

# Discussion Paper Response

Shelter's response to the  
government discussion paper –  
Rough sleeping 10 years on:  
From the streets to independent  
living and opportunity

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# Shelter

Shelter's response to the government discussion paper – Rough sleeping 10 years on: From the streets to independent living and opportunity.

Shelter is a national campaigning charity that provides practical advice, support and innovative services to over 170,000 homeless or badly housed people every year. This work gives us direct experience of the various problems caused by the shortage of affordable housing across all tenures. Our services include:

- A national network of over 20 housing aid centres
- Shelter's free housing advice helpline that runs from 8am-midnight
- Shelter's website that provides housing advice online
- The Government-funded National Homelessness Advice Service, which provides specialist housing advice, training, consultancy, referral and information to other voluntary agencies, such as Citizens Advice Bureaux and members of Advice UK, which are approached by people seeking housing advice
- A number of specialist projects promoting innovative solutions to particular homelessness and housing problems. These include 'Homeless to Home' schemes, which work with formerly homeless families; the Shelter Inclusion Project which works with families, couples and single people who have had difficulty in complying with their tenancy agreements because of alleged anti-social behaviour; and housing advice workers providing assistance and advocacy for prisoners in custody
- The Shelter Street Homeless Project is involved in ongoing work to identify solutions and good practice in the housing and support of homeless people with multiple and complex needs, many of whom are rough sleeping/at risk of rough sleeping. They have produced numerous reports and briefings, including housing needs mapping exercises within localities and service user consultations. The team maintains liaison with a network of national services that provide direct support to rough sleepers
- We also campaign for new laws and policies – as well as more investment – to improve the lives of homeless and badly housed people, now and in the future

Shelter's Research Team, in partnership with homeless charity Broadway, recently conducted its biggest ever consultation with street homeless people, including those currently living in hostels. Information gained from this study (*Reaching out: A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit*) together with that from the services above provides the basis for this response.

## **Introduction**

Shelter welcomes the opportunity to feedback on the discussion paper and to contribute to the development of the updated rough sleeping strategy. We support the continued emphasis given to meeting the housing and support needs of vulnerable groups such as rough sleepers.

Ten years on from the Social Exclusion Unit report<sup>1</sup>, our understanding of the problems and solutions experienced by many rough sleepers has increased. However, despite improvements, rough sleeping has not gone away. This causes considerable difficulties for those who sleep rough, and continued concern from agencies working with these people and the wider community in which it occurs.

This is an opportune moment to consolidate learning to date and build on this. It also provides an opportunity to explore new ways of addressing the complex and diverse problems experienced by those sleeping rough. Current estimates of rough sleeping have remained relatively static for a number of years and fresh approaches may be required to bring about more lasting change.

## **Discussion paper response**

This response will address the first question raised in section 15 of the discussion paper, with particular regard to the four key aims of the updated strategy. Comment and proposals for further action and examples of good practice are included throughout.

### **1. Have we identified the right issues for the updated strategy to address, and which are the most important?**

Shelter would agree with the principle aims of the strategy to reduce rough sleeping via

- renewed efforts to find solutions for longer-term rough sleepers;
- preventative approaches to reduce the 'flow' of new rough sleepers onto the streets;
- the improvement of opportunities and interventions around employment, skills and health.

Rough sleeping is not an issue that housing alone can resolve and it is only by increasing options within housing, support, health and social care that real change will be achieved.

### **Evaluating the extent of rough sleeping**

Any efforts to reduce rough sleeping must be based on reliable data on the extent of people sleeping rough and their identified needs. We therefore welcome further consideration of the current methodology.

We acknowledge that no single approach can capture every rough sleeper. Whilst the single night street counts provide some measure of rough sleeping over time, we do not believe that counts are always the best way to understand the nature and extent of rough sleeping. There were notable improvements to the methodology guidance in 2007, particularly relating to an increased emphasis on the planning and gathering of 'intelligence data' from a broad range of services and the presence of an

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<sup>1</sup> SEU, *Rough Sleeping*, 1998

independent verifier. However, the methodology still contains a number of weaknesses:

