

Folkestone Churches Winter Shelter



Project Report 2017-18



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Folkestone Churches Winter Shelter (FCWS) has just completed its ninth year of operation. This year was particularly challenging with a severe weather event eclipsing the proposed end date of the Shelter. FCWS staff, staff of the Rainbow Centre and our dedicated volunteers and Churches came together to extend by a week, with the welcome assistance of Shepway District Council. FCWS provides shelter and safety over three of the most difficult months of the year for rough sleeping conditions, along with that special ingredient, only seen in Winter Shelters:

When someone who finds themselves homeless is brought into the care of so many volunteers who give care and compassion, without asking for anything in return, it makes them feel worth something. When we feel worth something we are able to hope, when we are able to hope we are able to look to the future and find motivation. This is the single greatest gift of the FCWS.

It is the volunteers who continue to drive the FCWS forward. It was local Church volunteers who pushed to set up the original FCWS in 2009. We are blessed to have loyal volunteers who come back year after year, some of whom go on to commit to other projects during the time in between. New volunteers often tell us they were inspired to help by others who have been involved. 2017/2018 has been no exception with over 170 volunteers providing even more time to the project between them – over 6500 hours!

I was first involved with FCWS in 2009 when I was the Associate Manager. This is now the 6th Winter Shelter I have been involved in managing. It has been both a humbling and, at times, overwhelming experience. I have seen both the sustained effort of staff and volunteers who have been involved for years, going back to 2009 for some, along with the fresh enthusiasm and gifts which our cohort of over 40 new volunteers brought this year in addition.

This year's FCWS has an almost entirely new team, comprising:

Sarah Elliott - Project Administrator: Sarah has an impressive background within both business and voluntary governance and experience with vulnerable members of society. In addition to the administration of the project, some of her time was also spent assisting with hands on project work at the day centre and venues.

Jana Ernest - Project Worker: Jana is a very experienced front line member of staff, having led the migrant support service here at the Rainbow Centre and currently working as a member of the Homeless Support Service. Jana took on the role of Senior Project Worker this year assisting with the coaching and development of the team.

Steven Kirk-Smith - Project Worker: Steve has been a long standing volunteer with FCWS, including as a Venue Co-Ordinator. He is also a Street Pastor and has a wealth of experience working with both vulnerable adults and children.

Gisela Carroll - Project Worker: Gisela was first involved with FCWS in 2014 and is a very experienced volunteer at the Rainbow Centre. Her ability to take on challenging tasks has been instrumental.

Alison Lynd - Project Worker: Alison first volunteered at FCWS in 2009 and every year since. She is a gifted Project Worker and adept at stepping into any situation arising.

I would like to thank the Venue Co-Ordinators, Venue and Day Centre Volunteers, Driving Volunteers, Cooks, Food Donators and the many more unsung heroes whose dedication and selflessness drive the FCWS project forward. I would also like to thank all of the Volunteers, Staff and Trustees of the Folkestone Rainbow Centre for their dedication, continuing to support FCWS this year. Particular thanks must be given to the FCWS Steering Group and to its outgoing Chair, Rainbow Centre CEO and my Line Manager, Jon Wilson, who has dedicated the past 7 years to FCWS and the Rainbow Centre.

Jon Limebury (Project Manager)

The country as a whole is experiencing a crisis in homelessness. On 25 January 2018, the Ministry of Housing, Communities and Local Government released the Autumn 2017 figures for rough sleeping in England. These are based on a combination of snapshot rough sleeper counts and rough sleeping estimates on one night supplied by local authorities around the country. These statistics show an overall increase of 15% in 2017 compared to 2016, 73% in the last three years and 169% in the past 7 years. The South East saw some of the highest numbers of people rough sleeping in 2017. There were 1119 people counted on one night. This is just 18 people fewer than were counted in London. Locally, in Folkestone, 16 people were found sleeping rough on the count which took place on 20th November 2017. This represented an increase of 45% compared to the 11 people found on the 2016 count. ¹

Porchlight, a Kent based Homelessness Charity who offer outreach services and accommodation across the county, released their own rough sleeping statistics in February 2018, showing they worked with 633 rough sleepers in 2017 compared with 462 in 2016. This is a 37% increase. Porchlight were working with 78 rough sleepers in the Shepway area alone in 2017, compared to 64 in 2016 – a 22% increase and many more than were counted on the snapshot street count. ²

In November 2017 the Rainbow Centre HSS team were actively working with 27 rough sleepers, compared to 22 in November 2016 and 22 in November 2015. This is an increase of 23%. This increase has had to be absorbed by the existing staff with no financial capacity to increase staffing.

It was clear from the outset, based on feedback from the HSS service and wider statistics on homelessness, that we were going to be seeing more homeless people with more complex needs, who would be more vulnerable than before. We wanted to meet the aims of FCWS but as there are more homeless people in Folkestone than beds available, a strategy for this needed to be put in place. The only way to help so many people who are homeless in Folkestone was to either help them find suitable, safe alternatives or, once in the FCWS, help them move on, so as to make way for others in need.

In previous years, the bulk of the “moving on” functions for guests has been taken on by the current staff of the Homeless Support Service, however, this year in order to try and absorb some of the increased numbers of homeless people, FCWS took on an increased amount of case work, moving guests out of the FCWS into more secure accommodation and facilitating access to other appropriate support services.

In order to meet this challenge, we had to be creative with our staffing, which involved reducing the number of project workers on duty to just one each evening and put more emphasis on extra provision during the day. We extended the administrator role to include assisting with guests needs. This was in order to manage processing of all the referrals made and working with our guests to try and avoid having to use the FCWS if other options were available. In addition, much of the daily project work at the Rainbow Centre focussed on assisting guests in reducing the chaos in their lives, therefore helping our guests to be in a better frame of mind by the time they came to the FCWS in the evening.

We trialed the use of two new pieces of technology used with success in other winter shelters, an online volunteer rota called “Signup.com” and also a bespoke Microsoft Access database, provided free to us by CampaignKentCIC, on which we registered our guests and recorded the work undertaken with them.

¹ <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

² <http://www.kentonline.co.uk/ashford/news/were-stretched-to-breaking-point-159668/>

Aims of the Shelter

Having struggled with a difficult housing landscape in previous years, this is now the second year of using aims which were revised in order to manage people's expectations of what was possible.

A common idea amongst many people is that there are some people who choose to be homeless. I have spoken to people who have told me that they do, indeed choose to live that way. When asked what their experience of having a home was like, they often break down in tears with memories of how hard the experience was or of being treated badly. These were needs in some cases we sadly could not address without the provision of on-going support.

With this in mind and with a marked increase in homelessness, we have done our best to adapt to the pressures on the FCWS and help people where we can with HSS and other key agencies both in Shepway, Kent and Nationally.

Folkestone Churches Winter Shelter Aims:

- To provide an evening and night shelter for homeless people in Folkestone using church buildings and volunteers through the coldest period of the winter
- To engage church members and the wider community with some of the most vulnerable people in Folkestone without discrimination, expressing Christian compassion in building supportive relationships that help homeless guests towards independent living.
- To work in partnership with the Rainbow Centre's Homeless Support Service and other key agencies, who will assist and empower homeless people to make positive changes in their lives.

Christian Ethos

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, It is not self-seeking, It is not easily angered, It keeps no record of wrongs. 1 Corinthians 13:4-5

The FCWS continues to operate under the umbrella of the Rainbow Centre, a Christian Charity supporting people in crisis.

Members of the local community are brought together by love, care and compassion for those less fortunate than themselves and the desire to work together to improve support, experiences and outcomes for fellow members of their community who are experiencing homelessness and difficulties at this point in their life journey. Many volunteers as well as guests have shared throughout the period of the FCWS this season how their lives have been changed in both subtle and salient ways through their engagement as volunteers.

The FCWS welcomes volunteers as well as practical and financial supporters from those of all faiths and followings, including those who have chosen a different pathway to faith or are seeking clarity. Our guests also come from many walks of life, belief systems and faiths. Part of the Christian ethos is that everyone is accepted and cared for, just where they are at, regardless of how they come, and that everyone can embrace this ethos together, as one, accepting of our differences as we serve each other.

“Love is the strongest force the world possesses, and yet it is the humblest imaginable.”

Mahatma Gandhi

Host Churches

Without the co-operation and generosity of the hosting churches, the FCWS could not continue to open the doors year on year.

We would, again, extend a heartfelt thank you to all the Church Leaders, Church Administrators, Church Wardens, employees and congregations who have welcomed the FCWS into their premises.

A particular vote of thanks to the Trinity Benefice, for hosting two venues again this year: Holy Trinity Church and St Paul's Church, Sandgate. When we were faced with severe weather after the closing date of an already extended FCWS, Rev Bob Weldon offered to host an additional two nights at Holy Trinity to ensure our guests were in a suitable environment when the snow hit in early March!

