Having a voice: a collaborative research project exploring the challenges and assets of people experiencing homelessness

Abstract

Purpose: This study aimed to understand the lived experience of people who have experienced homelessness and professional stakeholders' views about the challenges faced by this client group. The study sought to identify measures to improve the current situation for both individuals experiencing homelessness and professionals working with them.

Design/methodology: Peer researchers with lived experience of multiple and complex needs conducted semi-structured interviews/surveys with 18 participants (eight individuals experiencing homelessness and street activity and ten professional stakeholders). The authors of the paper conducted a thematic analysis of the data.

Findings: This paper offers insights into both the current challenges and assets for people who are or have been homeless in an urban setting. Key findings include the need for a coordinated partnership approach to address pathways to support, and the importance of developing opportunities for meaningful activity and building on local resources including giving homeless people a voice. These findings are discussed within the context of current policy (Housing First) and legislation (Homelessness Reduction Act 2017) and the impact on integrated care for people who have experienced homelessness.

Research Limitations: The views explored in this study are specific to one city centre in the West Midlands; thus, generalisability may be limited.

Originality/value: This study presents a participatory research approach with peer researchers exploring the perspective of individuals experiencing homelessness and wider stakeholders. The findings of this research are considered with reference to the provisions of the Homelessness Reduction Act 2017.

Keywords: Complex needs, Multiple Exclusion Homelessness, Homelessness Reduction Act 2017, Housing First, Multi-agency, Interdisciplinary, Participatory Research

Paper Type: Research paper

Introduction

The Ministry of Housing, Communities and Local Government (MHCLG) produce two sets of statistics relating to homelessness. First, the MHCLG provide figures on the number of homelessness acceptances where a local authority is satisfied that an applicant is eligible for assistance, unintentionally homeless and in priority need. In 2016/17 over 59,000 acceptances were made, a 2% increase on the previous year and 48% higher than in 2009/10 (Fitzpatrick et al., 2018). Second, annual rough sleeping statistics are based on a single night snapshot. The latest figures report an estimated 4,751 rough sleepers in England, a 15% increase on the previous year and 169% increase since 2010 (MHCLG, 2018). It can be difficult to quantify rough sleepers through this single night snapshot and organisations working with the homeless have questioned the reliability of these figures arguing that official statistical returns significantly mask the extent of the problem (Wilson and Barton, 2017). In response to these increased levels of homelessness, the government has formed a cross-department Rough Sleeping and Homeless Reduction taskforce supported by a Rough Sleeping Advisory Panel whose membership includes experts from local government and homelessness charities (MHCLG, 2018). Further commitment to tackling levels of homelessness has come in the form of the Homelessness Reduction Act 2017 (HRA) that came into force on 3 April 2018.

The greatest proportional increase in homelessness has been found amongst those who had been homeless for two consecutive years, “suggesting that current intervention measures are not succeeding in preventing homelessness from becoming entrenched” (Communities and Local Government Select Committee, 2016, p.3). These findings were consistent with those of the 2016 Homeless Monitor (Fitzpatrick et al., 2016), a longitudinal study that analysed the impact of economic and policy decisions on the homeless population. This report found that English local authorities report significant challenges providing meaningful help to single homeless people, particularly those aged 25-34 and to those with complex needs.

There is a well-established body of evidence that many homeless people have multiple and complex needs (Manthorpe et al., 2015) and have contact with a wide range of professionals from statutory and voluntary services across the health and social care sector. Multiple Exclusion Homelessness (MEH) has been defined as a form of severe and multiple disadvantage where homeless people have experienced one or more of the following: institutional care, substance misuse and street culture activities (Fitzpatrick et al., 2012). The complexities of MEH create a myriad of professional and organisational challenges. It can be argued that “only integrated services can respond to people and communities who have complex needs” (Miller and Appleton, 2015, p.24) and that competing institutional, funding and policy agendas can undermine this approach.

