



City Centre Rough Sleeping and Street Activity Project Report

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Executive Summary

Introduction

VOICES, Expert Citizens and Staffordshire University have collaborated on a research project which aims to help inform the debate locally about perceived city centre homelessness and anti-social behaviour. This is with a view to further inform the development of positive city centre solutions which recognise the needs of people who are engaged in street activity alongside those who live, work and shop in the city centre.

This report presents and discusses the findings from stakeholders and core participants (those perceived to be homeless). It concludes with nine recommendations and a stakeholder action plan.

Methods

Fundamental to the research is its asset based approach. The methodology is participatory appraisal which creates a cycle of data collection, reflection and learning and seeks to build community knowledge and encourage collective action (Glasgow Centre for Population Health, 2011). Expert Citizens were trained to conduct the data collection to understand the views, experiences and assets of a wide range of individuals and stakeholders. They carried out:

- Semi-structured surveys or interviews with 10 stakeholders
- Interviews with 8 core participants (those perceived to be homeless)

Staffordshire University conducted a thematic analysis of the data. Findings were cross checked with Expert Citizens based on their experiences and reflections from conducting the data collection. Findings were then presented at a stakeholder event for wider discussion and learning.

Findings: Stakeholders

Context

Generally, there was a perception that the number of 'rough sleepers' in the city centre is increasing. Stakeholders acknowledged that street activity can be 'off-putting' and can contribute to a **negative environment** in the city centre, impacting upon local businesses, staff, shoppers and visitors. There was some **frustration** from local businesses around issues they felt were not being addressed.

Stakeholders highlighted the **multiple and complex health needs** of individuals who are perceived to be homeless and/or engaging in street activity. Mental health, alcohol- and drug-related issues were all mentioned. Accessing services was identified as difficult for individuals, with a sense that they may not be receiving or completing treatment, and may lack access to a GP.

It was highlighted that people may be unaware about different **definitions of 'homelessness'**. Stakeholders commented that the housing status of people engaging in street activity is not always clear cut and those engaging in street activity are not necessarily rough sleepers. This is illustrated in the quote below:

"... [brings] vulnerable people to the town centre where they are being perceived as rough sleepers, instead of vulnerable individuals who require support."

Perceived pull factors

Stakeholders identified three main pull factors to the city centre. These were **opportunities for the individual**, for example access to money and food through begging, drugs and alcohol and shop lifting and crime. Secondly, the city centre was perceived to be a **safe environment** for those perceived to be homeless. The presence of others, busy nature, lighting and CCTV cameras were all considered to offer a sense of safety and/or protection. There was a perception that the city centre offered a sense of community in comparison to other more isolated areas. The third pull factor relates to the **proximity of support services**, which was considered to be positive by some stakeholders, in that vulnerable people are supported in ways they might not be elsewhere.

Potential Solutions

Stakeholders put forward several solutions in relation to how the situation could be improved. These include:

- **Working in partnership** to involve public, private and third sector organisations in a coordinated approach
- **Access to opportunities** to include somewhere for people to go and meet during the day, enhanced one-to-one support provision (including outreach for individuals at risk of rough sleeping), provision of specialist services (alcohol, drugs and mental health), proactive and accessible services
- **Accommodation options** which improve and expand existing provision. Areas mentioned included a need for alternatives to the current hostel model such as the Housing First model and further research to understand and learn from the challenges with the current model
- **More visible police presence** to both deter street activity and signpost to support services
- **Education of the public**, for example a 'Killing with Kindness' campaign and encouraging the public to donate to collection tins instead of individuals

"...as a partnership we need to come up with ways to tackle the issue. We all need to work together before we start to take things to another level."

"...money will be collectively used to tackle the homeless issue, hopefully in a creative and meaningful way."

Findings: Core Participants

Stories

The eight participants were all male, aged approximately in their thirties to sixties. Six talked about themselves as homeless, and two had accommodation. The participants had various factors that contributed to their current situation. However, their stories also consisted of common themes. These include living with **physical and mental health issues**, for example epilepsy, anxiety and dyslexia. Another theme was around drug and alcohol use. In some instances, substance misuse triggered hallucinations, paranoia and/or aggressive behaviour. Management of anger and other emotions generally came across as important. Many participants also talked about time spent in **prison**. Some participants talked about this as a preferred option to sleeping rough on the streets during the winter months. Another issue raised related to becoming homeless upon their release from prison.

People formed a complex part of individuals' stories. Participants described **positive interactions** between themselves and others in a similar situation. In addition, they often spoke of the positive impact that the people they meet in the city centre have on them, as highlighted below:

“99% of them are really good. Unfortunately, the 1% aren't but it doesn't really bother you because its outweighed by all the good support that you get.”

However, **strained relationships** with family, partners and other vulnerable people were also observed, leading to potential sources of tension, hostility or violence.

A range of obstacles were identified as contributing to their current situation. **Barriers** included a lack of support related to health conditions (including lack of access to medication and perceived lack of support to complete paperwork), previous rent arrears, having a dog, drug and alcohol use. Other difficulties included accessing support and services for example GPs, accommodation, benefits.

Participants stories also included their motivations for coming to the city centre. The **central location** was important to participants. This provided **access and opportunities** for money and food from visitors, shoppers and local businesses. **People** were identified as both a resource and a source of community.

“Because it's the city centre. Not because of the drugs, not because of the people selling beer. ... It's the city centre. That's the only reason.”

Improving the situation

From the interviews with core participants, the following three potential solutions were identified:

- **Pathways for support**
 - Improving knowledge of systems and support – developing a joined up approach to services with a clear pathway to access support

- Improving accommodation pathways – the need for hostels to be viewed as a stepping stone towards more permanent housing and a consideration of individual needs
- Improving pathways related to health support – support with health conditions in relation to medication and accessing support
- **Meaningful activity** to address the need of somewhere to go and something to do, whilst considering how to manage group dynamics. This could provide opportunities to develop their own interests and skills. The quote below highlights the importance of this:

“I want to start volunteering. I don’t want to keep sitting on my backside and doing nothing because that’s when I get bored and start drinking and using and things like that. Plus, it’ll help other people to think better of me and me to feel better about myself as well.”

- **Having a voice**, being heard and playing a part in the conversations to improve the situation was important for some core participants.

Stakeholder Event

This event was attended by 19 people including representatives from the local authority, police, housing and third sector. Following a presentation of the findings discussions focussed around four key areas:

- Integrated services
- Prison
- Volunteering/meaningful activity
- Definitions and policy

All group discussions commented on multiple and complex needs, the importance of coordinated approach and the need for additional knowledge to inform and shape recommendations.

Discussion and recommendations

This section brings together information from the data collection and stakeholder event. Presentation of the findings at the stakeholder event allowed us to incorporate the reflection and learning components of the participatory appraisal cycle. A list of nine co-produced recommendations emerged from the research findings and stakeholder discussions. These are highlighted in the boxes below.

First of all, it is important to acknowledge that street activity, perceived homelessness and rough sleeping is a **complex topic**. This can impact the city centre in various ways, including the visitors, shoppers, services, local businesses and workers, as well as individuals who are perceived to be homeless.

In terms of the perceived pull factors, there was agreement between the stakeholders and core participants that the city centre provides a **sense of community**, a **central location** and provided and **opened up opportunities** for accessing food and/or money. One point of difference was around the sense of

safety that stakeholders identified. This was not something that came through with the core participants involved in this research. Some core participants actually mentioned the need to find hidden areas to sleep and would not disclose where they slept to others. There was also a discrepancy between stakeholders and core participants around support services and hostels as a pull factor. Whilst, participants acknowledged the wide range of support available, they did not necessarily access this full range, and the more **informal opportunities** available seemed to be more appealing to them. The importance and value of people came across clearly, both in terms of members of the public and those working in a professional capacity. It was highlighted that people within organisations often do additional work that can go unrecognised because it is beyond what they have been commissioned/funded to deliver. Whilst they were aware this work may not 'count' towards assessments of their official work, they felt a moral obligation to do what they could to help.

As mentioned throughout, defining homelessness can be a challenge. Whilst it is often assumed that individuals engaging in street activity are also rough sleeping, this is not always the case. For example, some of the core participants interviewed for this research were engaging in street activity although they had accommodation. It is important for organisations to have a shared understanding over definitions and categories of homelessness to ensure appropriate support is available and accessible. This leads us to the first recommendation below:

1. Education and awareness raising (including the public, local businesses, public sector, authorities and rough sleepers)

Continuing from the need for a shared understanding, is the need to develop a clear pathway, which sets out how to access appropriate and sometimes multiple support services. This pathway would need to consider the full spectrum from prevention to intervention to recovery. This pathway would help individuals to manage their health conditions, obtain medication, navigate the systems more effectively and reduce existing frustrations. It was recognised that there is an array of services available but the solutions discussed focussed upon streamlining and improving current provision to maximise use of the assets already available and not necessarily creating new services. A recommendation put forward to help achieve this is set out below:

2. City centre as its own locality with dedicated City Centre Manager who can support better join up of services

Provision of daytime opportunities, having somewhere to go and something to do could be pursued. Making use of skills and interests they have and the potential for volunteering opportunities are all aspects to be considered. There is also potential that, as well as becoming a space that people can come together, it could be a 'one-stop shop' where signposting to other services and health screening also take place.