- It provides limited information on the profile and needs of people sleeping rough
- It fails to identify those sleeping in less visible places e.g. derelict buildings or outlying areas
- It is unlikely to capture intermittent rough sleeping and provides little information on those groups that, while less likely to be visibly rough sleeping, may be at particular risk and no less vulnerable e.g. women, sex workers, those reliant on friends and family for somewhere to stay on a transitory basis
- It is particularly problematic in more rural locations and those without centralised concentrations of population and services. This can make it difficult to obtain reliable initial information and to identify locations in which to count.
- It can be adversely affected by specific circumstances on the night of the count e.g. weather
- Comparability over time takes no account of increasing changes within localities to 'design out' rough sleeping or enforcement action against street populations. Both of these processes can result in a displacement of rough sleeping into more 'hidden' locations
- Localities are not required to carry out a count unless they believe they have a rough sleeping problem, generally defined as more than 10 rough sleepers in the area. If this is not the case, they provide their own estimate (via the Housing Strategy Statistical Appendix (HSSA) returns) which will subsequently be rounded down to zero

The final point is of particular concern. Scrutiny of the 2007 National Rough Sleeping Estimate report shows that of 354 local authority areas, 269 provided HSSA returns of less than 10 (therefore rounded down to zero) and 2 authorities provided no estimate at all. The remaining 83 have figures presented as based on street counts, however closer inspection reveals that a number of the authorities (including Sheffield, St Helens, Chester, Hammersmith and Fulham) have figures relating to street counts included in the 2006 report. Only 12 authorities had HSSA estimates of above 10.

This does little to increase wider confidence in the accuracy and reliability of the data. Given the difficulties identified with street counts, we do not believe it appropriate for all authorities to conduct them each year. However more consistency and transparency is required in the way that authorities initially estimate rough sleeping (outside of street counts).

Increasingly different agencies e.g. drug treatment services, National Probation Service, prisons, Supporting People service providers are collecting data on the housing status of vulnerable groups. The revised guidance on evaluating rough sleeping notes that valuable information on rough sleeping can be gained from outreach services, the police or voluntary sector. However there is no requirement for local authorities to draw on these sources when estimating initial numbers.

**We would recommend that all authorities be subject to minimum standards of information gathering when estimating numbers of rough sleepers. We further propose that the rounding down of figures in the 0-10 range be removed.**

Where counts are carried out, there are clear benefits to involving current and former rough sleepers throughout the process. The Simon Community in London has

demonstrated this by frequently finding higher numbers of rough sleepers than official counts do, while using the same street count guidance.

**We further advocate the increased use of surveys of low threshold services (such as soup runs, needle exchanges, day centres, night shelters, sex worker projects) and multi-agency monitoring over time, to provide a better understanding and profile of single homeless people (including rough sleepers) within localities.**

Criticisms sometimes made of this method are that it fails to provide comparable headline figures of national rough sleeping and it may be vulnerable to double counting and self-reporting. Yet, such methods have been successfully used in Europe<sup>2</sup> and the United States<sup>3</sup>, in some cases complimenting street counts to improve information on the circumstances and needs of those sleeping rough.

It is of note that the profile data of rough sleepers presented in the discussion document is obtained from the CHAIN database, as street count data will not provide this information. There is however no comparable version of CHAIN outside of London.

The importance of accurate information relating to the extent of rough sleeping in any area, and to the needs of those sleeping rough, cannot be underestimated. Without this, it will be hard to build and maintain the partnerships across different agencies and influence the relative priorities, planning and resources within these to find lasting solutions.

### 1) Further reducing numbers on the streets

We welcome a renewed drive to obtain more permanent solutions for the most entrenched rough sleepers, however with research indicating a continued flow of new rough sleepers onto the streets much more work is also needed on preventative measures.

#### Prevention

Early detection of problems and supportive intervention measures are required from a broad range of agencies. While research to date has provided information on many of the risk factors for rough sleeping, continued monitoring is required to track trends. A welcome addition to this is the 'homelessness journey' methodology developed at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. This provides a useful illustration of the impact of events in different areas of a person's life. This can then be used to identify how interventions at particular points can bring about more positive outcomes.

**We believe that housing providers, particularly in the social sector, need to be better able to identify early signs of housing problems and improve the ways in which supportive interventions can be offered.** This requires better awareness of, and communication with, a range of social care and support agencies. Such agencies must also be quickly accessible to avoid deterioration in circumstances. Increased awareness training for housing officers in mental health and substance use could also help. An overemphasis on warnings and sanctions may lead to

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<sup>2</sup> European Observatory on Homelessness, *Fifth Review of Statistics on Homelessness in Europe*, FEANTSA, 2006.