A participatory research study that focused on the complex needs of people who are homeless in Nottingham and London concluded that homelessness policy and

practice often pay little attention to genuinely meeting the needs of marginalised people (Dwyer et al., 2015). They argue that improvements to policy and practice will only take place if people with complex needs are not seen as ‘the problem’ and instead focus on the systems that have created their vulnerability in the first instance.

The aim of this research was to understand the lived experience of individuals who are or have been homeless and involved in street activity (core participants) and the views of wider professional stakeholders (defined in methods section below). Homelessness was considered in a broad way to include individuals engaged in rough sleeping and those without secure accommodation. The experience of city centre street activity was explored, which included street drinking, begging and interaction with peers, professionals and the public. A key aspect of the study reported here is that it adopted an assets-based approach to explore ways in which the current situation could be improved based on individual and collective capacity, and utilising services delivered in the city centre.

Methods

The methodology was influenced by community based participatory appraisal, which creates a cycle of data collection, reflection and learning; seeking to build community knowledge and encourage collective action (Glasgow Centre for Population Health, 2011). Within this, local community members are trained to conduct the research and for this study, data collection was conducted by people who have lived experience of multiple and complex needs (peer researchers), in an area of high deprivation in the West Midlands, UK.

Peer researchers were important for this study as their shared experiences of homelessness provided an expert insider knowledge and access to a ‘hard to reach’ population group in a short period of time (Elliot et al., 2002). In addition, the use of peer researchers (compared to academic researchers) can offer a more equal power balance between researcher and participant, thus participants may feel more comfortable to provide open and honest accounts (Burns and Schubotz, 2009). Interviews were conducted with participants ‘in situ’ in the city centre and a rapport was established with the peer researchers which allowed for the collection of rich and meaningful data. It should be recognised that consistency of questioning may have been compromised as a range of peer researchers spoke to the core participants over a three-week period at various days and times. However, all the peer researchers were trained in participatory action research and robust systems of training and support were put in place.

As part of the research cycle, a stakeholder event was held, where initial findings were presented for discussion and reflection; recommendations were co-produced and an action plan was jointly developed, thereby encouraging collective action

(GCPH, 2011). The focus of this paper is the findings from the primary data collection which was conducted by the peer researchers.

Data collection
Semi-structured interviews with core participants aimed to gain an insight into what life is like for people who were perceived to be homeless and/or engaged in street activity. This included their experiences and views of the city centre, and what could improve the current situation for themselves and others. Participants were invited to take part in the research using purposive sampling. With participants' consent, interviews were recorded and lasted between 10 and 40 minutes (n=8). In recognition of their time, core participants were offered a hot drink/food. Participants were all male, aged between 30 and 60 years old. Six core participants described themselves as homeless; the other two participants had longer-term accommodation but were engaged in street activity.

The project team also identified 20 stakeholders with expertise related to homelessness and street activity in the city and peer researchers invited them to participate. Ten engaged, representing local government, charitable organisations, local businesses, health and housing providers. Stakeholders were given the option of completing a survey by email or being interviewed; six completed the survey and four took part in a semi-structured interview with peer researchers. Questions related to their perception of homelessness in the locality, the work they do, collective resources available and potential solutions.

Data analysis
With participants' consent, anonymised recordings were passed to the authors of the paper for transcription. Thematic analysis was conducted following Braun and Clarke's six stage analysis process (2006). Three researchers were involved in the analysis to cross-check findings and reduce the potential bias in interpretation. Findings were also cross-checked with peer researchers, based on their experiences and reflections from conducting data collection. Ethical approval for the data analysis and write up of the study was granted by the university ethics committee.

Results

Thematic analysis identified two key themes: pathways to support (with the subthemes: multiple and complex needs, and access to support); and developing opportunities (with the subthemes: appeal of the city centre, somewhere else to go, something else to do and building on resources).

