If we can demonstrate effective ways of supporting people into their own accommodation and successfully sustaining that in a meaningful way, there will be informed options for our Local Authorities and others to invest in, in the future.

We have found that the timely **mobilisation of projects** has been an issue across a number of our RSI interventions, with delivery partners reporting limited capacity to mobilise at pace. This has been due to a number of reasons including organisational capacity caused by staffing challenges, delays in setting up internal systems and processes, and competing funder priorities/timescales where organisations are funded by multiple funders. A consistent theme was the time it takes to build up strong working relationships and messaging to internal teams and colleagues to understand what the project is about, what it can deliver and how it can benefit people experiencing or at risk of rough sleeping. These relationships and communication channels are often not in place before the start of the project, leading to fewer referrals at project commencement. Projects need to make time to invest in this before the start of the project, as this is key to getting referrals and ultimately the success of the project. Our learning is that we should encourage and support projects to plan for mobilisation before they learn if they are successful with their bid and include this message in commissioning webinars and pre-contract discussions. We already hold monthly contract management meetings with new projects offering 1-2-1 support and we think some pre-planning would add value and pace to delivery.

Delays in mobilisation were also caused by challenges in the **recruitment and retention of staff**. Losing a support or key worker halfway through a project impacts on the ability of providers to help individuals, as do long delays in recruiting key staff. The issue of staff recruitment, retention and turnover is an ongoing issue and is reported widely across the sector. A key aspect of our regional RSI programme is to ensure that we help build resilience and knowledge in frontline services through interventions such as the Regional Training and PIE Plus offers. As the RSI 2022/2025 programme progresses, we need to consider alongside our partners how new starters within organisations are inducted and trained to ensure that opportunities to support individuals appropriately and effectively are not missed by lack of understanding, awareness and knowledge.

Partnership working has been key to the success of both our Employment Support and Social Networks projects and through joint work involving being able to share best practice and enabling providers to work together on common issues. Our Social Networks projects have learnt that many of the community activities identified by individuals can be accessed for free or at very little cost through effective partnership working. By building relationships with community-based organisations they have been able to negotiate better access for people who have experienced rough sleeping at a sustainable cost which people can manage on low budgets/incomes once they have stopped receiving project support.

Our projects have also reported that providing accommodation and funding community activities are not the full answer to sustaining accommodation, but the development of **strong social support networks** and emotional support are key factors to enabling this. Learning from the Spot Purchase Fund has also showed that items purchased such as white goods and essential soft furnishings acted as an incentive for people to accept accommodation, providing a foundation to maintain their accommodation and motivation to retain that accommodation.

The **poor health** of some people who have or are experiencing rough sleeping can also act as a major barrier to engaging and accessing activities. For example, across the Social Networks projects, critical to

building social networks was the project's ability to support people with travel and transport to attend groups, especially where mobility was a concern. The evidence from our commissioned projects suggests that helping people to build confidence is key to full engagement with the activities and support on offer. Furthermore, a **strengths-based approach** and going at a pace led by the person and not being too time limited in focus has been of real benefit in terms of the impact of the support offered.

The **cost of living crisis** became the most pressing issue for our delivery partners as the year progressed, with increased numbers of people struggling to settle into their accommodation or becoming at risk of rough sleeping for the first time. Projects also saw increased numbers of people who were accommodated coming into services because they were struggling to afford essentials at home. The individual, flexible and tailored interventions provided by the **Spot Purchase Fund** enabled personal support packages to be delivered to individuals including household starter packs and other essential items. Projects that secured spot purchase funding also reported an increase in levels and complexity of need meaning they supported fewer people but over a longer period of time via multiple funded interventions.

Conclusion & Next Steps

Through the WMCA RSI Programme we have set out to add value, scale and capacity across the region and there are numerous examples cited above that demonstrate the way in which we have delivered in this space. It is our assessment that in 2022/2023 we have successfully continued to add value in a number of ways to the work of our Local Authorities and other critical partners to enhance capacity, resilience, and knowledge, contributing to our overarching aim of designing out homelessness.