3. Work towards implementation of 'day opportunities', with joined up services, facilities and opportunities to engage in meaningful activity.

With regards to enforcement, more boots on the ground was suggested as a deterrent for individuals congregating in the city centre and engaging in street activity. However, it is important to consider a potential displacement effect – that this could just move the issues elsewhere rather than resolve them. At the stakeholder event, there was a clear sense that enforcement (such as utilising anti-social behaviour powers) could come second, with supporting individuals to access services as the first option.

4. Access to support as first approach, supported, where necessary, by Anti-Social Behaviour powers.

A need for further **research and evaluation** of existing services was highlighted. In particular, this was related to current hostel provision, hospital and prison discharge procedures, and the support available for men and women. This will help to better understand what is and what is not working and help shape further potential solutions. We recognise a limitation of this research, was that we were unable to capture women's views. As a result, further research should seek to include perspectives of both men and women. Another aspect of this was to draw upon Expert Citizens' Insight evaluation and to embed this within services that work with the target population.

5. Further research into services to understand their strengths, limitations, what works well and what does not work so well (e.g. prisons, hostels)

6. Insight evaluation to be embedded within all commissioned services addressing complex needs.

It became apparent that there are a wide range of individuals and organisations working in this area. It is important to engage other stakeholders who have not been involved in this research thus far, to grow and foster effective working relationships. Engaging with other stakeholders affords us the opportunity to gain new knowledge, share best practice and create a more collaborative network of organisations working towards a shared vision. As a result, the following two recommendations were suggested:

7. Engage other stakeholders with discussions on city centre street activity and rough sleeping (e.g. re-settlement teams, street chaplains)

8. Sharing of best practice between providers of various services (housing, benefits, health, prison etc.)

Another important partner, not mentioned by the stakeholders, are the individuals involved in rough sleeping and street activity. Some of the core participants expressed the importance of **having a voice** and the chance to put across their opinion. To facilitate a cohesive approach and ensure any proposed solutions meet the needs of the service users, the skills, knowledge and willingness of some of the core participants to be involved and be part of the solution, should be utilised and not underestimated. These individuals should be involved in discussions and planning of potential solutions. Organisations, such as VOICES, are well placed to facilitate such discussions between core participants and stakeholders.

9. Provide service users with a voice and opportunity to input and engage with the process.

Action Plan

A number of actions were agreed at the stakeholder event and highlight stakeholders' commitment to improving the current situation. These actions fall into three categories – maintain and build upon existing activity; engaging more stakeholders and partnership working; changing perceptions and policy.

Introduction

This report focusses on city centre rough sleeping and street activity within Stoke-on-Trent. We (the authors of this report) responded to a tender opportunity advertised by VOICES for a collaborative and assets based approach to explore city centre rough sleeping and street activity. We worked with VOICES and Expert Citizens throughout the project to design and refine methods for data collection. Expert Citizens collected qualitative data from stakeholders and core participants. Our team at Staffordshire University analysed this data, presented the findings to a wider stakeholder audience and compiled this report.

This report presents and discusses the findings from stakeholders and core participants. It concludes with nine recommendations and a stakeholder action plan.

Background

The Department for Communities and Local Government (DCLG, 2016a) provide annual figures on the numbers of people rough sleeping. The latest figures for autumn 2015 reported an estimated total of 3,569 rough sleepers in England, a 30% increase on the count in the same period of 2014. Local Authorities accepted 15,170 households as being statutory homeless between 01 April and 30 June 2016, a 10% increase on the same quarter for the previous year (DCLG, 2016b).

In response to these demonstrable increases in homelessness the Communities and Local Government (CLG) Select Committee in August 2016 called for a renewed government-wide homelessness strategy (CLG, 2016). The Committee found variable levels of support across the country with a failure to provide many homeless people with meaningful support and guidance. The Committee considered the experiences of people with multiple complex needs and voiced particular concern about the prevalence of poor mental health. The greatest proportional increase in homelessness was amongst those who had been homeless for two consecutive years “suggesting that current intervention measures are not succeeding in preventing homelessness from becoming entrenched”. Against this backdrop leading housing charities (including Crisis, Shelter and Homeless Link) have welcomed the Homelessness Reduction Bill (currently at committee stage in the House of Commons) which focuses on prevention and early intervention of homelessness.

The homeless monitor provides an analysis of the impact of economic and policy decisions on homelessness. The 2016 report found that English local authorities report far greater difficulties providing meaningful help to single homeless people, particularly those aged 25-34 and to those with complex needs. Welfare reform, a lack of affordable housing, cuts to local government budgets and the instability of the private rented sector have all been found to have an impact on homelessness levels.

Recent Crisis research (2015) is relevant to an asset-based study of homelessness. While recognising the personal cost of homelessness this research emphasised the social and economic impact of homelessness where ‘a downward spiral can involve ricocheting among public systems at a great cost to the taxpayers...many people

remain homeless with further costs yet to accrue'. There are increasing calls for a Housing First approach to meet the housing needs of homeless adults with complex needs, and to address the financial and personal consequences of homelessness (e.g. Joseph Rowntree Foundation, 2016). This model emphasises housing as a basic human right and provides swift access to mainstream rented accommodation with intensive support, and avoids the problems associated with temporary accommodation.

Aldridge (2015) has emphasised the importance of participatory research where service users are not merely the subject of research but are recognised as experts in their own right. This approach was adopted by Dwyer et al (2014) whose study of the complex needs of homeless people in Nottingham and London found that homelessness policy and practice often pays little attention to genuinely meeting the needs of marginalised people. They argue that improvements to policy and practice will only be seen if people with complex needs are not seen as 'the problem' and instead focus is placed on the systems that have created their vulnerability in the first instance. Crisis research (2014), which again used the 'insider knowledge' of homeless people themselves, found the devastating impact of homelessness is often compounded by an inadequate safety net which fails to provide meaningful assistance.

Our approach and process

Fundamental to this research is its asset-based approach. In this respect, we are influenced by Foot and Hopkins (2010: 6):

"A growing body of evidence shows that when practitioners begin with a focus on what communities have (their assets) as opposed to what they don't have (their needs) a community's efficacy in addressing its own needs increases, as does its capacity to lever in external support. It provides healthy community practitioners with a fresh perspective on building bridges with socially excluded people and marginalised groups".

We value the skills, knowledge, connections and potential in the community and are focused on identifying the protective factors that support health and wellbeing (Glasgow Centre for Population Health (GCPH), 2011). These values are fundamental to this research and underpin the research process and methods set out below.

The research methodology is participatory appraisal. This creates a cycle of research, data collection, reflection and learning and seeks to build community knowledge and encourage collective action (GCPH, 2011). Within this, local community members are trained to conduct the research. Indeed, a crucial part of this research is that it was conducted by Expert Citizens, facilitated by the research team at Staffordshire University. Staffordshire University's model of participatory research is 'Get Talking' which is based upon the principles of honesty, listening, participation and respect (Emadi-Coffin, 2008: 32).

Collaborative approach

During the course of the research, we held three meetings between VOICES, Expert Citizens and Staffordshire University. These meetings were an important part of the collaborative research process and helped to refine the approach and methods, including identifying key stakeholders. Within this, members of Expert Citizens had responsibility for carrying out the data collection and members of Staffordshire University had responsibility for the data analysis and writing up the report.

Stakeholder event

In addition, we held a wider stakeholder event where we presented the findings for discussion with key local individuals and organisations from across the different sectors. This was a valuable part of the process because it provided the opportunity to reflect and learn from the findings, thereby completing the participatory appraisal cycle (GCPH, 2011). This also allowed us to cross-check information with a wider audience and ultimately feedback into service changes (Emadi-Coffin, 2008). Bringing stakeholders together in this way helped to generate a set of recommendations that have been co-produced by those involved in improving experiences for all in the city centre. Learning from this event has been incorporated into the recommendations that are put forward in this report.

Data collection

The primary data collection for the research focused on understanding the views, experiences and assets of a wide range of individuals and stakeholders. There were two strands to data collection:

- 1) Semi-structured surveys/interviews with stakeholders
- 2) Interviews with core participants (those perceived to be homeless).