Holy Trinity Church



**Millfield – South
Kent Community
Church**



**Sandgate Road
Methodist Church**



St John's Church



**St Paul's Church,
Sandgate**



**Our Lady Help of
Christians Catholic
Church**



**Folkestone Baptist
Church, Hill Road**



Winter Shelter Project Team

The Project Team for the 2017/2018 season was made up of six members. The Project Manager and Project Administrator commenced the organisation and logistics of the project back in October 2017 and worked mainly from the Rainbow Centre office for the majority of their contracted hours. There was a shift this year in focus for the management of the project, with the Project Manager concentrating the majority of his time on supporting the day centre provision. This allowed for daily one to one consultations with guests, to ensure that anyone needing to access medical appointments or support with addictions and housing were both advocated for and accompanied to appointments or viewings they were not able to manage themselves. This did mean that less time was spent this year by the Project Manager at venues during the evenings than has been the case previously. On evaluation, with the increase in the severe multiple disadvantage of the guests the FCWS is seeing in 2018, there may need to be consideration in the future of having two 'lead people,' one concentrating on the needs of guests and the other focusing on face to face periodical support for volunteers and project workers at venues rather than an overall 'Manager'.

The evening Church venues and day centre provisions were led by the four project workers who joined the team for a shorter period in late November 2017 just prior to the FCWS opening its doors for the season and continued until their contracts ended on the official closure of the shelter in late February. Luckily, when the decision was made to extend the FCWS due to the continued wintry conditions, two of the four project workers were still available and able to support the extension alongside much appreciated additional support from the HSS team at the Rainbow Centre. The combined team working of the FCWS Team alongside the HSS Team has been instrumental in many of the successful outcomes of both housing and improved situations for the guests this year. The con-joined office spaces and support of the HSS Reception Volunteers have enhanced the ease of dual service access for those guests accessing the FCWS alongside continuation of their HSS support plans. Consideration could be given in future years as to how the two teams could continue to work together involving some cross over of staffing. This could possibly assist in both enhanced training and exposure to case work for FCWS project workers and a reduction in duplication of appointments, update time and casework where the FCWS and HSS share the same clients.

The team was enhanced by the valuable contribution of both the Volunteer Co-Ordinators and the amazing community of volunteers. A vast number of volunteers returned to us from previous years, supported by an influx of new volunteers from the wider Folkestone Community. Work to get volunteers ready and cleared through the vetting process and DBS checks was helpfully undertaken by the Rainbow Centre Volunteer Co-Ordinator Theresa Fowler, who took on a significant additional workload to provide this support. A whopping 83 DBS checks were completed for volunteers this year taking approximately 60 hours in total!

The FCWS continued to work with other agencies this year in addition to HSS, with some new relationships being formed. Sign-posting and partnership working has become even more valuable due to increased pressures on services and reduction in funding for many statutory and non-statutory services. Both HSS and the FCWS team worked closely with relevant external agencies. Our work has been collaborative; receiving advice and assistance from Porchlight, Department of Work and Pensions (DWP), Jobcentre Plus, Citizens' Advice Bureau, Home Start, Shepway Community Mental Health Team, MIND, The Forward Trust (Drug & Alcohol Services), Shelter Legal Team, TNA Solicitors, CampaignKentCIC, Domestic Abuse One Stop Shop, SSAFA and Shepway District Council, who allocated dedicated Housing Options Officers for the duration of the FCWS. For those guests who needed additional support, project workers were able to accompany them to appointments at doctor's surgeries, the hospital, the probation service and visits to mental health professionals.

As described in the introduction, FCWS possesses the ability to create a unique environment where people who are homeless are given hope and motivation through their interactions with our dedicated volunteers. This is particularly poignant when some of the most excluded and institutionalised (to sleeping rough) people engage with the FCWS.

People in these situations find it incredibly difficult to engage with traditional services in the community and struggle even to attend appointments, complete forms and the various other “hoops” they need to jump through in order to access any type of basic service which would assist with improving their health or mental wellbeing as well as finding accommodation. It may take many years before a “window of opportunity” arises for someone in this position and we are always aware that whilst we can’t always help everyone, the door must always be facilitated to remain open when they are ready.

To increase the chances of these opportunities arising, we extended the drop-in provision from four days to five which included the Thursday drop-in supported by HSS Volunteers which operates throughout the year at the Rainbow Centre. We have been in a position to welcome guests and those wishing to access the FCWS a safe place to come Monday to Friday throughout the three months of operation. We have found this to be an invaluable service – our guests have been able to use the time and space to escape from life on the streets and steer themselves away from much of the substance misuse and negative influences they are exposed to on a daily basis. Trust was able to be built up much more quickly through the simple acts of socialising, conversation and a game of snooker with volunteers and project staff who crossed over venues and day centre provision. New guests were able to be introduced to volunteers and staff at the time of registering immediately de-escalating the anxiety of turning up to a new unknown place and sharing a room with unknown people later on in the evening. For guests who found the group interaction too much to cope with, or who were unable to regulate their behavior within the centre due to their difficulties, volunteers and project staff would often be found sharing a cup of tea and a sandwich on the bench outside of the Rainbow Centre. (They could be seen at a less intimidating proximity by other staff and volunteers from the high rising window.)

Volunteers & Co-Ordination

The FCWS continues to be a majority volunteer run project. It has been overwhelming to see the dedication, love, compassion and enthusiasm offered by members of the Church and wider community freely and willingly.

Whilst the majority of the volunteer population of the FCWS are congregation members of the Churches hosting the venues, there are also a vast number of volunteers who offer their time from Churches in Hythe, the Marsh, Capel and Canterbury and an encouraging number from the Mosque; Buddhist Temple; Hindu Temple; and the Quaker Society of Friends locally. There are also an increasing number of volunteers being welcomed into the FCWS from the wider community, all working together to meet the needs of the vulnerable in our community without barrier or prejudice.

Volunteering has reached us in a variety of forms this year as well as time spent at the venues in a ‘hands-on’ capacity. We are, in addition grateful to those who have raised awareness in the community and taken part in FCWS fund raising events. The list of people who have supported by cooking, donating and delivering refreshments is too great to list alongside the Brownies and Guides groups who ensured each guest had a gift to open on Christmas morning and the vast number of local parents who have taken the time to bake with their children and explain to them with age appropriate exposure that the cakes were being baked for those less fortunate than themselves.

The FCWS offers a variety of ways for our volunteers to get involved, including unloading the van and setting up the beds each evening, cooking, eating and socializing with our guests; making breakfast, packing up the venues and driving the van. Overnight stays continue to be the main area of difficulty in recruiting volunteers. We are particularly grateful to those volunteers who sacrifice a full nights sleep and offer their time overnight for several nights each week for the duration of the FCWS, as well as to those volunteers who do a night shift with us and then go on to do a full day at work afterwards!

Volunteers offering vocational experience in care, podiatry, mental health and wellbeing have again been very active this year, enhancing our basic offer at each of the venues. Additional food provision has also been well received from local businesses such as Streetz2Streetz, Prince of India, Gurkha Palace, Tesco and Fareshare to name just a few. Volunteering for the FCWS definitely has a whole spectrum of time and efforts offered!

Venue Co-Ordination

As in previous years, the majority of venues were managed by a co-ordinator who was the main liaison point between the Church venue and the project team. The co-ordinators had responsibility for the allocation of volunteers within their venue, supporting the catering team, conducting regular health and safety checks and representing the interests of the venue to the project manager. The role of the co-ordinator varied from venue to venue from organizing volunteers and unlocking in some venues right through to being present for the duration of every shift.

In addition, this year a new on-line system “sign-up.com” was brought in to enhance organization by giving the project office a whole view of all the venues and volunteers at the touch of a button. Whilst this improved things for the overall effectiveness of the FCWS for the main project team in lots of ways, as with all new system implementations, it did not come without issue and a compromise was found between those venues who used the system for the allocation and communication of all shifts through to those who continued as they had before with their traditional venue organization where their rotas were simply input into the system, once agreed and communicated to volunteers.

There were fewer face to face team meetings than in previous years between the project team and co-ordinators of the venues, with mixed results. It would be fair to state that having seven different venues all working in slightly different ways holds a wonderfully unique and positive experience for volunteers and guests on each night of the week, but also comes with some issues of consistency and expectation for those volunteers offering their time across multiple venues, and from a central office point of view needing to learn seven individual ways of working. Whilst centralizing the organization of venues would not be advisable as the uniqueness of each venue is part of the charm of the FCWS, there could be some merit in having more of a standardized approach to processes for each of the venues.

Six venues had a volunteer coordinator allocated by their venue with volunteers for the remaining venue being allocated centrally from the Rainbow Centre office. Three venues operated solely with their own rota, set and communicated by the co-ordinator without assistance from the office. In these cases, all three venues had complete control of their volunteer allocations and rota. Incoming information to the office was simply passed to co-ordinators where volunteers had asked to make their availability known.

The venue with no co-ordinator operated solely through the sign up system for all volunteer shift allocations. One venue co-ordinator used the signup system to upload their own rota using a combination of sign up, phone calls and emails to manage their rota and communication. One co-ordinator would complete their rota and fill the slots they were able and then ask the central office to call out for additional volunteers to fill gaps where there were a shortage of venue allocated volunteers, this venue used the highest number of individual volunteers across the project and accommodated all requests and offers of helpers when they were offered. One co-ordinator worked in partnership with the office to set their rota via the sign up system in the first instance and would then complete calls to ensure people had received their confirmation emails. and understood their rota.

Of the six venue co-ordinators, only two logged in and used the system, three preferred to continue with the traditional rota methods and one communicated daily via email and text with the project team viewing sent screenshots rather than the log-in system. The centrally co-ordinated venue used the sign up system exclusively.