<sup>3</sup> U.S. Department of Housing and Urban Development, *A Guide to Counting Unsheltered Homeless People. Revised*, 2006.

unnecessary evictions and abandonments for vulnerable tenants. We would welcome further identification and evaluation of good practice within this area, and its wider adoption.

Research has shown the high risk of rough sleeping following particular events, and prompted the development of multi-agency protocols such as those for hospital discharge or offenders on release from custody. While these protocols can improve joint working and prioritisation across agencies, there is inconsistent adoption of them. Shelter has developed a toolkit for establishing Multi-Agency Assessment Panels, to improve joint working across agencies for people with multiple and complex needs.

**The strategy needs to identify how to achieve the wider implementation and 'buy-in' of multi-agency protocols where problems on the ground demonstrate their requirement. There should also be mechanisms in place to monitor and evaluate their effectiveness.**

We have continuing concerns over the vulnerability of offenders discharged from custody to homelessness and rough sleeping. This can be particularly acute for short-sentenced prisoners who are not subject to statutory support and supervision by the national Probation Service on release. This group is often characterised as being caught in a 'revolving door' between prison and the streets.

**More work is needed with criminal justice partners to identify models of intervention and the resources to break the cycle of offending, prison and homelessness.**

Shelter supports the focus of addressing rough sleeping among migrants with no recourse to public funds. We acknowledge the current work undertaken by the Barka Foundation in Hammersmith and Fulham in assisting Polish street drinkers with a return to their home country, and support through its rehabilitation and social integration programmes there. Such reconnection approaches will not however be suitable or desirable for many street homeless migrants and it is vital that further appropriate and culturally specific support structures are established in the UK.

**More work is needed in evaluating the extent and needs of migrant groups and the capacity of local services to respond effectively to these needs.** This will require clarification around the rights of access to services, such as substance misuse treatment, and the identification of financial support from national and European funds.

### Entrenched Rough Sleepers

We support the implementation of good practice in outreach services to make contact and provide increasing information on, and support to, the needs of this group. We do however maintain a concern that overly assertive or more enforcement-based approaches may deter some long-term rough sleepers with multiple needs and displace them into more hidden locations. The Elmore Team in Oxford has demonstrated an alternative approach and its relative effectiveness for some of the most complex and hard-to-engage individuals.

**To increase our understanding of the extent and circumstances of more 'hidden' groups, we would recommend better liaison with low threshold services, particularly where dedicated homelessness outreach services are limited or absent.**



More lasting solutions for the most entrenched rough sleepers will only be achieved with an increase in the range of housing and support options available. This should include direct access and low threshold accommodation all the way through to permanent accommodation with support if required. This range of accommodation must be able to provide for the diversity of support needs, risks and vulnerabilities prevalent in rough sleeping populations and remove unnecessary restrictions and conditions for access or continued stay that may exclude or deter rough sleepers.

**Housing and support services must be able to provide for the differing levels of support needs for rough sleepers, with options available if these change.**

This is a particular issue for substance users who may be at varying levels of addressing their use and these may change both positively and negatively over time. Options therefore need to be available for those with little or no current motivation to address their substance use through to those who have made substantial progress and wish to obtain or maintain abstinence.

Mechanisms and good practice should be identified that enable more positive moves between projects as substance use needs change (e.g. if relapse occurs in drug-free provision, or a user requires more drug or alcohol free accommodation following a commitment to stop their use). These should then be promoted within the strategy, to avoid eviction or abandonment.

Shelter supports the focus on innovative solutions. We believe that the piloting of provision for older drinkers outside of standard hostels is a positive step. The Shoreline Project developed by the Wallich in Cardiff is an effective example of such an approach. This provides a mixture of shared houses and self-contained cluster flats. The project has also promoted the housing of street drinkers in groups, acknowledging the social support networks that can be important within these.

We also welcome the investment in the ACE pilots to identify, develop and deliver new solutions to the most socially excluded. Of particular note is the project managed by Tyneside Cyrenians employing entirely ex-service users. The perspectives of current and former rough sleepers must permeate throughout the updated strategy, and the learning within such projects fully included.

While we acknowledge the improvements achieved in supported housing via the Hostels Capital Improvement Programme and Places of Change agenda there is still much to be done, particularly for those services that did not benefit from these.