Surveys/Interviews with stakeholders

The wider research team identified local stakeholders known to work with and/or have knowledge or experience related to homelessness in the city centre. Expert Citizens emailed the surveys out to this list of approximately 20 stakeholders and they were given the option of completing the survey or taking part in an interview. Information sheets and an invitation to the subsequent stakeholder event were also attached to the email.

In total, responses were obtained from 10 stakeholders. Of these, six completed the survey and four took part in an interview and/or provided a statement. Representation was gained from local charitable organisations, local businesses and the public sector.

This element of data collection focused on stakeholder perceptions of what is currently happening in the city centre, the work they do, the collective resources available in the area, potential solutions and who ought to be involved, and their views on the 'pull factors' of the city centre.

Interviews with core participants

Expert Citizens conducted the fieldwork over a period of three weeks, going out to different locations, on different days of the week and at different times of day to seek a variety of participants. Expert Citizens spoke to people about the research purpose and where appropriate invited them to take part in an interview.

These interviews were conducted with individuals who were perceived to be homeless/engaging in 'street activity' (such as, rough sleeping, street drinking, begging, or other behaviour that may be regarded as the cause of nuisance) in the city centre. The interviews aimed to explore the participant's views, experiences and their 'story' i.e. what life is like for them, their use of the city centre and their views about what could make things better for both them and others within the city centre.

Interviews took place with eight core participants. Expert Citizens conducted these interviews in pairs and they were audio-recorded. Interviews lasted between 10-40 minutes. In recognition of their time, all participants were provided with a hot drink/food. Information sheets were discussed with participants and consent forms were completed before interviews started. Participants were made aware that they did not have to answer any of the questions asked, that they could end the interview at any time and that anything they said would be confidential and be made anonymous. To protect the identities of those who took part, names and other identifying information have been removed or changed.

In terms of who was interviewed, the core participants were all male and aged approximately in their thirties to sixties. Six participants talked about themselves as homeless. One of whom has been 'crashing at a friends' short term, and another had spent the previous few nights in a local hostel. The remaining two participants had longer term accommodation; one had been housed in a bungalow and the other was approaching the end of a housing tenancy.

Data analysis

With participants' consent, data was passed to researchers at Staffordshire University for analysis. This involved the following key steps: immersion and familiarisation, organising the data, and identifying key categories and concepts (Clark and Emmel, 2010). We also drew on the principles of Braun and Clarke's (2006) thematic analysis. All the audio recorded interviews were transcribed, which formed part of the familiarisation and immersion stage. For the stakeholder analysis, we focused on answering the following three questions:

1. Perception of the current situation?
2. What the city centre has to offer?
3. What could make the situation better?

In comparison, the data analysis of the core participant interviews was guided by the following:

1. Participants' stories
2. What the city centre has to offer?
3. What could make the situation better?

Three researchers were involved in the analysis process, to cross-check findings and reduce the potential for bias in what was reported. Findings were also cross-checked with Expert Citizens, based on their experiences and reflections from conducting the data collection. Findings were then presented at the stakeholder event for wider discussion and learning.

Findings

This section presents the findings from the data analysis. It begins by focusing on the Stakeholder findings, then moves onto the core participant findings.

Findings: Stakeholders

The findings from the data collection with Stakeholders have been categorised into three subheadings:

- Context
- Perceived pull factors
- Potential solutions

Context: Perceptions of the current situation

Among stakeholders there was a perception that the number of 'rough sleepers' in the city centre is increasing. However, some highlighted that whilst there has been a significant increase in referrals, the number of verified rough sleepers has not increased at the same rate as referrals.

A key consideration here was the challenge around defining, categorising and measuring what constitutes a 'rough sleeper' or a 'homeless' person. It was highlighted that people, including members of the public, may be unaware about different **definitions of 'homelessness'**. Stakeholders commented that often the assumption is made that it is homeless people engaging in street activities. However, several highlighted that the housing status of people engaging in street activity is not always clear cut, as those involved could be in temporary or supported accommodation. This is illustrated in the following quotes:

"Many of them who are contributing to the 'street activity' have accommodation..."

"...[brings] vulnerable people to the town centre where they are being perceived as rough sleepers, instead of vulnerable individuals who require support"

There was acknowledgement that street activity can be 'off-putting' and can contribute to a negative environment within the city centre. It was also felt that this was not unique to Stoke, but a common issue in various city centres. Nevertheless, this was recognised as having an impact upon local businesses, staff, shoppers and visitors. From local businesses, we heard frustration around issues they felt were not being resolved and addressed by the local authority and the Police. For example, in one particular area, discarded needles were common which raised health and safety issues for staff trying to deal with the situation. They talked about having had no training in how to dispose of needles and perceived a real lack of support in addressing the situation. One commented it is a case of: *"Out of sight, out of mind"*

here". An adverse effect on local businesses and employees was often highlighted, as one stakeholder commented:

"I hate my job...it's been the last three years this has turned like this...I've had enough of it"

Another aspect that stakeholders highlighted was the **multiple and complex health needs** of the individuals who are perceived to be homeless and/or engaging in street activity. Mental health, alcohol and drug related health issues were all identified and there was a clear sense that individuals may not be receiving or completing treatment for conditions. Accessing services was identified as difficult for individuals. For example, it was reported that many individuals do not have access to a GP.

At this point, it is also worth highlighting that the solutions identified by the stakeholders involved in this research are based on their perceptions of the context.

Perceived pull factors

We have organised the responses to what the city centre has to offer into three categories, beginning with opportunities at an individual level, then the environment and location of the city centre, and then the provision of support services in the area. A common thread through each is the accessibility provided by the city centre location.

Opportunities for the individual

Stakeholders identified access to the following opportunities as attracting individuals to the city centre:

- Money and food through begging – higher foot fall here because of the shops and perceived affluence of shoppers
- Drugs and alcohol
- Food vans
- Shopping centre (shop lifting/crime)

There was also a suggestion that, because of all the city centre has to offer, individuals are moving from further afield to the city centre, in addition to the presence of local individuals.

A perceived safe environment

There was a clear feeling amongst stakeholders that the city centre provides a 'safe environment' for homeless people. Some specifically mentioned this as coming out of conversations they had previously had with homeless people. The busy nature of the city centre was seen to play a big part in this – the presence of other people, the lighting and CCTV cameras were all considered to offer a sense of safety and/or protection to individuals perceived to be homeless. There was a sense that these factors could deter other people from bothering them. Related to this, the city centre was perceived as being less isolated than other areas, which was also seen as helping people to feel part of a community. The final aspect identified in relation to having access to a safe environment, was the idea that within specific areas of the city centre, those perceived to be homeless would be left alone by authorities.

Provision of support services

In terms of what might attract individuals to the city centre, the single most recurring response was the wide range of support services on offer. This was considered to be positive by some, in that vulnerable people are supported in ways they may not be elsewhere. The following are some of the services that the stakeholders mentioned specifically, although it should be noted that this is not an exhaustive list:

- Rough Sleepers Team
- YMCA
- Grace Church
- 90 Hope Street
- Macari Centre
- Help for Homeless Van
- Local soup kitchen
- Support for Asylum and Refugees
- Provision of tents and warm clothing

Overall, the **proximity of various support services** in the area was considered an important factor. Also mentioned here was the perception of an increasing number of charitable organisations offering support to a wide range of vulnerable people, including those who may or may not be homeless.

Potential solutions

The following four categories were identified in relation to ‘what could make the situation better?’:

- Working in partnership
- Access to opportunities
- Accommodation options
- Other

Working in partnership

A key part of any solution to improve the situation was identified as the need to work in partnership with a shared operating framework. Specific examples mentioned within this included flexibility with referrals/rules when working with partners, information sharing across partners, and looking at gaps in services in partnership rather than in isolation. The importance of working together and the benefits that could bring is illustrated in the quotes below:

“...as a partnership we need to come up with ways to tackle the issue. We all need to work together before we start to take things to another level”

“...helping people to access joined up services”

Stakeholders identified the following organisations as some of those who should be involved in such partnerships. Again, this is not an exhaustive list but gives a flavour of the breadth of partners they believed should be involved:

- Arch
- Brighter Futures
- Housing Solutions
- Third sector
- The Police
- NHS
- Faith based organisations
- Local business

Again, the challenges around defining and categorising homelessness was raised as a consideration here - that there is a need to have shared understanding between partners about the various definitions and categories and how that impacts on the services and support an individual can/should be offered.

Access to opportunities

A recurring solution identified by stakeholders was **somewhere for people to go during the day**. One stakeholder suggested this was particularly the case for men. Some talked about day centre provisions and others suggested a designated space for people to go and meet during the day, which is a safe space.