We have intentionally focused on investing in interventions and activities centred on preventing rough sleeping for the first time and to avoid a return to sleeping rough. Specifically, as well as continuing to invest funding in projects promoting social networks with the aim of reducing the risk of a return to the street, we have also invested in new innovative employment support projects, testing out local approaches to moving people at risk of rough sleeping (both first time and repeat) into sustainable and good quality employment, with strong outputs and learning achieved in the first year. We also designed a specific spot purchase fund opportunity for faith and community groups to deliver flexible, person-centred interventions to ensure rough sleeping is prevented wherever possible, and where it occurs it is brief and non-recurring.

As demonstrated in this report, we have achieved good outcomes through this activity, diverting a significant number of people away from rough sleeping, into safe and secure accommodation and entering sustainable employment. Overall, our investment has had a demonstrable impact on people's lives within the WMCA area.

The shift of emphasis, which was planned from the onset of our RSI activity in 2020/2021, to move towards increased cross regional work that builds the sector's skills and capacity, particularly supporting smaller Local Authority areas who would not have the critical mass individually to either fund or make use of such activity has allowed us to further add value to Local Authority work and have a broader, more sustainable impact on rough sleeping by supporting the work of partner agencies. Examples of where we have demonstrated our ability to generate economies of scale and effort to deliver shared resources and add value to work being undertaken at a local level include: the wide-ranging regional training package; PIE Plus offer; promotional campaigns to raise awareness on street activity and begging; the work of the Faith and Communities Development Officer to build the capacity of and engagement with the faith and community sector; and the rollout of Street Support Network.

Our assessment, supported by both evidence and partner feedback, is that we are uniquely placed in the region to offer this kind of systemic intervention.

As we look ahead to programme delivery in years 2 and 3, we will continue to invest in and develop the region-wide Street Support resource, to demonstrate its effectiveness in crisis prevention and targeted prevention of rough sleeping and homelessness, as well as continuing our investment in all other areas of

our work as outlined in this report. We will also be re-commissioning our spot purchase funding to enable individual solutions for people at risk of sleeping rough, those currently rough sleeping or to sustain recent transitions away from rough sleeping. We will work with all of our commissioned projects to consider how they can include the insight and expertise of people with experience of sleeping rough and homelessness in their service design and delivery.

Feedback from our partners suggest that our PIE Plus offer is beginning to be embedded across the region, with PIE Foundation training being offered on a regular basis to new starters. We will consider how we can further the PIE offer for prevention focussed services and improve access to mental health expertise. We will also deliver a refreshed and updated regional training offer for the sector.

Recruitment of staff continues to be a major issue for providers and as we note above has affected the mobilisation of some of the projects we invested in this year. The evidence suggests this is both a national and sector wide challenge. For the coming year we will explore the feasibility of delivering a sector-based jobs fair and will seek support from the WMCA's Economy, Skills and Communities directorate on how they might contribute to tackling this issue locally.

As the year drew to a close some of our Local Authorities reported a visible increase in persistent begging by people who are accommodated. We will develop new promotional activity in year 2 to raise awareness about our regional alternative giving scheme, as well as continued monitoring of the impact of increased living costs. We will undertake to work with our partners to explore how we can flex our delivery to support people experiencing difficulties due to the cost of living crisis.

Finally, in the remaining two years of the programme we will work with our delivery partners to identify, capture and share best practice and key learning so we can explore and facilitate cross-sector funding opportunities for successful interventions to continue beyond March 2025.

Be collaborative, be innovative, be driven, be inclusive

Appendix 1: Case Study Review & Analysis

In gathering case studies from our RSI projects commissioned in 2022/2023, we are aiming to extract some personal narratives of the individuals supported and to use that to help us gain a better understanding of the key presenting themes, barriers faced and learning that could potentially be used to inform future plans and services commissioned to tackle rough sleeping across the region. An analysis of the case studies from delivery partners is set out in the table below.