Pathways to support
There was a clear sense that the multiple and complex needs of individuals are important to understanding their experiences and to improving the support provided. The need for support to be flexible and responsive to individual need came through

from both the stakeholders and core participants. Although core participants mentioned a range of resources that they accessed in the local area, there was a suggestion that the pathway to accessing some of the available support was not always clear.

Multiple and complex needs

Both stakeholders and core participants talked about the complex needs of individuals perceived to be homeless and/or engaging in street activity. Flexible pathways to support, that are responsive to individual needs, were regarded as crucial for this client group. Whilst each core participant had their own individual story, similar patterns were observable in their accounts. Many talked about living with concurrent physical and mental health problems (e.g., deep vein thrombosis (DVT); epilepsy, anxiety, autism, bi-polar and dyslexia). All the participants spoke of their substance use, and in some instances, substance misuse was described as having triggered hallucinations, paranoia and/or aggressive behaviour.

> "I've had enough of that stuff [cider] because I was punching trees, nobody there just hallucinating, who's that?" (P3).

Many of the participants also reported having spent time in prison. Whilst some talked about becoming homeless on their release, 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 stakeholders also reflected on the multiple and complex needs of this group referring to mental health issues (e.g., anxiety and depression), substance misuse and related health issues (e.g., DVT and Hepatitis). Core participants often talked about not knowing how/not being able to access the support that may be available and that developing a joined-up approach to services, with a clear pathway to access support, was important.

Access to support

Several barriers to accessing current services were identified by core participants. For example, a lack of support to help complete necessary paperwork in relation to accessing services (e.g., health, benefits and accommodation) was a recurring theme:

> "It's just because of my anxiety why I haven't done it [paperwork for benefits], I just can't do it" (P4).

> "With me having dyslexia and autism, I don't know how to do that [paperwork for hostel accommodation]" (P7).

Core participants emphasised the importance of improving pathways to health services, this related to both accessing support and medication. Keeping track of days and appointments were identified as a challenge by core participants, particularly for GP appointments and collecting medication (i.e., methadone script). One participant explained the severe consequences this could have:

> "He's gone down the chemist this morning but they haven't got a script in. Oh, I must have had an appointment yesterday like. So, he's come up here to get his prescription. The doctors took 15 minutes to tell him he can't have a prescription, but he'll give him the prescription tomorrow. He's gone to score now, he's been clean for 7 and half months" (P9).

Another participant talked about a recent incident where seeking help led to much frustration. Following hearing voices, he sought help from a range of places and services with no joy:

> "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).

Additionally, core participants cited previous rent arrears, having a dog, and substance use as reasons for not being able to access hostel accommodation. In some instances, participants were barred from hostels for historic reasons. Both stakeholders and core participants highlighted the importance of access to accommodation, suggesting a need for improving and expanding the accommodation already available.

One participant explained how hostels should be viewed as a stepping stone and incentive to move towards more permanent housing:

> "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).

Meanwhile, one stakeholder commented:

> "Provision of alternatives to hostel accommodation for rough sleepers is needed to improve the situation, such as a true housing first model" (S4).

Some core participants highlighted a lack of appropriate accommodation for people attempting to manage their substance misuse. This had a negative impact on the ability to move on from being homeless.

Overall, participants indicated that support needed to be flexible and responsive to individual needs which can often be multiple and complex. Similarly, some

stakeholders working closely with this client group identified the need for services that are more accessible and proactive. One suggestion was that a single centre could offer the opportunity to provide access to integrated services, such as one-to-one support and specialist advice in relation to accommodation and health.

Developing Opportunities

Appeal of the city centre

The city centre was identified as a space used by those who are perceived to be homeless. Ease of access to, and opportunity within, the city centre appeared to be the greatest draw for core participants to locate themselves in this area. Stakeholders suggested the close proximity of a wide range of support services available was a key factor. However, as mentioned above, core participants were often unsure about how to access this support. Instead, they focused on how the city centre afforded them the opportunity to beg for money and food from visitors, shoppers and local businesses. This also applied to one participant housed in temporary accommodation:

> "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).