There were also suggestions that this could offer the opportunity to provide support in addition to promoting meaningful activity. One stakeholder mentioned the possibility of having a 'wet centre' where alcohol could be consumed.

Another common solution raised was for enhanced **one-to-one support** provision. There was a sense this should be proactive and include outreach for individuals including those at risk of rough sleeping, as more of a preventative measure. Providing a listening ear, maintaining contact and providing assistance in attending appointments were put forward as part of this.

The third solution in this category was the provision of **specialist services** related to alcohol, drugs, and mental health. Increased capacity for health screening and interventions with this population were also mentioned. Again, a pro-active approach was called for by stakeholders.

Across all of these suggestions was a need for **proactive and accessible services** that make it easier for people to access, make and attend appointments.

Accommodation options

Improving and expanding the services and accommodation options already available was suggested by stakeholders as another solution. A need for more temporary accommodation was raised, and it was felt that this could also include the private sector if rent was not required in advance. The 'Housing First' model was put forward

as an alternative to a reliance on hostels. There was a sense that alternatives to the hostel model are required and one respondent in particular called for more research to understand the current challenges and difficulties with this model.

Other

Some stakeholders identified having a more visible Police presence as having a role to play in improving the current situation. Some stakeholders perceived that this would deter those who are not homeless from congregating in the city. Having 'more boots on the ground' was suggested as a way to deter begging, particularly among those who are not homeless. It was also suggested that a greater Police presence could be used to help signpost individuals to services and assist them in accessing support. One stakeholder also mentioned the potential for Public Space Protection orders as a longer term solution.

Another idea raised here related to placing collection tins in local shops, educating the public and encouraging them to donate to these tins rather than giving to specific individuals. In terms of educating the public, the potential for a 'Killing with Kindness' campaign was raised. Related to that, the idea behind the collection tins in shops was that the money would then be shared across different charities to make a difference across the local homeless population, rather than the individual. For example, one stakeholder responded:

"...money will be collectively used to tackle the homeless issue, hopefully in a creative and meaningful way".

Findings: Core participants

Ultimately, the purpose of the interviews with core participants was to capture and understand their stories. Each participant had their own individual story to tell. It is important to remember that this is life for some people, and we hope their experiences and stories come through in this section.

We have organised this section into the following categories:

- 1) Participants' stories
- 2) Improving the situation

Participants' stories

One quote that it seems fitting to open this section with is from a participant who moved to Stoke from elsewhere because of family connections:

*"It did appear quite hostile and quite aggressive on the streets, but then I think once you break through that you start to engage with people directly, would realise that actually, they are not aggressive, they are not hostile, they are just in a world of sh*t, you know what I mean and each has got their own individual story".*

Whilst there was some variety in their stories - such as housing status and the factors that contributed to their current situation - participants' stories also consisted of common themes. Many talked about living with health issues and this included physical and mental health. Deep Vein Thrombosis, epilepsy, anxiety, autism, bipolar and dyslexia were some of the conditions mentioned. A lack of support and treatment for these conditions also came through from participants' accounts.

Another recurring theme was around drug and alcohol use. In some instances, substance misuse was described as having triggered hallucinations, paranoia and/or aggressive behaviour:

"I do suffer, still suffer, with what I drink, that's why I keep myself to myself. If I think people are talking about me behind my back, what are you talking about...lost the plot" [P3]

However, issues around aggression and violence were not always linked to substance misuse. Management of anger and other emotions was evident from the data as an important consideration. Also identified from the data was a consideration around managing anger and other emotions. For example, one participant commented how he finds *"I just can't calm down" [P4].*

Another aspect observed in many of the stories was time spent in prison. Some talked about becoming homeless on their release from prison whilst others talked about prison as preferable to spending colder months on the streets:

"For the next five years, I was on the streets and going to prison when it came to be winter time. I'd get myself sent down because at least you're warm and fed in jail." [P5]

The remainder of this section focuses on three prominent strands to participants' stories: other people, barriers, and motivations.

Other people

Other people formed a complex part of individuals' stories. Participants often spoke of the positive impact that the people they meet in the city centre have on them. This included shoppers, visitors, and those from local businesses. For example, one participant highlighted:

"99% of them are really good. Unfortunately, the 1% aren't but it doesn't really bother you because its outweighed by all the good support that you get. ... [workers] stop and help you and people like that so it's nice that they're about and that they're willing to give you the time of day." [P2]

For this particular participant, even someone saying 'Hello' was considered a positive and meaningful interaction. Thus, it appeared that participants felt a sense of community around Hanley city centre, with benefits associated with both knowing people and being known to others.

We also heard about positive interactions between themselves and other people in a similar situation to themselves. For example, some participants talked about helping or being helped out by others, sharing food and other resources between them.

However, other people were also identified as having a negative impact on participants. Throughout their accounts, we observed strained relationships with family, partners and other vulnerable people. Instances of tension, aggression and violence were spoken about here as well. The following quotes illustrate this:

*"Like I say out here, Jekyll and Hyde. When I kick off, I kick off. I don't give anyone any sh*t but I don't take any. I've been bullied most of my life and I won't let anyone push me about, don't care who they are or how many of them there is, I won't take it. It's getting me wound up now talking about it." [P5]*

"I've let them in. I've been on the streets and know what it's like. So, I've let them in, washed their clothes, let them have a bath, things like that. All they've done is rip me off. They've had my Freeview box, my DVD player, my CD's, DVD's, the lot." [P5]

Related to relationships with others as a potential source of tension or hostility, one participant specifically mentioned the need to hide away from the wider community at night time. The implication here was to find a quiet, hidden spot for safety reasons. Withdrawing from others and 'keeping themselves to themselves' in this way, and others, appeared to be an act of self-preservation:

"You have to walk right out the way because you don't want anyone to know where you're sleeping. Everybody asks, you don't tell them. You have to walk out the way or find somewhere like I have that's very central but very well hidden." [P2]

This contrasts the stakeholder perceptions of the city centre as providing a safe environment for those perceived to be homeless.

Barriers

From participants' accounts, various obstacles were identified as having contributed to their current situation. Lack of support related to health conditions was identified, including lack of access to medication and a perceived lack of support to help fill out necessary paperwork. The latter came across as a barrier to accessing temporary accommodation and other relevant services available. In addition, previous rent arrears, having a dog, their drug and alcohol use were also given as reasons for participants not being able to access hostel accommodation. Some of the participants talked about having been barred from hostels for historical reasons.

Other obstacles including difficulty in accessing support and services such as GPs, accommodation options, difficulties accessing benefits, and having no money. Difficulty in keeping track of days, let alone appointments, was also mentioned here, as one participant highlighted:

"Days as well when you're on the street. Day's morph into each other." [P9]

Motivations

Remaining with people's stories and their accounts of what life is like for them, this section draws out the motivations participants gave for coming to the city centre. There were three main elements to this, which link closely to the stories above: the central location, people, and access and opportunities.

Participants identified the **central location** as a strong incentive to congregate in the city centre. When asked about why people gravitate towards the city centre, one participant stated:

"Because it's the city centre. Not because of the drugs, not because of the people selling beer. You can go anywhere in the city, doesn't matter where you are, only need to jump on a bus and you can get it [drugs/alcohol] anywhere. It's the city centre. That's the only reason." [P9]

People were identified as both a resource and a source of community. That they would see familiar faces came across as important:

"Yeah, there's people who know me up here. That's the only reason I'm up here really." [P4]

Family connections were also mentioned as a motivation for coming to the city centre, both from other parts of Stoke and from further afield.

In terms of the third element, **access and opportunity**, participants explained that the city centre afforded them the opportunity to beg for money and food from visitors, shoppers and local businesses.

"This place Hanley is better for making money, that's the top and bottom of it." [P8]

As highlighted by one participant, even when housed in temporary accommodation, other challenges can lead to street activity such as begging:

“Sit here [on the street], try and get some money to get some electric for my flat...the only reason I am doing it is to get some electric and some food because there is nothing in my flat at all.” [P5]

One participant also talked about receiving his methadone from a local pharmacy and, for him, this was another reason for coming to the city centre. Another talked about coming into town on specific days, including when he collected his benefits.

Improving the situation

Potential solutions identified from the interviews with core participants have been categorised into three themes: pathways for support, meaningful activity, and having a voice.