It is acknowledged that the FCWS training sessions could have encompassed more information about the online sign-up system and how it was to be used. It is also accepted that it was unfair to expect the co-ordinators to undertake use of the system across the board without full training. The online sign-up system was also variably received by the volunteer

population with reports of both the system being engaging and simple to use from the point of view of some and creating an additional communication level felt to be unnecessary from others.

Of the volunteer population, 179 for the 2017/2018 season, a total of 30 cleared volunteers were brand new to the project and had no previous experience of any other shift allocation system. 29 of the 30 (97%) new volunteers logged in and used the online sign-up system. There were 149 returning volunteers. 42 of 149 (28%) returning volunteers logged in and used the system. Overall 71 of a total 179 (40%) volunteers logged in and used the online sign-up system. This percentage was reflective of the 41% co-ordination engagement with the sign-up system.

Volunteers

The number of hours donated by volunteers varied hugely depending on wider commitments. The contribution of each volunteer no matter how great or small has been extremely valued. The FCWS simply could not operate and run without the extensive support of our volunteers!

Volunteering for the FCWS ignites passion and inspiration with many volunteers from previous years bringing along friends, relatives and colleagues as new volunteers this year. With each returning volunteer and new volunteer alike comes a wealth of knowledge, experience and enthusiasm which make the FCWS what it is. Volunteers, have made regular testimony of the difference volunteering has made in their own lives and perceptions as well as the difference it makes to our guests. Many volunteers have been humbled by listening to the stories and experiences of the guests as they share a meal together each evening, in return having a profound impact on how they live, eat, cook and go about their daily lives beyond the FCWS in consideration of how the whole community of Folkestone lives at all levels of the social spectrum.

The most staggering impact our volunteers have on the project is the relativity of what the sheer hourly cost would be without them! If all our volunteers were paid the national living wage (£8.75) for the hours they freely give, the comparable cost would make a project like this impossible! The FCWS provides the tangible elements of venues, food, volunteers and project staff, but these are relatively straight forward to provide. What really makes the difference is the welcome that the guests receive, the listening ears which the volunteers are able to provide and the atmosphere of security, friendship and support which is offered in each venue. Guests receive from those who offer what they have with no expectation of anything in return. These elements cannot have any price apportioned to them which is the beauty of this type of project.



Funding and Costs

At a time when money is tight for many individuals and organisations it is important that the way FCWS spends the generously donated money is clearly explained.

We have been successful this year in gaining substantial grants from eleven difference organisations in addition to £20,513 being received from individuals and Churches connected with Folkestone.

From the beginning we set out to spend money in a responsible way, seeking the best value whilst trying to get products that were durable and of a good quality.

Staff wages are always going to be the biggest cost and as can be seen they accounts for 71% of our total expenditure. On a three month project the wage costs could be dramatically increased or decreased by the amount of lead in you give to staff, which in turn affects the amount of training that staff can do. If the FCWS is to be safe, well led and provide a high quality service then fund raising must reflect the need to pay for appropriate lead in periods to enable staff to be trained for the task.

FCWS Project Income & Expenditure 2017-2018

Income

Beatrice Laing Trust	£2,500.00
Church & Community	£10,000.00
Don Hanson Charitable Foundation	£10,000.00
Kent Police	£750.00
Shepway District Council	£10,000.00
Church Donations	£6,173.82
Donations from Individuals	£14,339.67
Total Income	£53,763.49

Expenditure

Recruitment Costs for Staff	£884.64
Project Staff Salaries	£30,589.09
CRB's and Training	£934.20
Contributions to Rainbow Centre (insurance, gas, elec, rent)	£9,400.00
Contribution to Venue Costs & Catering	£2,027.77
Vehicle Costs	£909.47
Transport	£286.78
Printing	£18.48
Postage and Carriage	£162.49
Beds and Bedding	£1,570.75
Fundraising Expenditure	£870.00
Sundry Expenses not listed	£979.90
Total Expenditure for year	£48,633.57

Hidden Funding

A vast amount of food, toiletries, socks and other items were directly given to the staff at the Rainbow Centre in support of The FCWS and were incredibly useful for guests who arrived with virtually the 'shirts' on their backs.

Special Thanks

There have been so many supporters of the FCWS this year that they are too vast to list and thank individually without the danger of missing someone out. Our heartfelt thanks goes out to each and every individual, group, organisation and business who have offered of themselves to serve others this winter through the shelter.

We continue to be grateful to the Rotary Clubs of Folkestone and Folkestone Channel for enabling the provision of a second van last year, which has again for 13 weeks been exclusively used by the FCWS. We would also like to thank St Andrews Methodist Church & Anya Goldsack who welcomed our guests into their venue for Christmas Day Dinner with the Community and to Our Lady Help of Christians Catholic Church and Fr Jamie Houghton who co-ordinated and hosted the Boxing Day lunch provision.

Building a Winter Shelter

There are so many elements to a successful Winter Shelter both tangible and intangible but all are equally important to our guests.



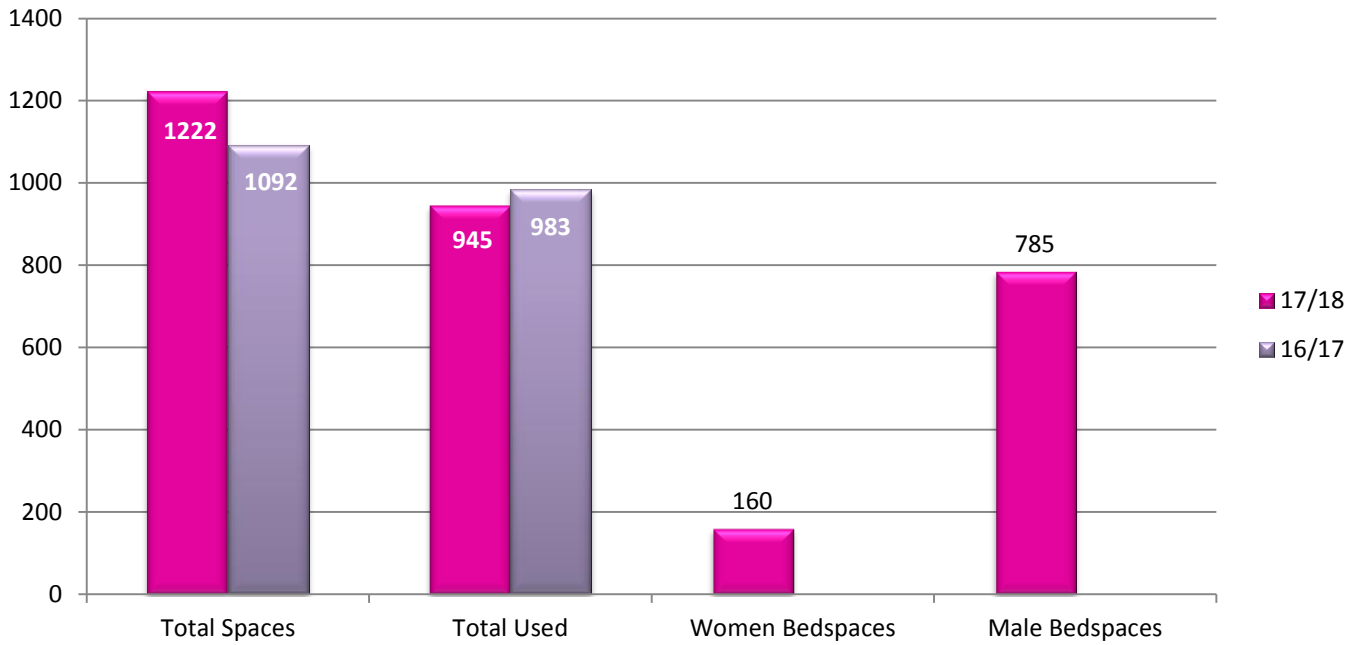
We would like to thank all those we have had the privilege of personally working with, from Caretakers to Church Leaders, and everyone that has played a part in the FCWS this year, all of whom have helped make the process of running the FCWS an easier one.



Guests & Shelter Statistics

Of the 63 referrals to this years FCWS, 60 were made by our guests coming to the Rainbow Centre themselves. Given the close working relationship between FCWS and the HSS team at the Rainbow Centre, we have counted all those completed by either as self referrals. We received one referral from JobCentre Plus, one referral from Probation Services and one referral from Shepway District Council.

Folkestone Churches Winter Shelter, as its name suggests, has always aimed to provide shelter to people sleeping rough in Folkestone and the district of Shepway. Our management does offer discretion in this, so if someone is sleeping rough and we have a space in the FCWS, we may offer it to them. Where we have been able to identify a previous address for those referrals to the shelter, 88% came from the Shepway District.