Another aspect core participants valued was the positive interactions with people in the city centre (including shoppers, visitors, local businesses and other rough sleepers). The sharing of knowledge, food and other resources were also described as reasons to be in the city centre. One participant stated:

> "… 99% of them are really good. … just somebody saying hello and offering you where to go for this or for that because when I first came here I didn't know anywhere … it was nice that people stopped… it's nice that they're about and that they're willing to give you the time of day" (P2).

Similarly, stakeholders perceived the city centre provides homeless people an "opportunity to feel part of a community and be less isolated" (S3).

It is important to note, however, that other people formed a complex part of individuals' stories in that they could also have a potentially negative impact on participants. Throughout their accounts, strained relationships with family, partners and other vulnerable people were mentioned, in addition to examples of tension and hostility between some individuals.

Somewhere else to go, something else to do

Whilst some stakeholders felt that the street activity was not unique to this city centre, they regarded it as having an impact upon local businesses, staff, shoppers and visitors. A solution identified by both and stakeholders and core participants was the need to provide alternatives for those engaging in city centre street activity -

somewhere else to go and something else to do during the day. Some stakeholders talked about day centre provisions and others suggested a designated safe space for people to go and meet during the day. The key here was that this space would provide an alternative to congregating on the streets or visibly engaging in street activity as well as an opportunity to access support services.

One core participant suggested having a designated space specifically for street drinkers to go to and proposed that this could be outside the city centre away from other people such as children and shoppers. However, for other core participants, there was a greater focus on having something else to do. Some of the 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"), 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:

> "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).

Building on resources

The need to work in partnership with a shared operating framework was identified as a key element in improving the situation of the homeless population. Specific examples mentioned by stakeholders 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. One stakeholder stated:

> "…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" (S1).

Whilst stakeholders focussed on the importance of partnerships with other services and professionals, core participants in this study felt they too should be involved in partnership arrangements. They spoke about the importance of having a voice, and to play a part in the conversations to improve the situation. Some core participants expressed their frustration that things had not improved thus far and that they felt no-one was listening to their view. One participant explained the need to work together and be 'willing' and 'prepared' to help. 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).

There was also frustration amongst some stakeholders and a perception that nothing was being done to improve things. From both perspectives, there appears to be an appetite to change the current situation and to implement improvements that would benefit this client group as well as the city centre more generally.

Discussion and Policy Implications

The aim of this research was to gain a greater understanding of the experiences of people who are/have been homeless, as well as professionals working with people experiencing MEH. The complexity and hardship of homelessness came across clearly in this research. Nevertheless, participants discussed ways to maximise available assets, without the need for additional resources. Stakeholders took the opportunity to discuss collaborative means to improve pathways and services, and core participants valued having a voice.

Improved pathways to support

Given the significant health and social costs associated with homelessness, the current challenge, as highlighted in this research, is to improve the pathways to support available and to provide appropriate services to individuals with complex needs. When discussing pathways for support, whether it be for housing, health services, financial support etc., there is a need to consider the full spectrum from prevention to recovery. Providing early support and outreach for people at risk of homelessness was identified as being important in addition to the resources for those individuals on the streets. A clear and integrated pathway would also help services and organisations to better navigate the systems and support available and avoid the silo structure of service providers (Fuller, 2016). The co-ordination of support is crucial to ensure individuals in need can access the correct support at the right time. Whilst there are often significant resources available to people experiencing homelessness, awareness of and ease to access these is often lacking. Furthermore, a shift is needed for services to be able to accommodate and address multiple and complex needs that individuals face and to move away from dealing with single issues in isolation.