Pathways for support

During the conversations with the core participants, they talked about having made use of a range of resources in the local area. The majority talked about accessing foodbanks at local Churches and some had tents which they had been given by local charities. Some of the resources/sources of support that participants identified included:

- Local foodbanks, including at various churches
- Tents from local charities
- Brighter Futures
- VOICES
- Rough Sleepers Team
- Local restaurants/businesses giving food/drinks
- Key worker/support worker
- Needle exchanges
- Church/faith
- Benefits
- 90 Hope Street
- Salvation Army
- Lifeline
- Civic Centre (where one participant collected his money from)
- The Macari Centre (but perceived as difficult to access)
- Stoke-on-Trent Housing Options
- Prison
- People (professional, public, family members, friends)
- Pet
- Belongings, such as tent, coat and bag

Thus, there were a range of resources available that provided support to participants, either in their current situations or that they had made use of in the past. One thing worth noting here is that, whilst they mentioned hostels in the area, few of our participants who identified themselves as homeless talked about using the hostels. Some were barred and others talked about it being too difficult to access them.

Improving access to a wider range of support services came through as having important potential in helping to improve the current situation. Another aspect that appeared important here was the need to have a clear pathway for support. From participants' accounts, we identified this pathway as having three inter-related components: improving knowledge of systems and support, improving accommodation pathways, and improving pathways related to health support.

In terms of **improving knowledge of systems and support**, participants often talked about not knowing how/not being able to access support that may be available. There was confusion for some about how to access hostels and their perception was that they could only access support once they were in accommodation. Developing a joined up approach to services with a clear pathway to access support came across as important for these participants. This would be of particular importance for those individuals with complex needs and who would therefore benefit from being able to access multiple services.

In relation to **improving accommodation pathways**, there was a clear sense that our participants were not currently making use of hostels. Some were unsure as to how to get a place and reported waiting outside on multiple occasions for hours at a time to be told they were full. This participant also highlighted that, from what he observed, hostels did not seem to be moving people on. The need for hostels to be viewed as a stepping stone and for incentives to move along the ladder towards more permanent housing was talked about:

“But I don’t see the point in going there [hostel] and just staying there, it’s like they’re not moving anyone on – that’s what it seems like to me anyway because you’re just seeing the same people in there.” [P1]

Another consideration in relation to an accommodation pathway was that for some participants who were trying to manage their substance use, they did not want to be around others who were using:

“I don’t want to be around alcoholics and drug users because it would be no good for me ... I can’t say no, I got myself off drugs, got myself off my heroin habit years ago but I’ll take it, because when it’s there in front of me, someone says here do you want it – I don’t say no.” [P5]

This then had a knock on effect on what accommodation options he felt would work for him and be beneficial.

The third area identified here was **improving pathways related to health support**. For some, this came across in terms of requiring support with health conditions, both in relation to medication and accessing support. Also relevant here is that some of the participants talked about not having a GP, despite having specific medical conditions. For some, there was a clear perception that support was lacking and/or they did not know how to access support in the first instance. One participant in particular talked about a recent incident where, following hearing voices, he tried to get help from a range of places. He expressed his frustration at feeling that he was being ‘pushed from pillar to post’:

“I don’t know, they just saying it’s not us, go to here and they kept sending me to different places, go to A&E, go to the Police Station, go to the walk in centre, go to your GP, go here, there – and that’s why I went mad, proper wound up, nobody’s helping me.” [P5]

Underpinning much of this was a need for flexibility and to be responsive to individual needs. For example, one participant talked about having a dog and therefore being unable to stay in some of the hostels because of that. A lack of phone and being uncontactable to services is also something that may require further consideration.

Meaningful activity

From participants’ accounts, the need to have somewhere to go and something to do came across strongly as a way to improve the current situation. In terms of somewhere to go, there were suggestions that this could be outside of the city centre and away from other people such as children and shoppers. One participant mentioned specifically having somewhere people could go and drink ‘out the way’ of others:

“I know it’s all about money and stuff but why can’t they have an area. They are never going to put an end to people street drinking. ... Put it outside the town area where you can go and get your beer from and get out of the area. So it’s not in the town area around kids or where people are doing their shopping. That’s what Liverpool had done. You wouldn’t be encouraging it; you would just be making it out the way.” [P9]

A further consideration here is also how to manage group dynamics, recognising that there may be strained relationships amongst some of the people within this target population.

The following participant highlighted the importance of having something to do, not just in terms of easing boredom, which for him was associated with drinking, but also the value that could have on self-esteem and other people’s perceptions of him:

“I want to start volunteering. I don’t want to keep sitting on my backside and doing nothing because that’s when I get bored and start drinking and using and things like that. Plus, it’ll help other people to think better of me and me to feel better about myself as well.” [P5]

As he mentions, volunteering is something he had been looking into and participants did talk about helping out various individuals and organisations with general maintenance and helping out in kitchens.

What constitutes ‘meaningful’ activity is likely to differ and some of our participants talked about their interests and skills and there was a clear sense that they would like to make more use of them. For example, one participant talked about a passion for music (*“My life revolves around music” [P5]*), and previous work as a DJ whilst another had a keen interest in food which had developed from working in the kitchen whilst in prison. Thus, developing opportunities for people to build and expand upon

their interests and skills came through as having the potential to improve the current situation.

Having a voice

The importance of being able to have a voice, be heard, and play a part in conversations to improve the situation was raised by the core participants. At times, there was frustration that things had not changed thus far:

“People have to put their point across otherwise nothing is going to get done. People are going to carry on getting pissed off and pissed off and the people then take the law into their own hands. If there is a chance of it getting sorted...” [P9]

A need to work together and being ‘willing’ and ‘prepared’ to help came across strongly in one of the interviews in particular. He voiced his frustrations that things had not improved, despite there being resources and opportunities available in the area:

“You’ve got everything that you need, you’ve got all the resources that you need ... I mean there’s thousands of buildings out there if they were prepared to let people live in them but it’s just about that, being prepared to let them. If people aren’t prepared to give people like me a chance, you’re never going to see a change.” [P2]

This sense of frustration echoes the view of some stakeholders who were from local businesses. Something that strikes us here is that, whilst stakeholders identified a wide range of partners to be involved, another potential partner is the individuals involved in rough sleeping and/or street activity. Giving them a voice and power to help shape potential solutions is something that could be explored further, particularly with the assistance of existing organisations such as VOICES.