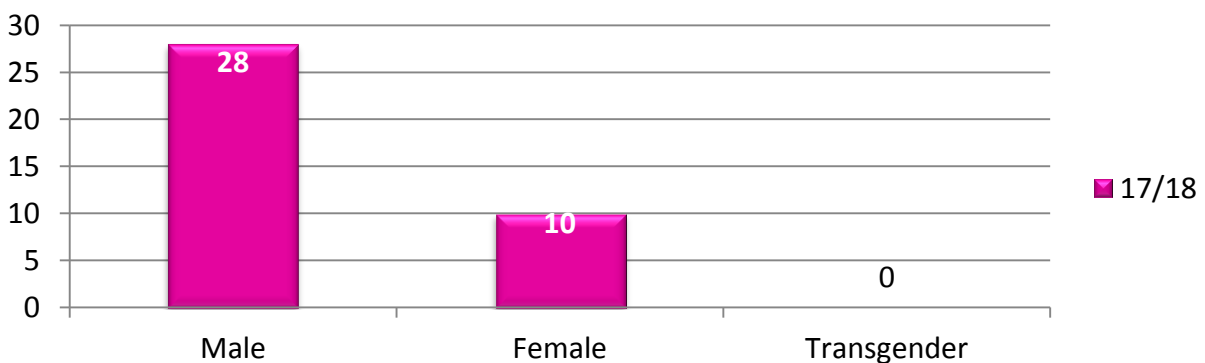
Running Capacity for 16/17
90%

Running Capacity for 17/18
77%

Our running capacity for this years project shows a reduction of 12% on last year. There are factors contributing to this:

- A greater percentage of people who are homeless are more vulnerable than previously – with more issues per person – i.e. people often have a substance misuse issue (drug or alcohol), mental health issues and offending issues. This means they find it difficult to engage in a set timetable when their lives may be very chaotic.
- Several of our guests were taken into hospital. Sometimes for more than a week. We were never sure when they would be discharged and so saved their bedspaces saved to prevent them from ending up on the streets if they were discharged unexpectedly to “No Fixed Abode”, which is a regularly seen practice from hospital discharges.

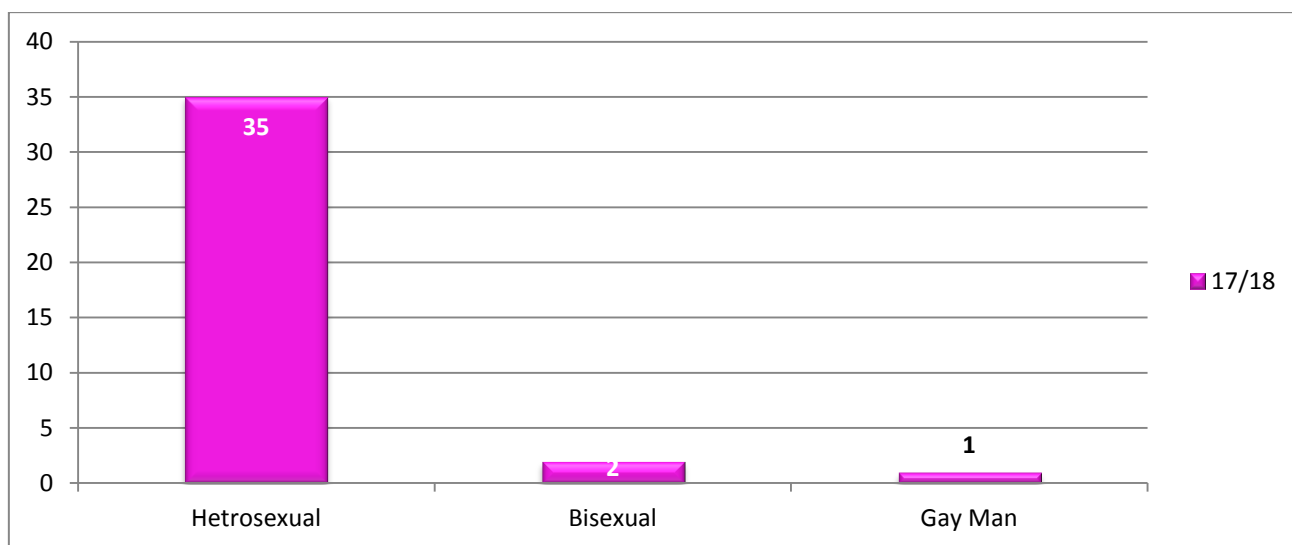
Gender



This is one of the most disturbing and worrying statistics of this years FCWS: Over 26% of our guests were women. The National average for women sleeping rough is 14%.³ In the UK, women are better at managing their own support networks, managing stress and much less likely to become homeless than men. By the time the average woman has become homeless, she will have suffered a significantly greater amount of trauma and abuse than the average man. This is not to play down the difficulties men experience in becoming homeless – it is reasonable to say that men are more at risk than women due to the fact that more men become homeless than women – but, that a homeless woman is on average more vulnerable than a homeless man by the same fact.

This increased ratio of homeless women to men in FCWS may well be indicative of a failing welfare state and particularly of barriers to help in the Shepway area. The cost to the community in failing to help people out of homelessness is significant and must be addressed in a proactive way.

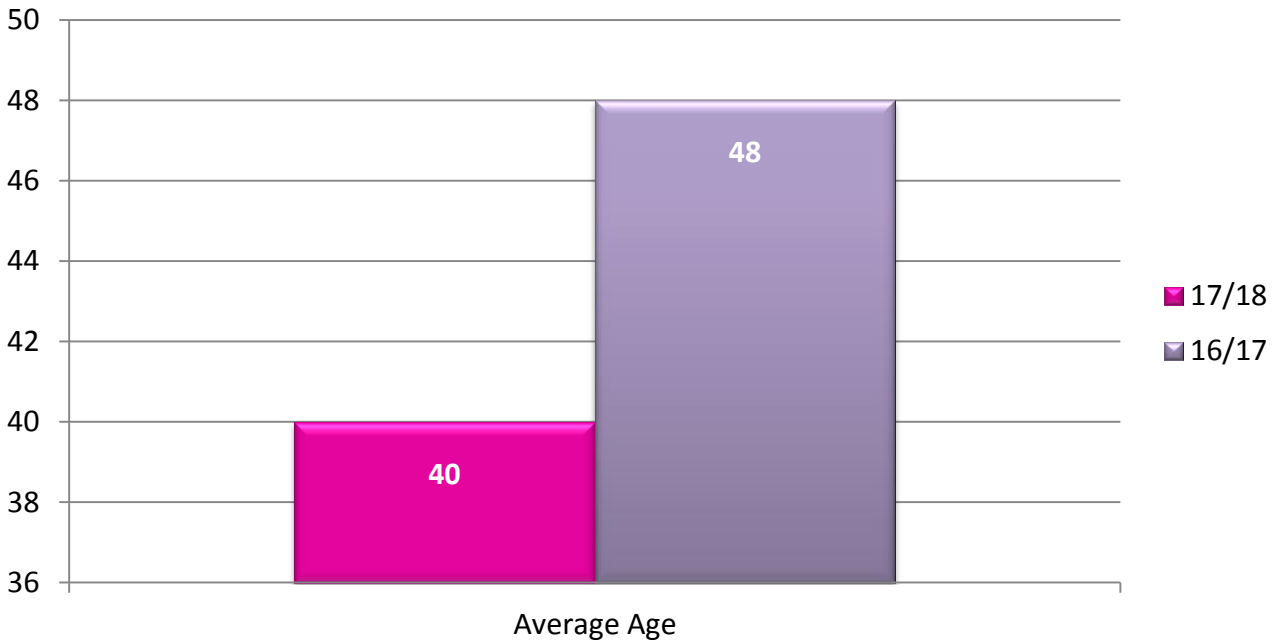
Sexuality



3 of the 38 people who stayed in FCWS identified that they were gay/bisexual. This is nearly 8% whilst the Office for National Statistics published figures for 2016 that 2% of the population identify as gay/bisexual. Stonewall, an LGBT charity, estimate that 5-7% of the population are gay/bisexual. Our own figures may be an anomaly considering the small sample of people but it is important to be aware if LGBT people are more at risk of homelessness.

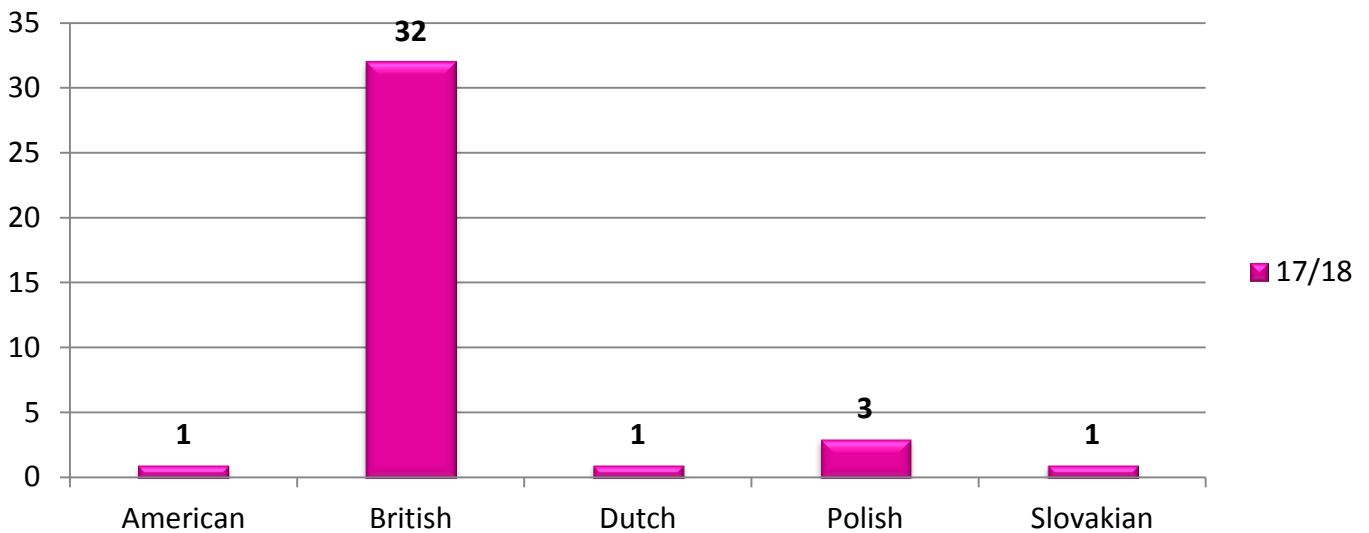
³ <https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20analysis%20of%20rough%20sleeping%20statistics%20for%20England%202017.pdf>