**We believe that there is a need for further investigation of different models of supported housing. This must include models that provide initial access to permanent accommodation with intensive, multi-disciplinary wraparound support.** The 'Housing First' model developed in the United States has demonstrated a number of benefits to moving chronic street homeless people with multiple and complex needs straight from the street into permanent accommodation. The permanence of the housing means that frequent moves between projects are not required when support needs change, and the model of support goes beyond that normally associated with floating support schemes here. The underlying ethos also places primary focus on service user choice in the support they receive.

**Move-on**

The acute problem of access to settled accommodation is nationally recognised. Shelter has actively campaigned for increases in the supply of affordable housing and social housing, and welcomed the Government's commitments on these included in last year's Green Paper. Permanent, settled accommodation (with

support where required) is essential to provide constructive move-on for those in hostels and other temporary accommodation, freeing up places in such valuable services where demand continually outstrips supply. It may also provide increasing options for those whom hostels are undesirable or inappropriate. As stated above in the Housing First example, permanent accommodation need not purely be seen in terms of a move-on option from hostels for even some of the most long-term rough sleepers with complex needs.

**The strategy will need to address how increases in social housing will be achieved and how access to social housing for those with multiple complex needs can be improved.** Increasingly access to social housing is being restricted for those with previous rent arrears, or histories of offending, substance use and anti-social behaviour. Such issues can be prevalent within the rough sleeping population and this will need to be addressed if opportunities are to be fully realised.

The private rented sector is increasingly seen as the sector that will accommodate those in housing need. While this may be unavoidable given the limited availability of social housing, Shelter has reservations about the sector's ability to meet this need. We have concerns relating to the long-term security, quality and affordability of private sector renting for vulnerable people with limited income. These can be particularly acute at the bottom end of the market, which is often the only option for current or former rough sleepers.

**We believe that the quality, long-term security and affordability of private sector renting should be continually monitored and addressed alongside, any emerging problems associated with the introduction of the Local Housing Allowance (LHA).**

Where the private rented sector is used, we would recommend the increasing development and use of service models such as that developed by Coastal Homeless Action Group (CHAG) in Suffolk. Here, properties are rented from private landlords and leased to homeless households (in a similar way to private sector leasing). Support is also provided but CHAG separates this from its housing management functions so as not to compromise the relationship with tenants. By using this model CHAG have been able to house and support many people that would traditionally have found it difficult to obtain tenancies e.g. drug users and offenders.

#### Further issues for inclusion

Alongside the issues suggested for inclusion in this section of the strategy we would also like to see further emphasis on the following:

**Renewed consideration of issues within the homelessness legislation.** The Housing Act 1996 (as amended by the Homelessness Act 2002) provides statutory entitlements to housing for homeless households that meet certain criteria, yet it is often an underused option when it comes to rough sleepers. Our own consultations with both homeless people and the various services with which they may have contact (e.g. day centres, hostels, substance use treatment services, criminal justice agencies) have identified an increasing reluctance to even attempt this route. This has been on the part of both the homeless person themselves and the services. Both regularly expressed the view that this process is unlikely to result in even temporary housing. 'Non-priority' and 'intentionality' are frequently cited reasons.

Many rough sleepers by-pass this process and are instead referred to direct access hostels and other supported housing. However, the availability of bed-spaces can



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never be guaranteed and some localities do not have any emergency or quick access provision at all. This means that some rough sleepers will have to wait, remaining on the street or in precarious housing situations, which in turn reduces opportunities for engagement and fuller assessment of needs.

Shelter supports the notion of moving towards the provision of interim accommodation for all homeless households, pending a fuller assessment of their housing and support needs. We believe that this will ensure an opportunity to engage with some of the most hard to reach and multiply excluded individuals and allow for better planning of longer-term housing and support.

**Renewed clarity on reconnection guidance.** While reconnection to areas with stronger ties and social support networks for particular rough sleepers can bring about positive outcomes, we have concerns over the ways in which guidance on this process is being interpreted and put into action in different localities.

Original guidance from the CLG<sup>4</sup>, and its interaction with Supporting People (SP) grant conditions, indicated that reconnection was to be a 'voluntary' process for rough sleepers. Access to short-term SP funded services (generally defined as those services providing support for up to 2 years) should not be restricted locally, even to those who refuse to engage with the process. However, in reality, some localities will only provide time-limited stays in emergency accommodation for those who refuse reconnection and deny access to 'specialist' supported housing (e.g. that specified for substance users or people with mental health problems) even where these projects are funded as short-term services.