Key Stats	23 case studies were received, of which: 9 were women, and 14 were men 3 individuals had no recourse to public funds (2 of these was female and 1 male) 6 individuals were supported by the Employment Support Innovation Projects 12 individuals were supported by the Spot Purchase Fund 5 individuals were supported by the Social Networks Innovation Projects
Presenting Themes	**Cost of Living Crisis:** There were case studies where properties had been repossessed leading to people sleeping in cars; the cost of having to pay a rent deposit up front and furnish empty accommodation is significant and cannot be met by people at risk. **No fixed abode: Clients facing long-term homelessness/ rough sleeping OR sofa-surfing with friends,** this was due to several reasons, such as following discharge from hospital, repossession, fleeing abuse, evictions from family members/ housing providers, asylum seekers, achieving settled status but then asked to leave NASS accommodation. **Relationship breakdown** continues to be a major contributory factor to rough sleeping, individuals reported they had experienced family fallouts/relationship breakdowns. **Unemployment** for a variety of reasons, such as being unable to work due to physical/ mental ill-health, having **no recourse to public funds**, having no ID or bank account, struggling with creating CVs and submitting forms and applications. **Women fleeing domestic abuse,** some had been subjected to coercive control, financial, emotional, sexual, and verbal abuse from perpetrators. - Most of the clients reported experiencing **financial struggles –** such as struggling to live on Universal Credit, not being in receipt of benefits, benefit sanctions, and having **no recourse to public funds.** **Significant mental ill-health,** some of which had been diagnosed, such as schizophrenia, depression, PTSD and anxiety. Mental health conditions had been further exacerbated by individuals' current circumstances, leading in some instances to self-harm and suicidal ideation. Individuals also reported feelings of low self-esteem, and self-confidence which led them to feel less able to take on challenges, and in some instances to neglecting personal hygiene and not eating. **Physical ill-health** was also prevalent, usually requiring medical attention and/or medication. Clients often felt that they were unable to attend appointments alone and so their health was deteriorating.
Barriers and Challenges	**Mismatch of available supported accommodation and assessed needs: I**n some instances, services were unable to house individuals leading to distrust in services. There were also reported cases of having to consider temporary out of area placements due to local housing options being full and no severe weather provision being in place. - This **distrust in services** meant that clients often did not want to engage, were uncooperative, or did not feel comfortable being vulnerable and

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	sharing traumas and were wary of disclosing any mental or physical distress they were experiencing. Support staff found this difficult as it was then not clear which support services would be most beneficial for the client.
	• **Language barriers** were referenced as being a challenge for a lot of our delivery providers. Most overcame this by using interpreters to communicate and relay information to support staff or police. Language barriers were also mentioned as a reason that it was difficult for individuals to gain work in this country. Many clients were referred to ESOL classes and supported to attend with RSI funding.
	• **Unhelpful social networks,** which led to vulnerable people being abused or feeling pressured to partake in habits such as **excessive alcohol consumption and drug addiction.** These social networks can limit the progress of clients – e.g. it was reported that some networks ridiculed the client for wanting to stop participating in criminal activity/ violence/ narcotics making it harder for them to progress with support.
	• Delivery partners stated that **supporting clients with mental ill-health** can sometimes be challenging, if they were reluctant to seek support for their mental health, they often remained feeling unable to deal with mounting debts for example and overwhelmed, exacerbated by feelings of social isolation and lack of meaningful activity.
	• **Long term rough sleeping** resulting in an inability to settle in accommodation
Changes and Outcomes achieved	• A client who was rough sleeping, had benefits sanctioned, suffered from mental physical ill-health, was supported to receive the correct medication and treatment, obtain accommodation and secure a full-time job within 4 months.
	• Supported to gain legal documentation such as **ID** and passports which leads to the opening of bank accounts and has enabled clients to look for work, and to travel back to a home country to resume work in a positive and safe environment.
	• Clients supported to attend **ESOL (English for Speakers of Other Languages)** courses, which enables clients to communicate with support services and local authorities. It boosts confidence and has a positive impact on their mental well-being as well as increases their employability.
	• Supported via travel tickets for client and support staff to attend appointments to GP and other services – with support staff providing moral support to ensure positive outcomes and maintenance of any treatments/medication required.
	• Supported with **travel passes** to attend ESOL classes and to travel to emergency accommodation.
	• Support for survivors of sexual abuse by providing emergency accommodation and support to report cases to the police and with medical support.
	• Improved social networks outside of the rough sleeping community via meaningful activity workshops.
	• Clients enabled to get the **correct benefits.**
	• Establishing **support networks** for clients providing financial, mental health and support with addiction.
	• Given financial advice/ guidance to support with finances, debt, and **budgeting.** Clients now feel capable of living independently.
	• Supported to attain **gym membership** to support physical and mental wellbeing, improving feelings of social isolation.
	• Supported clients to create CV's, prepare for interviews and apply for **jobs** – some of whom were successful and are now employed.