Average Age



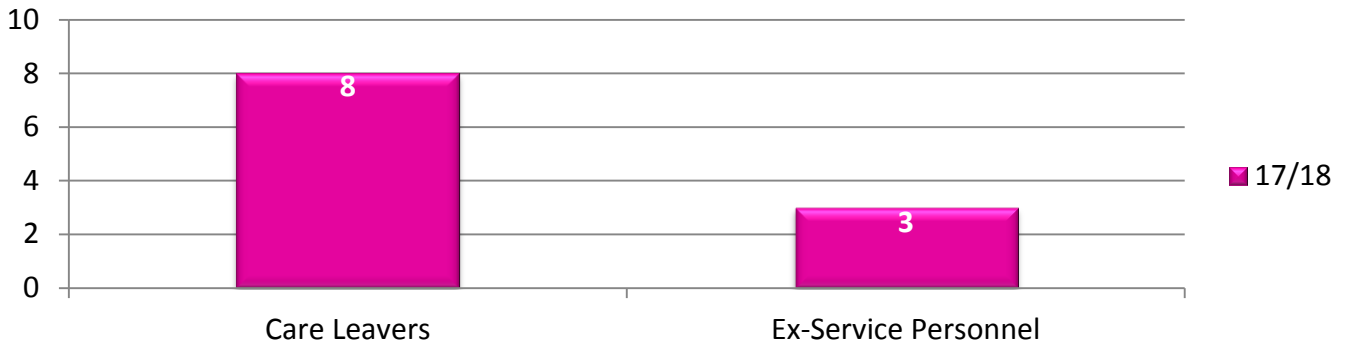
FCWS has seen a significant reduction in average age. In the 2016-17 FCWS it was noted that nobody under the age of 24 accessed. In 2017, housing benefit entitlement was cut for 18-21 year olds and those under 34 are only entitled to the shared accommodation rate of Local Housing Allowance. It is clear that this may well be having a significant effect on homelessness.

Nationality



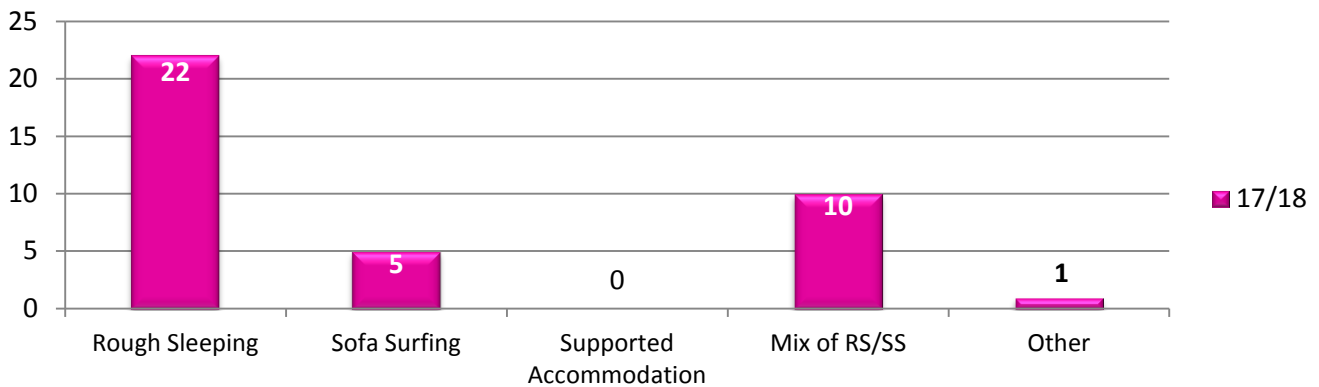
Much media and political interest is paid towards foreign nationals living in the UK and taking advantage of the benefit system. 15.8% (6) of our guests were recorded as having a nationality other than British and one of them has lived here since they were less than one year old and has a British mother. None of the non-British FCWS guests were in receipt of any UK benefit and two of them worked part time during the FCWS season. We were able to help one guest return home to their family in Poland after they had been trying to do so for many months.

Care Leavers and Ex-Service Personnel



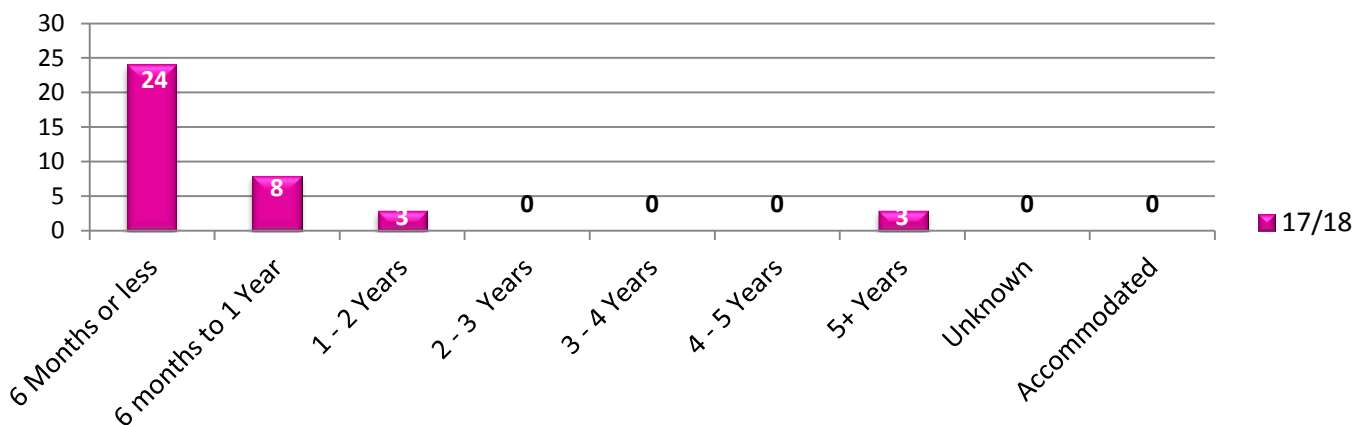
Over 21% of our guests had been in care as children and just under 8% had served in the armed forces. One of our guests was provided with accommodation due to having been in care via a Social Services placement and one of our guests is currently being supported very intensively by Armed Forces Charity SSAFA and we are optimistic that they will be able to move into somewhere soon. However, the number of people having been in this situation, which makes them much more vulnerable to homelessness, is indicative of how fragile many homeless people are. We hope that housing legislation and guidance will improve the opportunity for people to access accommodation more easily due to their increased vulnerability.

Current Situation



Over 84% of our guests were either sleeping rough or a mixture of sofa surfing and sleeping rough before they came to us. The remaining 16% had run out of sofa sleeping options at the point they came to us whilst one had been sleeping in their car and at 60 years old was no longer able to cope with the cold. They were all homeless in Folkestone at the time of registering with us.

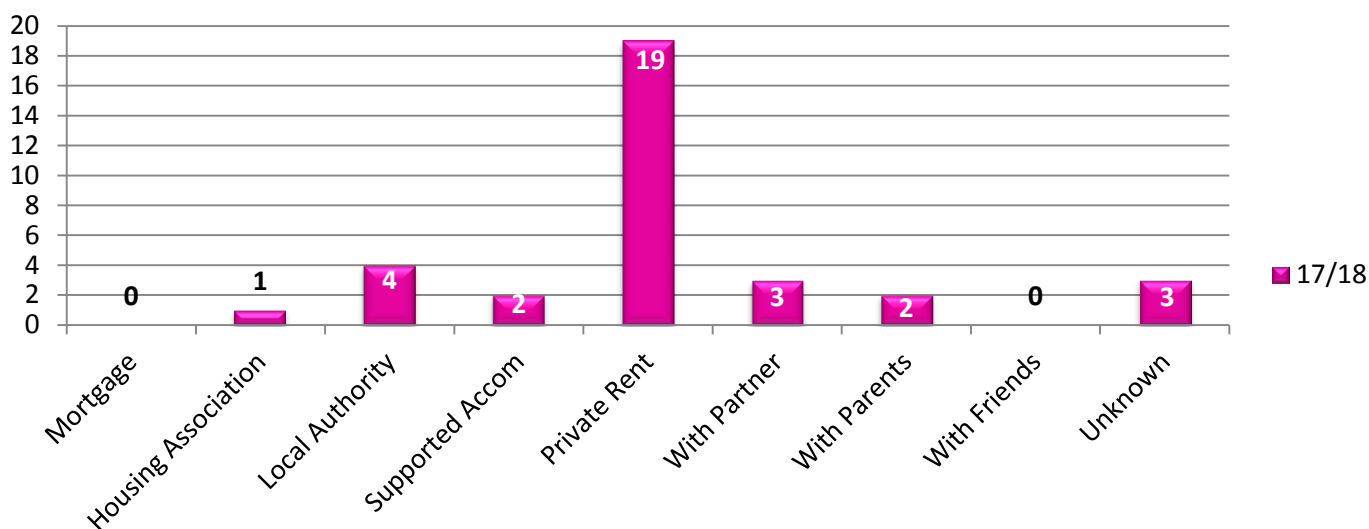
Estimated Time in Current Situation



The majority of our guests – over 63% - had been homeless for less than 6 months. Combined with the 50% of guests whose last known tenancy type was private rented accommodation confirms the most recent national statistics which show that the end of an Assured Shorthold Tenancy was the single greatest cause of homelessness. In Folkestone, we can see the main reason behind this very clearly by looking at the average cost of rented properties against the maximum Local Housing Allowance paid when claiming Housing Benefit:

- The mean (average) 1 bed property rental for Shepway from 1 April 2016 to 31 March 2017 was £451 per calendar month.⁴
- The Local Housing Allowance for a one bedroom property in Shepway is £374 per calendar month if the tenant is over 34 years of age. It is £274 per calendar month if they are under 34 years of age.⁵

Last Known Tenancy Type



Local Authority Homelessness Applications and Housing Needs Register

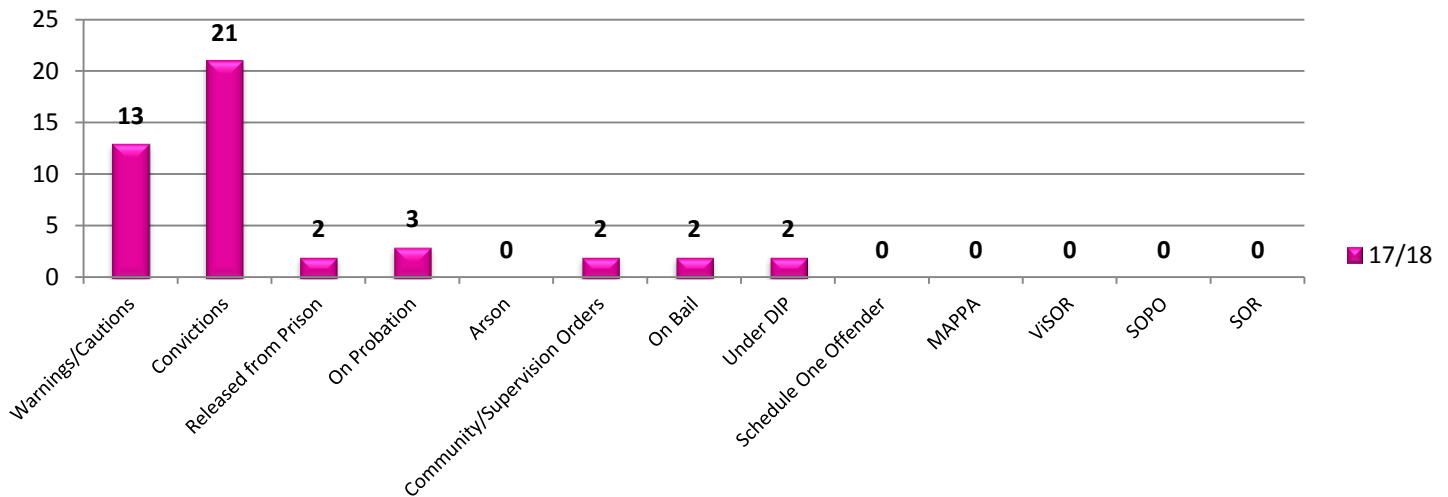


60% of the guests who stayed with us told us they had made Homeless Applications to a Local Authority. Just over 20% said they were on the Housing Needs Register. Unfortunately, nobody was found to be in Priority Need, and therefore given immediate accommodation. A significant observation was that no-one managed to access social housing via the Housing Needs Register for the duration of the project. This is a very unusual situation to occur within a winter shelter and should be investigated to find solutions as many of our guests were very vulnerable. Our record of their vulnerabilities is set out below.

⁴ VOA's administrative database as at 31 March 2017

⁵ <https://www.shepway.gov.uk/housing-benefit/local-housing-allowance>

Offending



Over 55% of our guests had criminal convictions and two had recently been released from prison. Whilst it may be interpreted that this makes our guests more of a risk to others, the reality is that it highlights their vulnerability. Most of the offences they are convicted of are related to their mental health and/or addiction issues. In addition, someone sleeping rough is 17 times more likely to be a victim of violence than a person in accommodation.⁶ For those who have been in prison, “more than three-quarters of prisoners (79%) who reported being homeless before custody were reconvicted in the first year after release, compared with less than half (47%) of those who did not report being homeless before custody.”⁷

It follows that by providing a safe place for people to stay over a 3 month period, FCWS both protects vulnerable people from being victims of crime for a quarter of the year and helps prevent people with a history or risk of committing offences from doing so for the same period of time.

⁶ <https://www.crisis.org.uk/about-us/latest-news/new-research-reveals-the-scale-of-violence-against-rough-sleepers/>

⁷ <https://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/accommodation-homelessness-reoffending-prisoners.pdf>

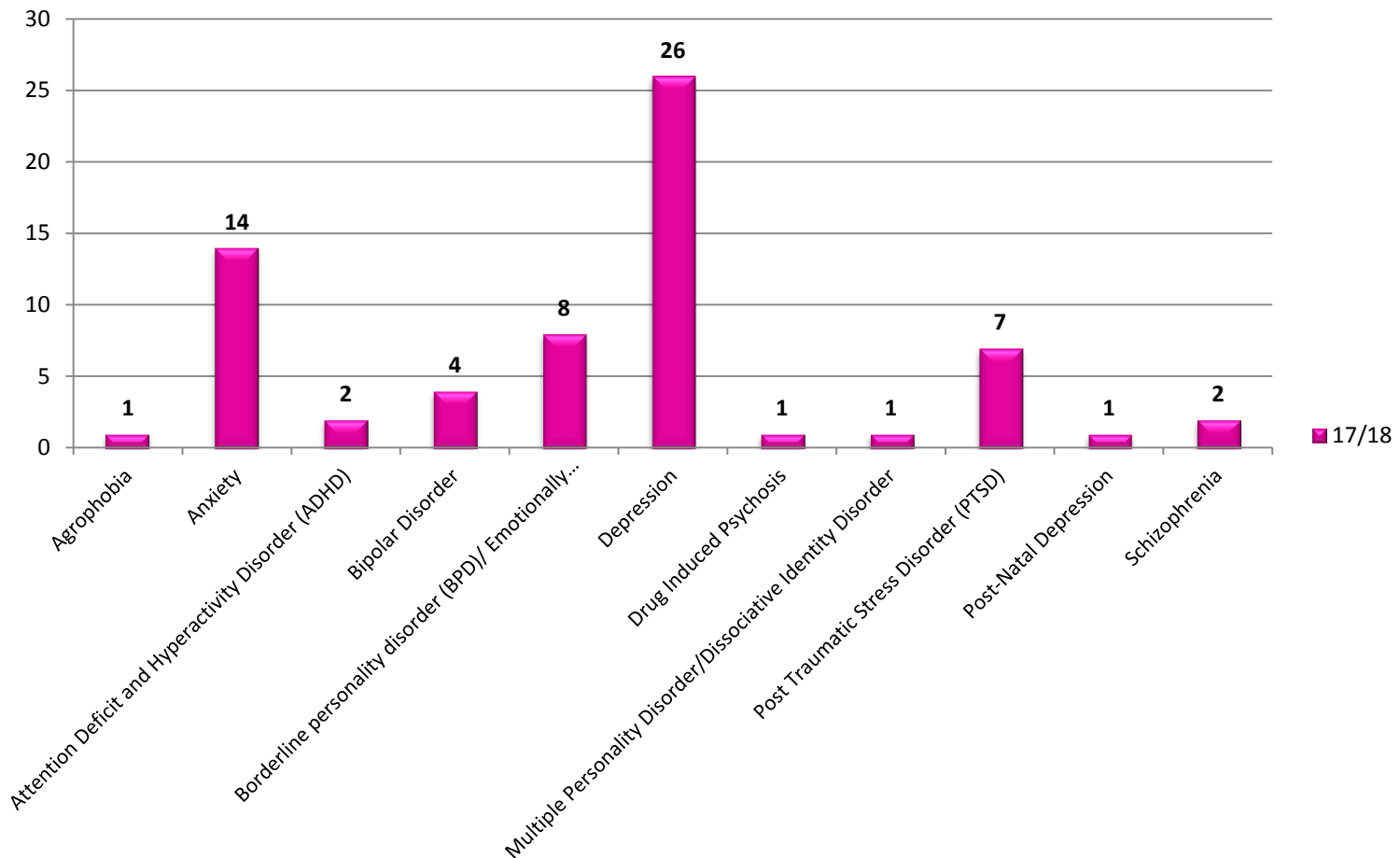
Guests with diagnosed Mental Health Issues in Dec-17