There is a risk that referral criteria (and associated systems) within health and social care services perpetuate barriers to accessing these for people with complex needs, including those experiencing MEH (Jasper et al., 2016). Jasper et al. (2016) highlight the challenges of integrated multi-agency working emphasising the need to develop appropriate supervision arrangements for staff and to avoid 'ambiguous lines of accountability and authority' (p. 63). Participants in this research reported frustration and found it difficult to access support and navigate the systems in place. This has a human and economic cost. Loopstra et al. (2016) emphasise the correlation between

homelessness and deteriorations in mental health and increased frequency of chronic and infectious disease and physical harm. They highlight that cuts to welfare provision are likely to result in increased homelessness.

More recently though, there appears to be an opportunity to implement improvements to pathways to support through the Homelessness Reduction Act (HRA). The Act contains three duties that could help improve partnership and multi-agency work across a wide range of services that support people experiencing or at risk of homelessness.

- Duty to provide advisory services (amends section 179 of the Housing Act 1996)
- Duty to assess all eligible applicants' cases and agree a plan (amends section 189 of the Housing Act 1996)
- Duty of a public authority to refer cases to a local housing authority (addition to section 2013 of the Housing Act 1996).

The aim of the duty to provide advisory services is to ensure that people can access free advice and information about preventing and relieving homelessness (National Practitioner and Support Services, 2017). The second duty requires local authorities to provide meaningful assistance and agree a plan with every person who is either homeless or threatened with homelessness. This duty has implications for the cycle of homelessness that was evident in this study as the HRA requires the completion of a personalised housing plan that should focus not only on securing accommodation but also on the circumstances which led to the homelessness. In this study, homelessness upon release from prison was highlighted as an issue and this warrants further attention. The emphasis on a personalised planning approach has the potential to create positive outcomes for those experiencing MEH. However, as we have seen with the Care Act 2014, legislation that ostensibly gives greater control to the service user can be undermined by practices which are resource-led rather than person-centred (Slasberg and Beresford, 2014). The third duty placed on a public authority to refer cases may reduce the experience of feeling pushed between services that was strongly expressed by core participants. The HRA aims to ensure that housing need is considered when a service user comes in to contact with any public service, and again this will necessitate a review of current partnership arrangements and the effectiveness of pathway to support.

Building on existing assets/resources

An important finding in this research is the view that the city has assets and resources available to use, and that these could be improved rather than needing to create new services/resources. The utilisation of existing assets arguably fits well with the Housing First (HF) model which was put forward by one of the stakeholders.

Under this model, people with high levels of need are accommodated straight from the street and their specific health and social care needs are then met when stable housing is provided. In the UK, the opposite generally applies and securing housing for the homeless population is the final stage in a longer process of rehabilitation, sometimes referred to as the 'staircase model' (Sahlin, 2005). The Housing First model has been successfully adopted in North America (Aubry, 2015) and is increasingly used in European countries, notably Finland, the Netherlands and Ireland (Johnsen et al., 2010).

Evidence from abroad suggests that HF can break the cycle and repeated nature of homelessness that was a significant experience of core participants in this research. Holmes et al. (2017) found that a HF model adopted in Australia led to increased housing stability and better access to healthcare, whilst a study in the US found merit in the 'low barrier' approach of HF which does not require improvements in health to be achieved before housing is secured (Collins et al., 2013). This research has shown the complex needs of those experiencing MEH are often not met by services that are under-resourced, complicated partnership arrangements and homeless legislation which produces a series of often insurmountable hurdles which the applicant must overcome before being offered appropriate accommodation. Clearly the HF model does not remove the complex causes of homelessness, but it does fundamentally shift the way in which homelessness is responded to by accommodation providers and support services.