We believe that stronger guidance is required, clarifying the process for assessment for those rough sleepers for whom reconnection is inappropriate. This should encourage increased understanding and consistency in practice.

**Increased emphasis on homeless women.** While relatively low numbers of homeless women may be visibly rough sleeping, their needs are often multiple and complex and yet fall between the dedicated focus on rough sleeping and more mainstream homelessness provision. This can be a particular concern with regard to the availability of specific supported accommodation, with the overwhelming majority catering for single homeless men.

Research by Crisis has identified the high levels of vulnerability within this population, however, partly due to the inherent dangers of rough sleeping, many remain in more 'hidden' situations. This can result in reduced engagement with services and vulnerability to a range of exploitation and abuse.

The strategy must place an increased emphasis on the needs of homeless women. This should be based on existing research and the experience of specialist projects such as the GAP Project in the northeast. This must also work across a range of strategy areas to address the multiple exclusion homeless women often face.

### 2) A better future for former rough sleepers

We welcome increased focus in bringing about more lasting solutions for rough sleepers and the emphasis on developments and improvements in areas outside of frontline housing and homelessness services that this will require.

### Education, training and employment

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<sup>4</sup> CLG, *Getting connected*, 2006.

Engaging former rough sleepers in meaningful activity can be an important part of assisting a move away from street activity and filling time constructively. It can also help to obtain skills knowledge and experience for future independent living and to increase opportunities for employment.

We acknowledge the positive emphasis that the Places of Change agenda has brought. However we also believe that a balance has to be struck, particularly in relation to the encouragement of these activities and their requirement for access to services. Where engagement is a condition of access, this may discourage vulnerable rough sleepers or lead to sanctions for those whose motivation changes, even when substantial progress is being made in other areas of their lives e.g. health.

The current focus for services on achieving hard outcomes to demonstrate effectiveness may also indirectly provide a disincentive for services to give access to some of the most vulnerable individuals who may be deemed less likely to achieve these. It is therefore important that services and commissioners identify and value 'distance travelled' and other softer indicators in meeting the needs of particularly complex groups.

Forthcoming research funded by Shelter and East Sussex Police and carried out by the Lorica Trust and the University of Brighton, identified that while many service users spoke positively about meaningful activity in supported accommodation, particularly in relieving the boredom they often felt, they wanted choice over their participation in such activities.

**Shelter supports the increased encouragement of meaningful activity for rough sleepers in supported accommodation. This must however place priority upon the choice of the service user and avoid an over-emphasis on hard outcomes as measures of effectiveness.**

#### Address mental health and substance misuse needs

Shelter supports an increased emphasis on meeting the mental health needs of rough sleepers. The rough sleeping population has substantial needs across a spectrum from low-level difficulties to severe and enduring mental health problems. Such difficulties also often co-exist with substance use problems.

Within this focus we would like to see:

- **An emphasis on early intervention for even low-level difficulties.** The Worcester Rough Sleepers Project and Westminster PCT's Homeless Health Team have demonstrated the benefits of counseling and psychotherapeutic interventions for rough sleepers. There is a need for such approaches to be more widely available. Access to Community Mental Health services must also be improved, particularly in terms of the time it can take. Hostels and supported accommodation projects are often left to deal with deteriorating mental health issues for residents without the input from specialist services, leading to a situation of crisis management.
- **Increased support and good practice for homeless people with personality disorders.** There is high unmet need in this area yet there has been a traditional exclusion for people with a personality disorder from mainstream mental health services. The Leeds Personality Disorder Accommodation Service has developed a co-ordinated network approach to meeting housing and support needs. Learning and practice from this and other projects working with personality disorder must be incorporated within the strategy.

- **Improved access and co-ordination of support for people with a dual diagnosis.** Such issues can be common among rough sleeping populations however there is still inconsistent provision across the UK. Homeless individuals with both mental health difficulties and substance misuse problems can find themselves excluded from supported accommodation projects that specialise in one or other of these support needs. Midway Services in Glasgow provides an example of a co-ordinated approach to housing, support and social care needs, involving both statutory and voluntary sector services. The service will even provide for vulnerable individuals who do not have a formal mental health diagnosis. Such approaches need to be more widely developed and available across localities.