57%

Guests with diagnosed Mental Health Issues in Jan-18

61%

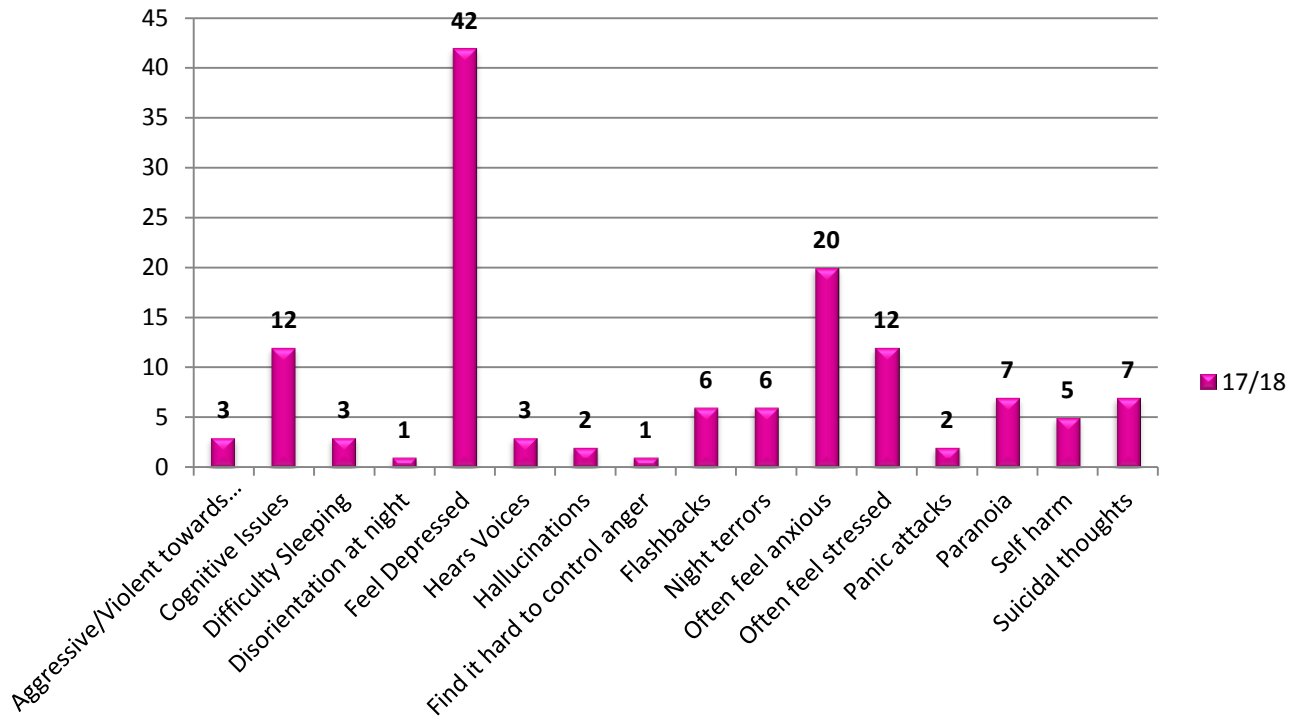
Mental Health



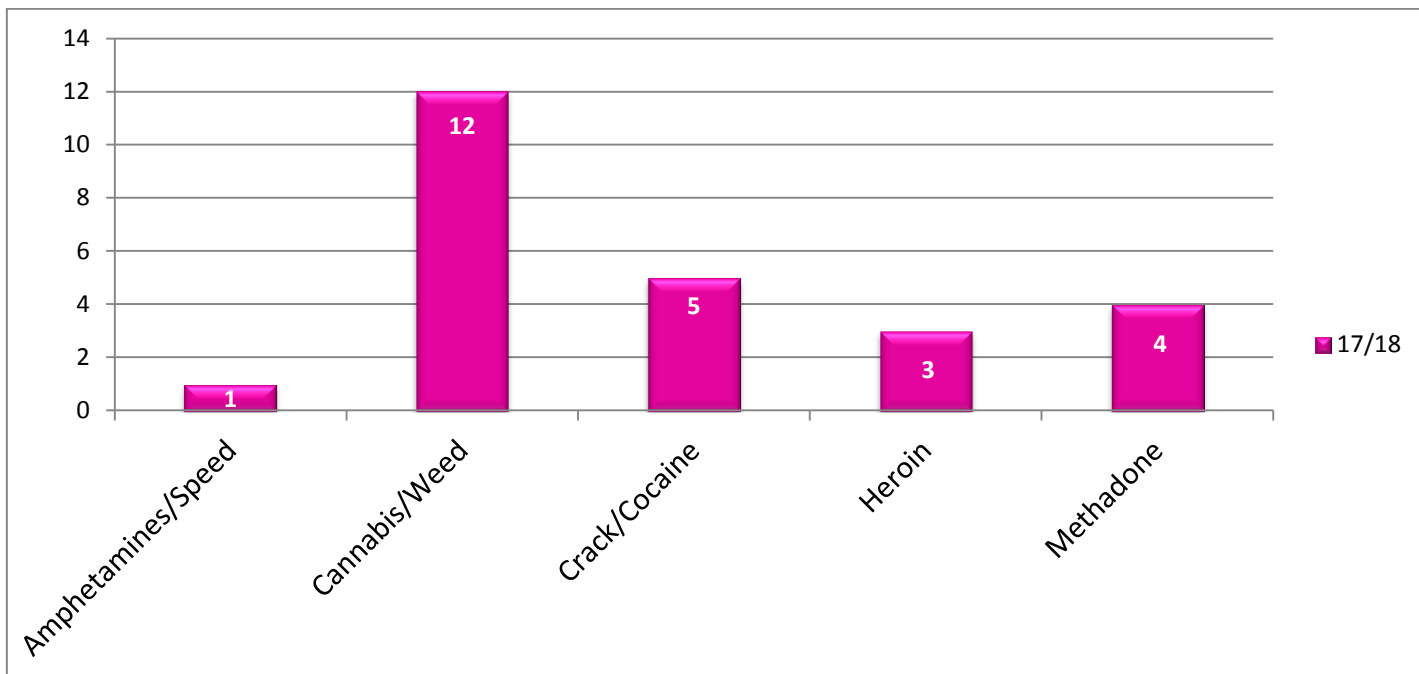
Mental health issues amongst people who experience homelessness has for a long time been recognised as a major problem. Conditions disclosed to us during the referral process are listed above. A survey published in 2016 showed that around 1 in 6 people in the UK experienced a common mental health problem in 2014.⁸ This survey encompassed only people who lived in private accommodation and were not in social housing, hospital, prison or homeless. Compare this to around 60% of FCWS guests who told us they had diagnosed mental health conditions and we can see that people who are homeless are significantly more vulnerable to mental health issues. Much of the time, mental health issues pre-date people becoming homeless but the experience of being homeless is an extremely stressful and damaging experience in itself, thus making mental ill health even more likely. Several of our guests were under the care of the Shepway Community Mental Health Team (CMHT) and we had regular contact with them in order to try and support our guests. This involved several multi-agency meetings around one individual and accompanying that same person to appointments with mental health professionals amongst many hours spent communicating with CMHT and other agencies. It must be noted though, that the Shepway CMHT are currently oversubscribed with patients and unable to allocate care coordination to people without long waiting times. When we combine mental health with substance misuse issues (drugs & alcohol), mental health services struggle even more to engage with people as their substance misuse can often mask underlying mental illness or even cause symptoms of mental ill health, such as drug induced psychosis.

⁸ McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. Available at: <http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf>

Other Conditions



Further to diagnosed mental health issues, many other problems were disclosed by guests as can be seen above. Feeling depressed, anxious and stressed were the highest reported problems, along with cognitive issues such as learning difficulties. Paranoia, self harm and suicidal thoughts were also often described as problems to us. The wide range of mental distress reported to us suffered by our guests is a significant concern and only goes to support the obvious need for increased levels of mental health services for people who are homeless. This supports the conclusion that, if provided with accommodation, these issues would be far reduced as is shown by the national statistics described above.