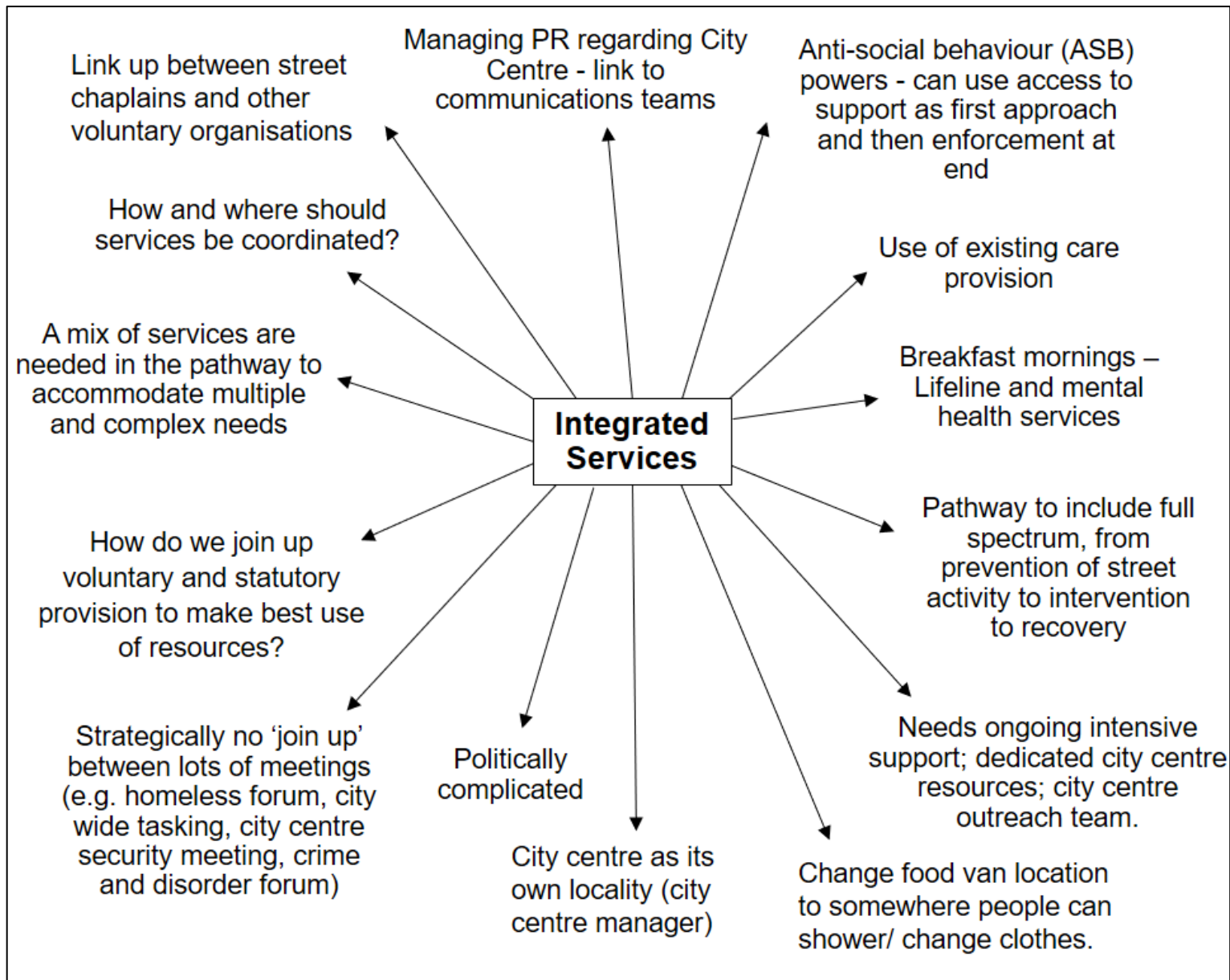
Stakeholder event

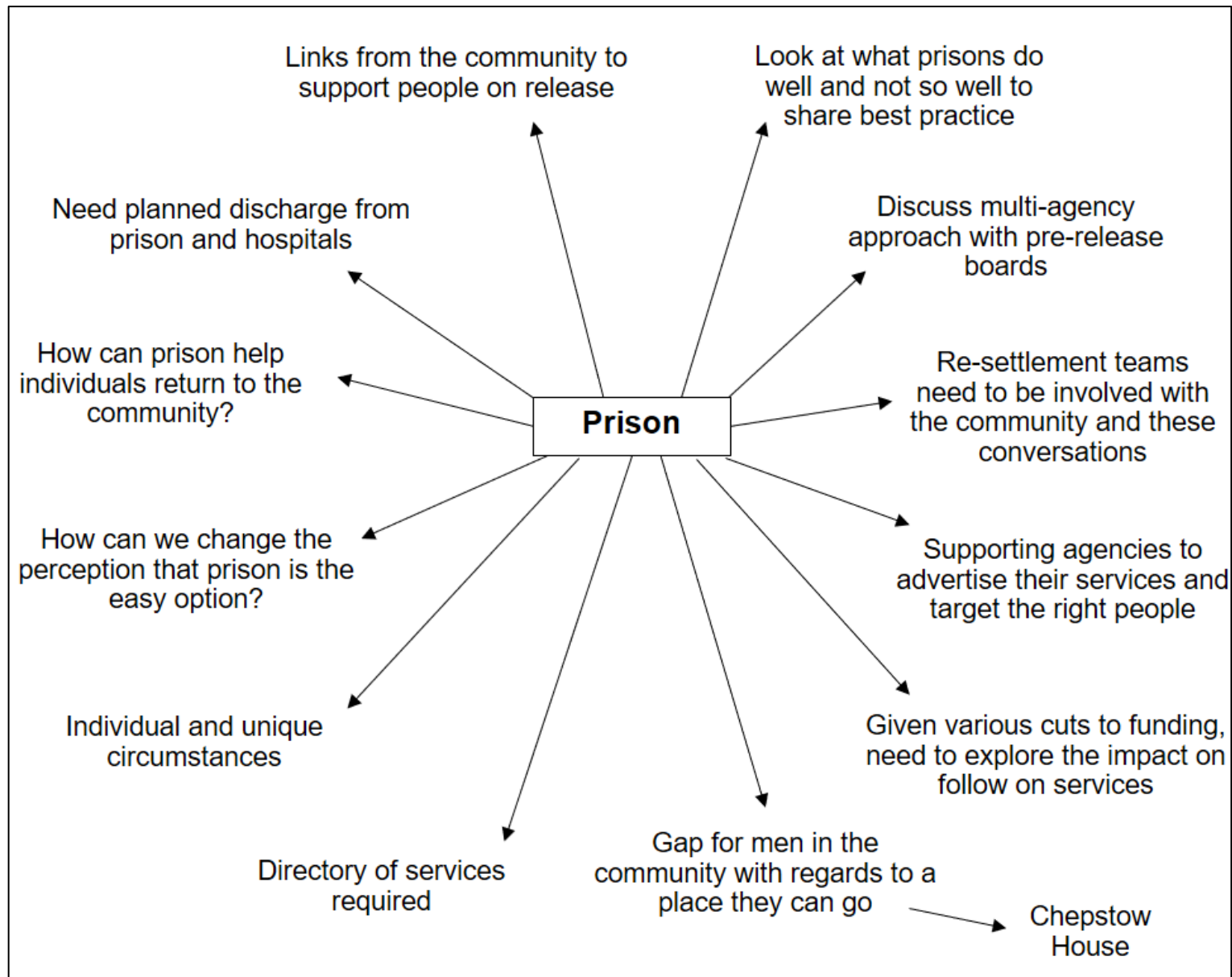
The stakeholder event took place on Friday 4th November 2016 at Staffordshire University. The event was attended by 19 people listed in Appendix 1. During the presentations of the research methods and findings, stakeholders were asked to note down any reactions, comments or thoughts to the findings. These were used to stimulate group discussion about what knowledge is lacking currently, what individuals or organisations can offer and/or change, and how stakeholders can support each other.

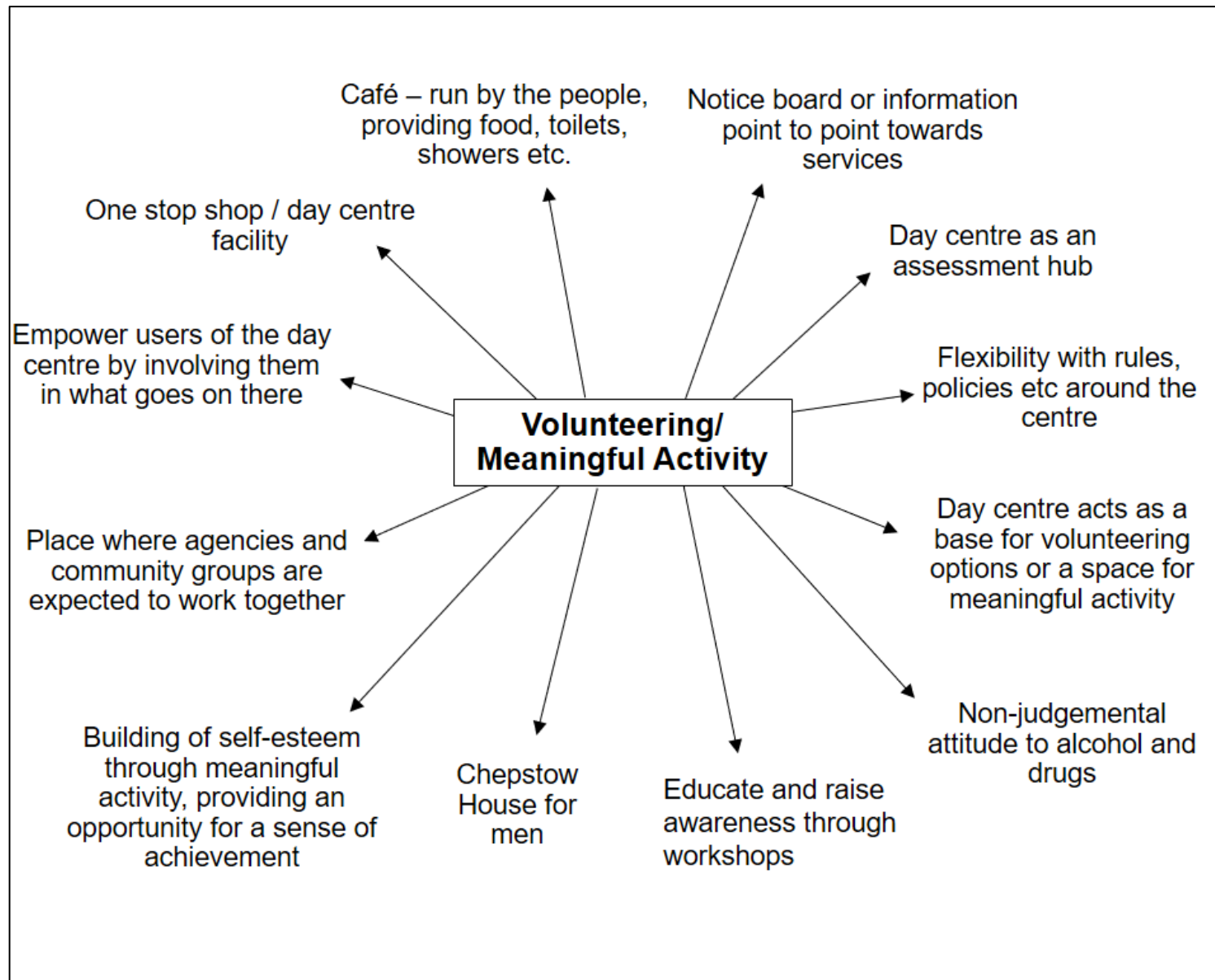
Given the findings that emerged and the stakeholder's individual roles and responsibilities, four key areas for discussion arose:

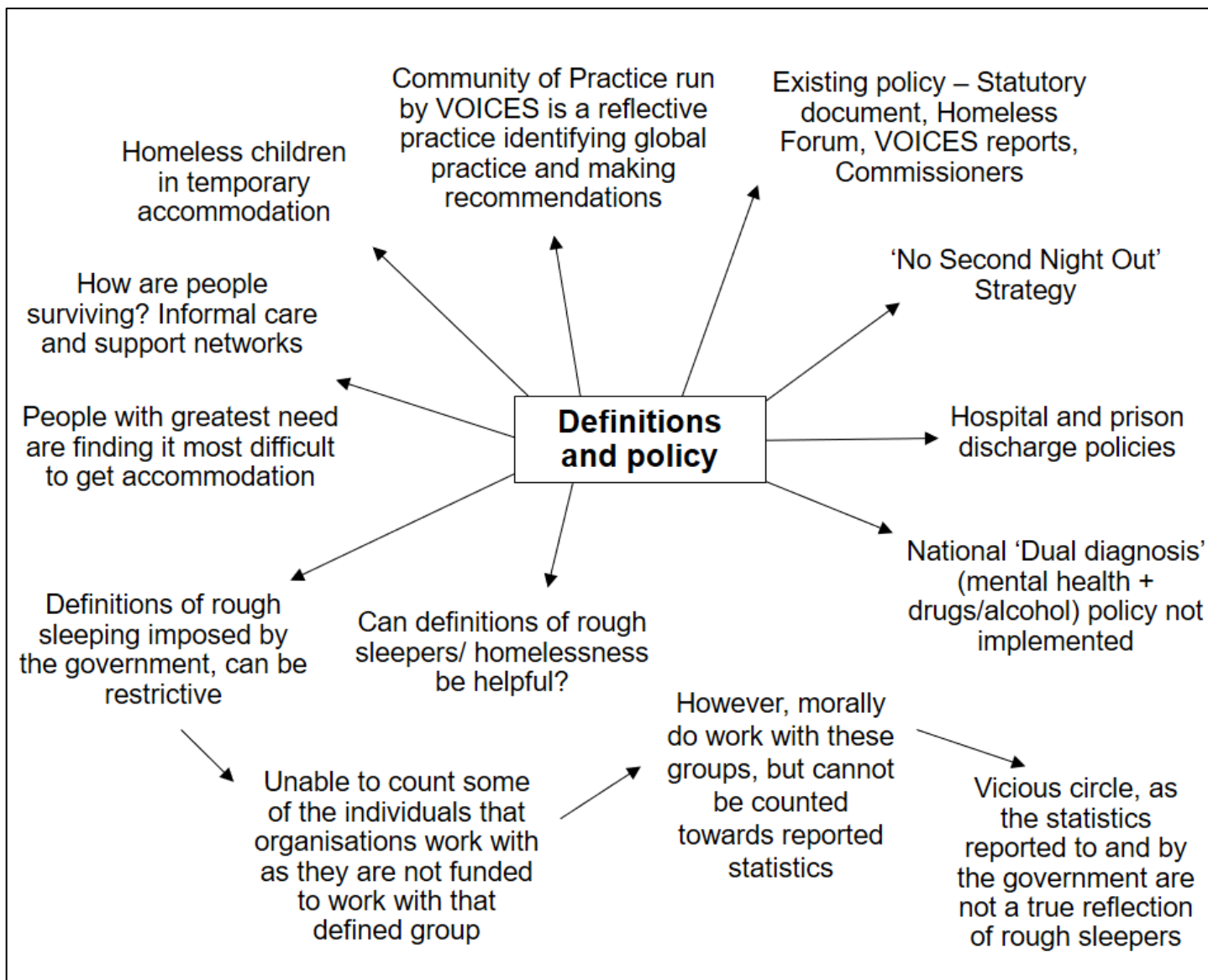
- Integrated Services
- Prison
- Volunteering/Meaningful Activity
- Definitions and Policy

All group discussions commented on multiple and complex needs, the importance of a coordinated approach and the need for additional knowledge to inform and shape recommendations. For more details of each discussion see the diagrams below:









Discussion

This section brings together information from data collection and the stakeholder event to discuss the findings and implications of the research.

One thing that should be acknowledged first of all is how complex the topic of street activity, perceived homelessness and rough sleeping is, which came across clearly in this research. This can impact the city centre in various ways, including the visitors, shoppers, services, local businesses and workers as well as the individuals who are perceived to be homeless. Politically, this is also a complex topic as mentioned by several stakeholders. Adding to the complexity of this topic is the **definition of homelessness**. It became apparent from discussions with core participants, as well as stakeholders, that some people engaged in street activity are not homeless, but have alternative reasons for being involved. As a result, it is not always clear who is engaging in street activity from first glance, and can impact upon incorrect categorisation of individuals. It will also be important for organisations working together to have a shared understanding and clarity over their definitions of homelessness to ensure appropriate support and services are both available and accessible.

In terms of the perceived pull factors, that the city centre provides a **sense of community** came across from both the stakeholders and core participants. The **location** of the city centre was also felt to be important across the board. Stakeholders and core participants identified this as providing and **opening up opportunities** in relation to begging, accessing food and/or money. That there would be more shoppers in the area to approach and their perceived affluence were both factors here.

One point of difference that is worth noting is that the stakeholders often talked about the city centre as providing a sense of 'safety' for those who are perceived to be homeless. That was not something that came through from the core participants involved in this research. When asked whether this was a consideration for them, some core participants commented that they would feel safe anywhere. Others talked specifically about finding 'hidden' parts of the area to sleep, and that they would not disclose where they slept to others.

Amongst the stakeholders there was a recurring perception that the range of support services and hostels in the city centre were a key pull factor for those perceived to be homeless. However, this did not appear to be the case for the core participants. Whilst they did talk about making use of some of the services on offer, especially food banks available at local churches, the more informal opportunities available in the area seemed to be more appealing to them. Indeed, the core participants that we heard from were not accessing the full range of services available in the vicinity. For example, few of the participants reported having used the hostels in the area.

The value and **importance of people** came up throughout the research. This related to members of the public as well as professionals. We often heard about people wanting to make a difference and wanting to help those affected by these issues. At the event, we heard about people and/or organisations who often went beyond their

specified purpose/funding remit in order to help vulnerable people. Whilst they were aware this would not 'count' towards their official work, they felt a moral obligation to do what they could to help. This highlights the importance of informal care and support, along with the more formal services on offer.

Related to the above, one area that was identified as important to develop was **access to support services**. Another aspect of this was a need to **improve pathways related to health support**. For some of the core participants, support was required in terms of managing health conditions in relation to obtaining medication as well as accessing support. Also relevant here is that some of the participants talked about not having a GP, despite having specific medical conditions. For some, there was frustration that they felt they had been 'pushed from pillar to post' and found it difficult to access support and navigate the systems in place. There seemed a lack of know-how about how and where to go to begin that process. There was an assumption amongst core participants that they would have to be in accommodation before they could get support.

From this research, potential solutions around improving access to support services related to ensuring services were proactive and accessible. Within this, there was a call to expand **one-to-one support** provision. There was a sense that, as a more preventative measure, this should include outreach for individuals at risk of rough sleeping. Providing a listening ear, maintaining contact and providing assistance in attending appointments were put forward as part of this. This was echoed by core participants, who talked about it as being difficult to keep track of what day it is, as well as the dates and times of appointments they were to attend.

The need for the provision of **specialist services** for those rough sleeping/engaging in street activity is also evident from this research. In particular, this related to alcohol, drugs, and mental health. Increased capacity for health screening and interventions with this population were also highlighted.

Another consideration this research raises is a need to **revisit the accommodation offer** that is available in the city currently. The need for more temporary accommodation was raised, and it was felt this could include private accommodation where rent was not required in advance. Various stakeholders raised issues about the existing hostel model and there were calls for more research to understand the current challenges with this model. However, it was generally felt that the way to improve this was not necessarily to improve hostels but to look to alternative models. The housing first model was put forward as an alternative and this is worth further exploration.