	• Help with **food/food vouchers/weekly shopping.** • **Rent deposit** assistance secured accommodation. • **Household starter kits** enables people to accept a tenancy as they do not have to worry about how to fund essential items, leading to feel more comfortable in their homes and to sustain tenancies. • Providing clients with **mobile phones, enabling them to keep in contact with emergency support services.** • Supported to travel out of area to relocate with family support networks and flee abuse.
Insights and Learning	• **Time, patience, and consistency are required to build trust, rapport and continued engagement with clients who have experienced significant trauma.** • **Listening** to clients, identifying what motivates and inspires them to enable them to set their own goals. • Staff need to recognise that it will not be a quick, easy fix and to go at the **client's pace**. **Not being time-limited** is also helpful. Having regular follow-up reviews with clients ensures that clients remain focused and that their achievements are validated. • **Supporting clients in their passion and allowing them to have input into the services they would like for themselves** also helps to build trust in the service and a willingness to engage and cooperate in exploring their future potential. • **Boundary-led approaches** are beneficial for both clients and staff mental health – reducing burnout and ensuring clients know what will be accepted and what will not. • **Meaningful activity such as art classes and courses of interest are hugely beneficial –** social clubs that draw on hobbies were found to be a great way of building trust in services, enhancing confidence and social skills. It was also beneficial to introducing clients to members outside of their usual social networks. • Supporting access to **free community activities** is key, rather than using the funding to pay for activities. • **Offering additional health and wellbeing support (e.g., counselling or gym membership to support mental health) can ensure that support has a further reach and positive outcomes are achieved.** • Supporting with small spot purchase items, such as ID, travel to appointments, household items/personalised/essential items can provide crisis relief, but can also be beneficial in supporting clients to get back on track and feel more in control of their own lives, ensuring sustained outcomes. • Always having funding for emergency beds available (and not just during periods of severe weather) will provide reassurance that there is always a safe and secure place for those at risk of rough sleeping. • Staff should take a **person-centred approach**, recognising that all individuals are different and there is not a one-size fits all approach to support.

Appendix 2: Case Study 1

Describe the person's story at the point you started working with them.	E was bedded down outside a homelessness charity, after a family relationship break down. E had been staying with her sister but she had recently asked her to leave her house. E is 25 years old and had been rough sleeping for 2 months at the point I started working with her.
What were the presenting issues when you started working with them?	At the time of our first meeting E had been rough sleeping for 2 months. E had a schizophrenia diagnosis but wasn't receiving any support or treatment. Her mental health had deteriorated but E was unable to recognise this. She had no benefits in place, no food or money in her possession. She was also suffering with gallbladder issues and needed an operation as soon as possible. The condition made her life more complicated as she could only eat certain types of food, making it hard to use the food bank. Being sanctioned meant that she could not purchase food that she was able to eat. She was often confused and would talk about ending her life.
What work did you do alongside the person?	I connected E to the homelessness mental health team, she was given a Depo after a few days then she became settled. E was diagnosed with schizophrenia when she was 19 years old.

I supported her to change her address with DWP and to remove a sanction. She was able to receive benefit payments after 3 weeks.

She was supported with food from the WMCA RSI budget and from the food bank. But because of her condition, most of the food from the food bank was not suitable for her. I supported her with weekly food shopping.