Stakeholders and core participants in this study identified the significance of providing alternative daytime opportunities – somewhere else to go, something else to do. Homeless Link (2015) suggest that there is value in the opportunities and services offered by day centres and have published a handbook which sets out the considerations when setting one up and how they can reduce rough sleeping. This handbook references the importance of making use of skills and volunteering opportunities; for core participants in this study, having the opportunity to build on their own personal resources and interests was identified as important. Indeed, ensuring daytime provision is meaningful to the individuals it is seeking to attract should be an important consideration in the design of services and this is far more likely to be achieved if service users play a key role in the planning and design stage. This should be considered if designing a single centre to provide access to integrated services as mentioned by participants in this study. Day centres can provide multiple opportunities for vulnerable individuals (Bowpitt et al., 2014), for example fostering social networks, which have been identified as important to those experiencing MEH (Joly et al., 2014); but consideration of how to manage group dynamics is critical, as participants described strained relationships with some of their peers. This upholds previous findings that discussed day centres as both 'spaces of care' and 'spaces of fear' due to the internal dynamics within the centre (Johnsen et al., 2005).

This study has highlighted that a partnership approach is essential to improving the current situation and create appropriate solutions; but service users must be central to that partnership. Giving individuals who are homeless or engaged with street activity the opportunity to express their opinion and be heard is vital. To facilitate a cohesive approach and ensure any proposed solutions meet the needs of the target population, the skills, knowledge and willingness to identify solutions, of some of the core participants, should be utilised and not underestimated. Furthermore, engagement with vulnerable individuals/groups needs to be direct and inclusive (Aldridge, 2015).

Conclusion

A strength of this study is its participatory approach which focussed on identifying and maximising the assets of participants and wider stakeholders to inform solutions. All stakeholders could identify something they bring to the table and core participants identified skills that they have and wish to develop. However, whilst providing a rich account of core participants' stories, we acknowledge that these findings reflect the views of a small sample, specific to one city centre in the West Midlands. As such, these findings may not generalise to other city centres or other people experiencing MEH. A further unintentional, limitation is that this research was unable to capture the views of women who were homeless and/or engaged in street activity. Previous research has considered the experiences of homelessness according to gender (Bowpitt et al., 2011). It is important that further research seeks to incorporate the views of women in addressing solutions to improve the situation and avoids gendered assumptions about service provision and pathways to support.

This research has highlighted the strength of the support in the city and encouraged collective action to improve the pathway to increase accessibility of the services and resources available. Ultimately, a coordinated partnership approach is required to address pathways to support and provide a space for meaningful activity. The Homelessness Reduction Act will provide a significant opportunity to improve partnership and multi-agency work across a wide range of services that support homeless people.

References

Aldridge, J. (2015), *Participatory research: working with vulnerable groups in research and practice,* Policy Press, Bristol.

Aubry, T., Nelson, G., Tsemberis, S. (2015), "Housing First for people with severe mental illness who are homeless: a review of the research and findings from the At Home-Chez soi demonstration project", *Canadian Journal of Psychiatry*, Vol. 60, pp.467-474.

Bowpitt, G., Dwyer, P., Sundin, E., Weinstein, M. (2011), "Comparing men's and women's experiences of multiple exclusion homelessness", *Social Policy and Society*, Vol. 10, pp.537-546.

Bowpitt, G., Dwyer, P., Sundin, E., Weinstein, M. (2014), "Places of sanctuary for 'the undeserving'? Homeless people's day centres and the problem of conditionality", *British Journal of Social Work*, Vol. 44, pp.1251- 1267.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in* Psychology, Vol. 3, pp.77-101.

Burns, S. and Schubotz, D. (2009), "Demonstrating the Merits of the Peer Research Process: A Northern Ireland Case Study", Field Methods, 21.

Collins, S., Malone, D., Clifasefi, S. (2013), "Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems", *American Journal of Public Health,* Vol. 103, pp.S269-74.

Communities and Local Government Select Committee (2016), "Homelessness", available at: https://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/40/40.pdf (accessed 29 January 2018).