The predominance of substance use needs, and methods to address these, among the rough sleeping and wider homeless populations have been widely identified both within our own publications (Safe as houses. An inclusive approach for housing drug users), and that of others e.g. Homeless Link (Clean Break).

We note the emergence of alcohol as the most common support need expressed by rough sleepers. Resources for interventions around alcohol use are vastly lower than those for drug users and joint working across treatment and housing and homelessness is much less developed. There are also gaps in the knowledge base for rough sleepers/those at risk of rough sleeping with alcohol problems as the consistent identification and recording of needs across services does not occur routinely.

Among homeless drug users there is also an increasing trend towards poly-drug use and higher risk drug taking activities e.g. 'speedballing'. Homeless drug users are seen as a particularly high risk group for health problems (particularly the transmission of blood borne viruses) and the relative inadequacy of harm reduction interventions in some areas recently reported by the Healthcare Commission and NTA, may disproportionately serve against such excluded groups.

**Shelter believes that the needs of homeless substance users can only be met with the integrated provision of housing and support services across the spectrum of needs (i.e. from those still using problematically to those seeking to complete and exit treatment drug or alcohol free).** Without services that can meet this diversity only limited progress can be made and an individual's own motivation and progress may be unduly affected by that of others.

**The strategy must identify mechanisms to develop and build upon the cross-departmental working that will be required at national, regional and local levels.** The report by the cross-departmental Drugs and Housing Advisers is soon to be produced and the learning and good practice across assessment of need, commissioning and delivery of service within this must be included within the strategy and widely disseminated.

#### Further issue for inclusion

**We would encourage a continued emphasis upon the inconsistent access to more general primary healthcare that rough sleepers may experience.** This will not only facilitate many of the improvements around meeting mental health and substance use needs of rough sleepers, but also be important in addressing other health-related problems for this group.

### 3) Delivery

Given the unique position of the capital in accounting for around a half of the national rough sleeping estimate, it is perhaps appropriate for a new London delivery partnership to be developed. However it is also important that the needs and responses of other areas are given sufficient priority within a national strategy. Less is known about the profile and demographics of rough sleeping populations outside of London and gaps in data can be particularly acute among more hidden populations and rural locations. The availability of the diverse range of services required to meet identified needs will also vary across localities and may require different interventions and developments.

The central, targeted approach of the strategy to date, and the focus and priorities this has produced, has brought considerable success. However there is a real challenge in maintaining this within the increased framework of more localised priority and target setting. Rough sleepers are often seen as an unpopular group and may be difficult to engage and provide for. Furthermore their multiple and complex needs may require substantial resources, and this may serve as a disincentive for a dedicated focus at a time of competing priorities and reduced funding.

Such concerns have been widely expressed within the housing and homelessness sector relating to the removal of the Supporting People ring-fence and the increasing emphasis on Local Area Agreements (LAAs).

**We believe that local authorities and other strategic groups must be accountable for how they identify and respond to the needs of excluded groups. There must therefore be a central, robust mechanism to monitor this process and take action where failings occur.** There is also a need for dedicated research to improve the cost-benefit evidence base, across a range of strategy areas, in providing services for rough sleepers. This will help to inform the setting of local strategic priorities.

We further support developments to strengthen the sector's workforce. Only with the development of the skills, knowledge and experience base within the sector will housing and support be able to provide access and effective interventions for some of the most vulnerable rough sleepers.

**Shelter would recommend the development and adoption of increased reciprocal training arrangements for housing and homelessness staff across a range of other service areas, particularly substance use and mental health.**

There must also be increasing emphasis on training and development opportunities for those working with rough sleepers and this will require the identification and commitment of resources at local, regional and national level. Without this it will be difficult to retain experienced staff and the continuity of support for service users with long-term needs will be affected. Research by the Lorica Trust and University of Brighton highlights the importance that service users attach to the relationship developed with support workers and the effect that their confidence in this may have on engagement and successful outcomes.

**We believe there is further scope for the assistance and support of former homeless people/rough sleepers to be more widely involved in consultation, development and service delivery within the sector.** Former service users can provide a unique perspective from their own experience and parallels within other service areas, particularly substance use, have demonstrated the benefits this can bring.

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#### 4) Better information

Comment on the need for better and more consistent information to underpin developments in the strategy is included in earlier sections of this response.

**Shelter Good Practice Unit  
30th May 2008.**

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