She had been on a list to have her gallbladder operation. When I called them, they told me that her operation was due in two weeks in another geographical area. She was on that waiting list since the Covid-19 pandemic and she was in constant pain. In discussion with E, it was decided not to move things to the West Midlands as it might set her back again. I then supported her with transport each time to go back to the other location for checkups and for the operation. We explored E moving to that area where she had lived in 2019. I contacted a housing association to house her, but E refused to live in that city again due to bad memories. She only agreed to go back for treatment.

Once E was settled and happy after two months, we started looking into jobs opportunities and education. She came across an advert for cabin crew with Loganair in London. She doubted herself as being schizophrenic and homeless, she didn't believe they would accept her. I encouraged her to go for the job and disclose her health issues. She was put on one month's training and had to move permanently to London. She now lives in London and has started her job as a flight attendant, and she is planning her wedding for December 2023. |
| **What changes and outcomes have you and the person achieved so far?** | E is now based in London with a full-time job. She knows that she needs to keep up with her depo injection. She has a fiancée and they are planning to get married. |
| **What are the person's chances of sustaining any changes and outcomes they have achieved?** | E was set back by a family relationship breakdown, this has been repaired since. She maintained her accommodation in the West Midlands for 3 months by following the rules and attended all her appointments. |

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	She moved to London and rented a room on her own and has been staying there whenever she returns to the UK. She is still in constant communication with me whenever she needs reassurance.
How have you helped to ensure this person has continued to engage with services?	I visited E twice a week and helped her to attend all her appointments. The flexibility of the homelessness mental health team helped her get back on her Depo which was key to her recovery. Short-term support to access food suitable to her health needs helped get her through the period her Universal Credit wasn't in payment. Once settled, I kept in touch with her on the phone on regular basis.
What barriers did you encounter in helping a person? *Structural and /or personal.*	The mental health issue was a great barrier, as E was not cooperative but as soon as she received her Depo and had some counselling sessions, she started engaging easily.
What learning or new insights have you had as a result of the work?	I learned that persistence is the key and patience. Changes can happen anytime in someone's life, and the improvement in E's life is remarkable. E was rough sleeping but in the space of 4 months, she was able to be housed, had a gallbladder health issue sorted, found a job and she is living a happy life.
Do you feel this learning would change the way you work with a person in a similar situation needing support in the future?	Some people may respond differently, depending on circumstance and trauma in the past. But it's always good to aim for a good outcome at the end.

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Appendix 2: Case Study 2

Describe the persons story at the point you started working with them?	A had been accessing the drop in service since 2018 intermittently. He is long-term homeless and sofa-surfs with friends. He has a partner and has three children, all of whom are currently in care. His partner is currently pregnant with their fourth child.
What were the presenting issues when you started working with them?	They are currently engaging with social services, with our support. A has an offending history and has some PTSD symptoms and physical health needs. When he first presented, he resisted being triaged for support needs.
What work did you do alongside the person?	I began working with A through conversations at the drop-in. After a client forum session in which A was a vocal and valuable participant, we had further conversations about some of our services. We communicated about some of the challenges and issues around our services, and began an ongoing conversation about how staff, clients, and volunteers might better work together to improve services. This conversation graduated into longer talks about co-production activities, and A has since been a highly valued contributor to conversations about a service remodeling, food and clothing services, and client needs around mental health support. A's leadership and communication skills have developed. This has encouraged him to want to get his ID papers, so he is able to start work. We discussed his strengths and skills and worked together to start a jewellery making class for clients. This has been led entirely by A, with minimal support from staff. He advertised the group to other clients, chose music and materials, and led the work where clients learned how to make jewellery.
What changes and outcomes have you and the person achieved so far?	A now communicates his support needs to staff, because of this ongoing relationship, I have A's trust and he has now completed a full triage. He is in the process of working with another member of staff to get his UK passport. He is ready to get his UK papers so that he will be able to start work. He is keen to volunteer more of his time and has shown an interest in supporting us with organisational issues as well as broader changes in the organisation. He is engaging with social services and has included staff at our organisation as contact persons for social services to be in touch with. He is making all attempts to get a footing out of homelessness and into a new social network.
What are the persons chances of sustaining any changes and outcomes they have achieved?	For the first time he is able to see a potential future and make informed choices about his situation. He is prepared to get his paperwork sorted out with our support and look to become accommodated and move away from the negative networks who have prevented him from this previously.
How have you helped to ensure this person has continued to engage with services?	We have been able to provide practical assistance in the form of a mobile phone and have encouraged him to participate in ongoing recovery activities such as the jewellery making workshops. This has given him a sense of purpose and he is engaging well with his paperwork and practical barriers.
What barriers did you encounter in helping the person? Structural/and or personal	A had been 'stuck' in a situation which he was unable to move away from as a result of his former social network and having no National Insurance Number or residency papers. His social circle has been limiting – he describes many of his former network as ridiculing his choice to stop participating in group criminality or violence. He has worked hand to mouth privately as a spiritual 'reader', which enables him to support himself with food and transport. He has however been vulnerable to exploitation. He often offers handiwork help to the people he lives with. He has many skills and is a natural communicator and leader, however, he has been extremely wary of institutional services,