Dwyer, P., Bowpitt, G., Sundin, E., Weinstein, M. (2015), "Rights, responsibilities and refusals: homelessness policy and exclusion of single homeless people with complex needs", *Critical Social Policy*, Vol. 35, pp.3-23.

Elliot, E., Watson, A., Harries, U. (2002), Harnessing expertise: involving peer interviewers in qualitative research with hard-to-reach populations, *Health Expectations,* Vol. 5, pp.172-178.

Fitzpatrick, S., Bramley, G., Johnsen, S. (2012), "Multiple exclusion homelessness in the UK: an overview of key findings", available at:

https://www.hw.ac.uk/schools/doc/MEH_Briefing_No_1_2012.pdf (accessed 29 January 2018).

Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. (2016), "The homelessness monitor: England 2016", available at: https://www.crisis.org.uk/media/236828/the_homelessness_monitor_england_2016.pdf (accessed 29 January 2018).

Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B., Wood, J. (2018), "The homelessness monitor: England 2018", available at: https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf (accessed 17 May 2018).

Fuller, J. (2016), "The impact of the Health and Social Care Act, 2012 on the health and wellbeing of rough sleepers", *Journal of Integrated Care*, Vol. 24, pp.249-259.

Glasgow Centre for Population Health (2011), "Asset based approaches to health improvement: redressing the balance", available at: http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf (accessed 29 January 2018).

Holmes, A., Carlisle, T., Vale, Z., Hatvani, G., Heagney, C., Jones, S. (2017), "Housing First: permanent supported accommodation for people with psychosis who have experienced chronic homelessness", *Australasian Psychiatry*, Vol. 25, pp.56-59.

Homeless Link (2015), *Making the difference to end rough sleeping: a handbook for day centres*. Homeless Link: London.

Jasper, R., Wilberforce, M., Verbeek, H., Challis, D.J. (2016), "Multi-agency working and implications for care managers", *Journal of Integrated Care*, Vol. 24, pp.56-66.

Johnsen, S., Cloke, P., May, J. (2005), "Day centres for homeless people: spaces of care or fear?", *Social and Cultural Geography*, Vol. 6, pp.787-811.

Johnsen, S. and Teixeira, L. (2010), *Staircases, elevators and cycles of change: 'Housing First' and other housing models for homeless people with complex support needs,* Crisis: London.

Joly, L., Cornes, M., Manthorpe, J. (2014), "Supporting the social networks of homeless people", *Housing, Care and Support,* Vol. 17, pp.198-207.

Loopstra, R., Reeves, A., Barr, B., Taylor-Robison, D. (2016), "The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England", *Journal of Public Health,* Vol. 38, pp.417-425.

Manthorpe, J., Cornes, M., O'Halloran, S., Joly, L. (2015), "Multiple Exclusion Homelessness: The preventive role of social work", *The British Journal of Social Work*, Vol. 45, pp.587–599.

Miller, R. and Appleton, S. (2015), "Multiple exclusion homelessness: is simplicity the answer to this complexity?", *Journal of Integrated Care,* Vol. 23, pp.23-34.

Ministry of Housing, Communities and Local Government (MHCLG 2018) "Statutory homelessness and prevention and relief, October to December (Q4) 2017: England", available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692938/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_Oct_to_Dec_2017.pdf (accessed 20 May 2018).

National Practitioner Support Service (2017), "Homelessness Reduction Act Toolkit", available at: https://www.npsservice.org.uk/practitioner-resources (accessed 29 January 2018).

Sahlin, I. (2005), "The staircase of transition"*, Innovation: The European Journal of Social Science Research*, Vol. 18, pp.115-136.

Slasberg, C. and Beresford, P. (2014), "Government guidance for the Care Act: undermining ambitions for change?", *Disability and Society,* Vol. 29, pp.1677-1682.

Wilson, W and Barton, C. (2017), "Statutory Homelessness in England", available at http://researchbriefings.files.parliament.uk/documents/SN01164/SN01164.pdf (accessed 29 January 2018).