The need to revisit accommodation options also came through from the interviews with core participants. For those who were currently rough sleepers, there were various barriers to accessing the hostels in the area. From their accounts, the need for a clear pathway for accommodation came through – a criticism they made of the current hostel system was that they did not think it was a stepping stone for individuals to move on from. One of the core participants talked about prison as preferable to sleeping rough during the winter months, because it provided warmth

and food. Whilst it was not mentioned by the stakeholders or core participants, we are aware from other discussions about the Severe Weather Emergency Protocol (SWEPE). If for three consecutive nights, the temperature falls below zero then emergency accommodation will be provided with the ethos that no-one should be sleeping outside in such conditions. Some of the core participants did not appear to be aware of this during their conversations with Expert Citizens.

A potential solution put forward by both stakeholders and core participants was the provision of **daytime opportunities**. Having somewhere to go and something to do appeared to be important. One stakeholder felt that at present this was particularly lacking for men. Therefore, another consideration is whether different approaches/methods may be more appropriate for men in comparison to women. The importance of **meaningful activity** in this respect came through from the core participants. Making use of skills and interests that they have and the potential for volunteering opportunities are all aspects that should be considered as part of this. Ensuring any daytime provision is meaningful to those individuals it is seeking to attract will be an important part of designing this service and therefore involving them in the design process should be considered. There is also potential that, as well as becoming a space that people can come together, it could be a 'one-stop shop' where signposting to other services and health screening also take place.

In terms of an **enforcement response**, this was mentioned by a small number of stakeholders involved in the research and the event. There was talk of 'more boots on the ground' as a way of deterring people from congregating in the city centre and moving people on. A consideration here is whether there would be a displacement effect, that moving people on from the city centre area may then move the issues on to somewhere else rather than tackling the issue. In addition, some of our core participants who were engaging in street activity (including begging) had accommodation but reported having no money for food and electricity.

Also mentioned in relation to 'more boots on ground' was that this could be a way to help signpost people to the services available/facilitate access, rather than a purely enforcement role. In addition, from the stakeholder event there was a clear sense that enforcement could come second, with support and access as the first option. There was also discussion about what could be more creative ways of using enforcement and exploring the extent to which 'tools and powers' could be used to offer people incentives to access the appropriate support they need in the first instance.

When discussing **pathways for support**, whether it be for housing, health services, benefits etc., there is a need for the pathway to consider the full spectrum from **prevention to intervention to recovery**. Providing early support and outreach for people at risk of rough sleeping is also important as well as resources for those individuals on the streets. The co-ordination of this pathway is crucial to ensure individuals in need are able to access the correct support at the right time. As mentioned previously, whilst there appears to be many resources available to rough sleepers, awareness of, and/or ability to access these may be lacking.

Coordinated working between various organisations is another important aspect of the support pathways. Mechanisms for a more coordinated approach were discussed at the stakeholder event, which included street ambassadors and a specific city centre management team. These could help to develop a more **joined up service** within the city centre.

Furthermore, opportunities to **understand and share best practice** is important to create well-used services, in addition to supporting the discharge of individuals from hospital and prisons. This point was highlighted as a recommendation at the stakeholder event after exploration and discussion of the research findings. This links with the need for further **research and evaluation** of existing services (e.g. current hostel provision, support for women provided by Chepstow House) to understand what is and what is not working and help shape further potential solutions. However, some stakeholders did raise the important and realistic topic of funding and who holds responsibility for such a coordinated approach. With this in mind, we should recognise that the majority of solutions focussed upon streamlining and improving the current provision of services to maximise use of the assets available and not necessarily creating new services.

From the discussions with stakeholders and core participants it became apparent that there are a wide range of individuals and organisations working in this area. It is important to **engage other stakeholders**, who may not have been involved in this research currently, to grow and foster effective working relationships. Engaging with other stakeholders affords us the opportunity to gain new knowledge, share best practice and create a more collaborative network of organisations working towards a shared vision.

Another important partner, not mentioned by the stakeholders, are the individuals involved in rough sleeping and street activity. Some of the core participants expressed the importance of **having a voice** and the chance to put across their opinion. To facilitate a cohesive approach and ensure any proposed solutions meet the needs of the service users, the skills, knowledge and willingness of some of the core participants to be involved and be part of the solution, should be utilised and not underestimated. These individuals should be involved in discussions and planning of potential solutions. Utilising organisational assets is important throughout the process and when considering the recommendations that follow. Organisations such as VOICES are well placed to facilitate such discussions between core participants and stakeholders.

Whilst providing a rich account of core participants' stories, it must be acknowledged that these findings reflect the views of a small sample, specific to Stoke-on-Trent city centre. As such, these findings regarding rough sleeping and city centre activity may not generalise to other city centres. A further limitation, which was unintentional, is that this research was unable to capture the views of women engaged in street activity. This has been highlighted within the recommendations that follow.

Recommendations and Action Plan

Recommendations

A list of nine co-produced recommendations emerged from the research findings and stakeholder discussions.

- Education and awareness raising (including the public, local businesses, public sector, authorities and rough sleepers)
- City Centre as its own locality with dedicated City Centre Manager who can support better join up of services
- Work towards implementation of 'day opportunities', with joined up services, facilities and opportunities to engage in meaningful activity
- Access to support as first approach, supported, where necessary, by Anti-Social Behaviour powers
- Further research into services to understand their strengths, limitations, what works well and what does not work so well (e.g. prisons, hostels)
- Insight evaluation to be embedded within all commissioned services addressing complex needs
- Engage other stakeholders with discussions on city centre street activity and rough sleeping (e.g. re-settlement teams and street chaplains)
- Sharing of best practice between providers of various services (housing, benefits, health, prison etc.)
- Provide service users with a voice and opportunity to input and engage with the process.

Action Plan

The value of co-producing recommendations is that stakeholders are more invested in the ideas put forward. The action plan highlights the stakeholders' commitment to improving the current situation. Numerous actions for individuals and organisations evolved from the discussion to ensure continued work in this area (detailed in Appendix 2). These actions can be split into three categories.

- Maintain and build upon existing activity
- Engaging more stakeholders and partnership working
- Changing perceptions and policy

The first group of actions can be classified as maintenance and building of existing activity, based on what organisations are currently doing well. Some stakeholders pledged to continue advocating and influencing local policy and behaviour, in addition to continuing partnership working already taking place.

Another group of actions focussed around arranging and facilitating conversations between other stakeholders and promoting the creation of new working relationships. Most stakeholders identified other organisations they felt would be valuable to bring together in future discussions and shaping of recommendations, which ties in to the recommendation 7. It was agreed that involving wider stakeholders would help the

group to gather more knowledge about current services and assist with sharing best practice between organisations (recommendations 5 and 8).

The final group of actions relate in the first instance to education. Through educating the community (local businesses, public sector, charitable organisations and the public) about homelessness, associated multiple and complex needs and the support available could help improve support in accessing and signposting to appropriate services. Secondly, stakeholders expressed a motivation to work towards influencing local strategies and policy in order to make a difference and capture ongoing work and research around the city centre and homelessness.

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Appendix

Appendix 1

Attendance at the Stakeholder Event

The following organisations were represented at the stakeholder event and contributed to the discussions:

Organisation	Representative
VOICES	Andy Meakin
	Ben Wilson
	Dean Spruce
Expert Citizens	Simon Whitaker
	Rachele Hine
	Darren Murinas
	Michelle Daniels
Integrated Offender Management	Sgt Chris Roberts
Police	Neil Hulme
Chepstow House	Annalise Hill
Brighter Futures	Natalie Simpson
Solution Focussed Practitioner	Steve Freeman
Stoke-on-Trent City Council	Victoria Millns
	Jenny Lawson
Staffordshire University	Penny Vincent
	Judy Kurth
	Chris Gidlow
	Rachel Massie
	Louise Summerfield

Appendix 2

Action Plan

Short Term Actions:

- Support creation of 'street ambassadors', 'street pastors', community café
- Link in with and add to the Homelessness strategy
- Develop awareness of issues and culture change in viewing this population
- Continue research and action plans
- Continue to advocate and influence
- Support the City's response with resources
- Identify potential probation officers and prison officers from the resettlement teams to engage them in discussions
- Police led city centre daytime operation with partnership support
- Paper recommending how to manage existing plethora and meetings and management of city
- Conversation about recovery centre and breakfast mornings
- Pull together street pastors, VOICES and Help Homeless etc.
- Meet with Insight team to look at women's experience of Hanley city centre and street activity

Longer Term Actions:

- Influence allocation of mainstream resources to create legacy
- Try to win support for day centre/assessment hub
- Support City Council bid to central government
- Influence strategies and responses throughout network