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	including, in the past, staff at this organisation. Because of this reluctance to engage, his needs have not been met and he has often not received the support to which he has had access.
What learning or new insights have you had as a result of the work?	Sometimes the community engagement role is about building rapport and for many clients who have experienced trauma and homelessness this can take a long time. By being able to support this client to realise his passion for making jewellery we have opened up a new level of trust in the service and the organisation which means that he is more able to explore his future and access the essential things needed to move away from rough sleeping and homelessness in a sustainable way.
Do you feel this learning would change the way you work with a person in a similar situation?	It has highlighted the importance of really listening to clients, hearing what motivates and inspires them and being able to support them to set these goals for themselves. By building on these small steps you can make a significant impact on somebody's life and future. Even those clients who are very reluctant to trust and open up can be reached with patience and the focus of a role such as the community engagement worker.

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Appendix 2: Case Study 3

Describe the person's circumstances at the point you started working with them.	C moved to the UK from Poland and has settled status. C stated he did not know what to do and would like access to training courses. C said he has not applied for benefits and would like support with this as he currently has no income.
What were the presenting issues when you started working with them?	C stated that he was at risk of homelessness as he had been evicted from his family home and is currently sofa surfing at a friend's, friend has said C needs to find other accommodation and move out.
What work did you do alongside the person?	My first point of call was to refer C to the money advice team as he is in financial hardship. I referred C for support with finding accommodation and advised him that if he becomes homeless to make a homeless application with the local council. I advised C that once he is in receipt of income/benefits he can present himself at a local housing association for accommodation.
What changes and outcomes have you and the person achieved so far?	C stated he needed support with his CV for preparation for employment, he has potential for employment. C was initially helped onto a CV workshop to prepare his CV for future job matches. C attended and his CV has been updated. C stated that he would like to gain access into employment. C was referred onto a university event, which he attended and engaged in an interview with the employer. C was successful in being offered a job with this employer.
What are the person's chances of sustaining any changes and outcomes they have achieved?	There was a long delay in the employer confirming a start date and in the meantime C accepted another job. We chased this up with the original employer and confirmed that they had sent an offer of employment to C with a start date. However, since this time, the project has been unable to contact C.
How have you helped to ensure this person has continued to engage with services?	C did engage well up until the second job offer. The customer has not engaged since then however I have continued to call, text and email the customer weekly for an update but no response and will continue to do this.
What barriers did you encounter in helping the person? *Structural and /or personal.*	I feel that employer engagement is key for an outcome. Our Employment Officer continued to email and call employer throughout.
What learning or new insights have you had as a result of the work?	I feel that engagement and support with C didn't stop it was consistent until delay with the employer.
Do you feel this learning would change the way you work with a person in a similar situation needing support in the future?	I feel that as the employer had been off work with Covid this could have been passed to another member of staff to prevent any delay.

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