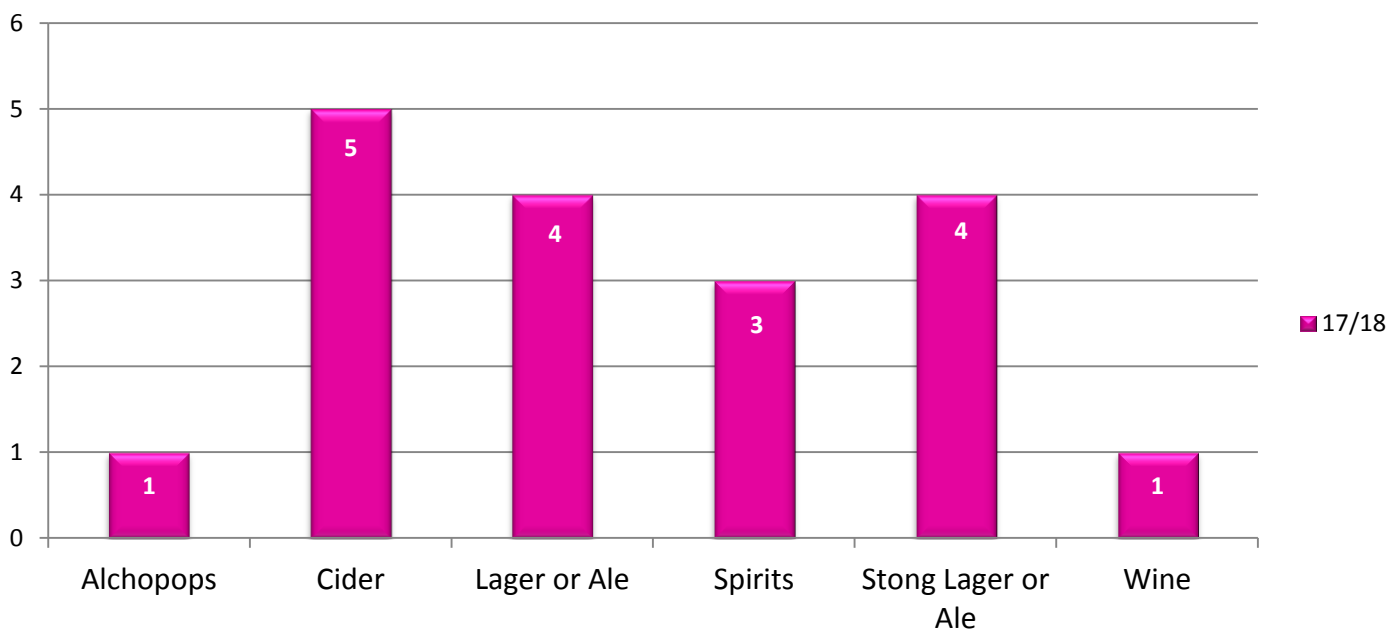
Clients with Substance Misuse Issues 17/18
50%

Substance Misuse

Minimum spent **per week** on Substance Misuse 17/18
£505

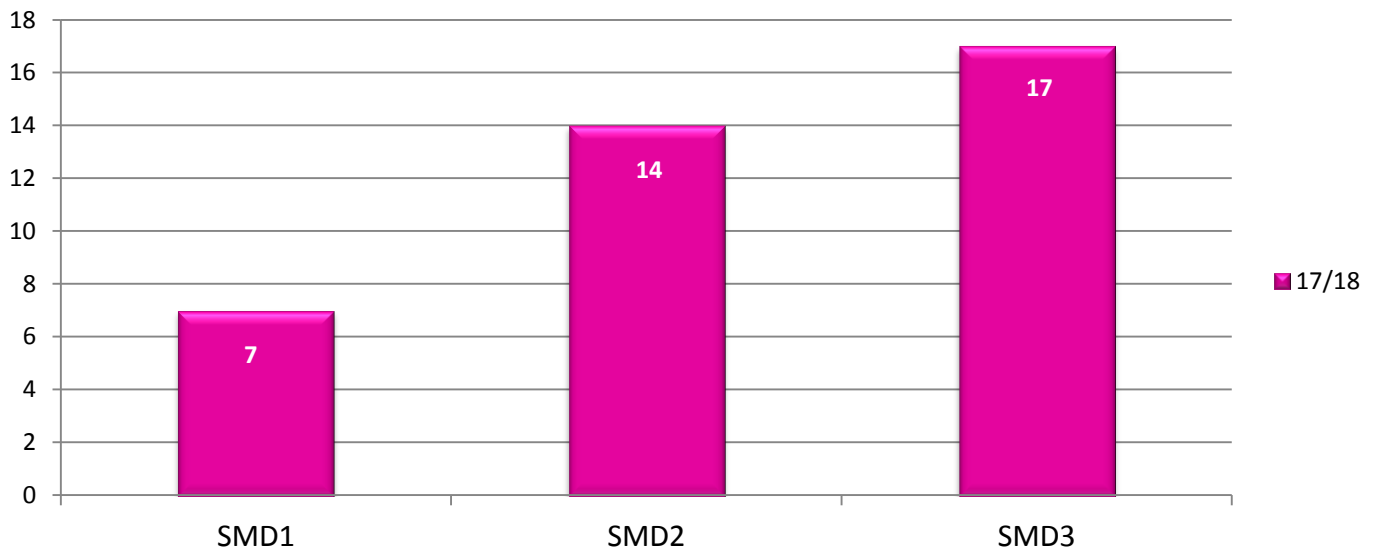
Clients with Alcohol Issues 17/18
34%
Minimum Alcohol Units consumed per week
1130

Alcohol Misuse



Substance misuse and addiction are also quite rightly associated with homelessness. As discussed above, mental ill health is often a causal link in substance misuse as is the mental distress associated with homelessness. If someone who becomes homeless does not already have a substance misuse issue they are many times more likely to develop one before long. Homeless Link published statistics on substance misuse and alcohol use reported by homeless people which showed that 39% either took drugs or were recovering from a drug problem and 27% have either an alcohol problem or are recovering from one.⁹ In registering our guests, we categorised their answers in the same way and found that 50% had a substance misuse problem or were in recovery and 34% had an alcohol problem or were recovering from one. We can see that this represents a significantly higher percentage for people with these issues than Homeless Link found in their study. Again we note that local services to assist people with substance misuse issues are lacking in resources. They are unable to meet people who have drug or alcohol problems in Folkestone – so someone who is sleeping rough in Folkestone has to go to Dover for help. It is also important to note that addiction is a diagnosable mental health issue and is incredibly difficult to treat, let alone to recover from by individuals suffering with it. The World Health Organisation defines it as “dependence syndrome”.¹⁰ A significant number of people with addiction issues who we are aware of sleeping rough were so deep in their substance misuse that they did not even register with us, let alone be considered manageable within the shelter as they were unable to manage to abstain from using during the night. This issue must be addressed and services need to be properly resourced to help, using partnership working between mental health and substance misuse services to reduce the damage to individuals and our community. People with addictions are prevalent begging throughout Folkestone but with help only available in Dover we are unlikely to see any reduction in this crisis.

Severe and Multiple Disadvantage Levels



Severe Multiple Disadvantage is described in a publication by the Lankelly Chase Foundation, *Hard Edges – mapping severe and multiple disadvantage (2015)* as the following:

- SMD1: Either homeless, offending or substance misuse.
- SMD2: Homeless and offending or substance misuse.
- SMD3: Homeless, offending and substance misuse.

Of those who stayed in FCWS:

- SMD1: 7/38 = 18.4%
- SMD2: 14/38 = 36.8%
- SMD3: 17/38 = 44.7%

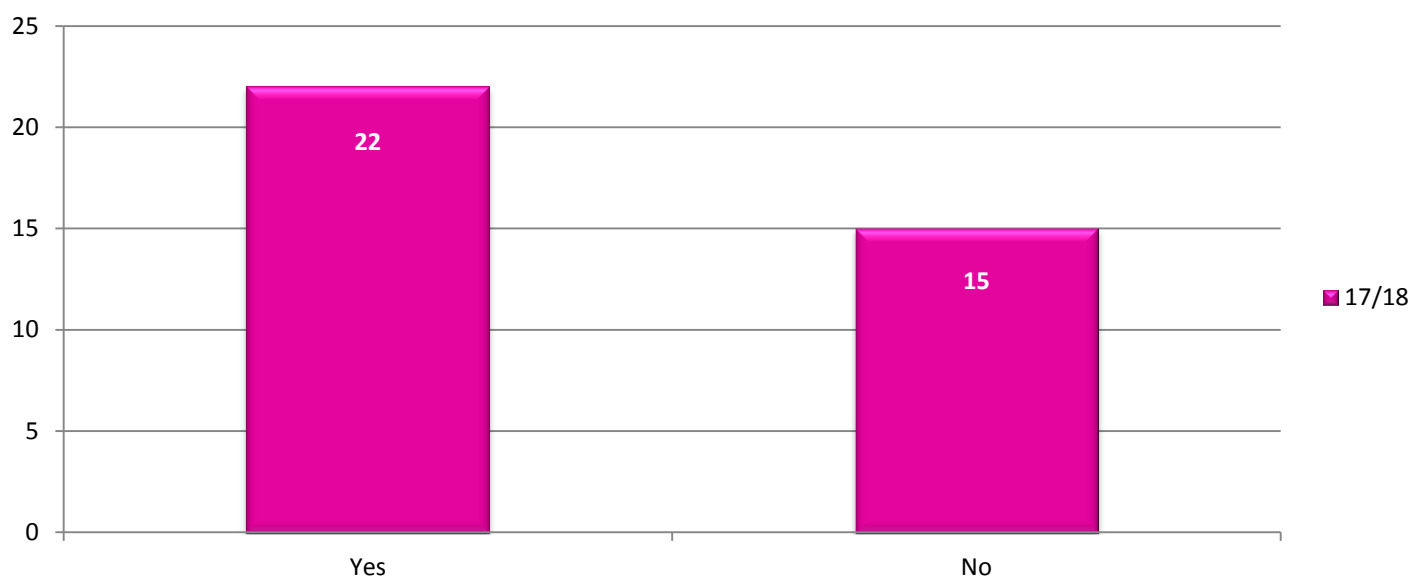
⁹ <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹⁰ http://www.who.int/substance_abuse/terminology/definition1/en/

Nearly half of our guests fell into the most disadvantaged group which this scale measures – notably it does not include a mental health diagnosis within the definition but 100% of the guests who were SMD3 also had mental health issues. When we show the housing outcomes, it is possible to see that they are the group who face the greatest barriers to accommodation but are the most in need.

When we registered our guests we also asked them if they felt their needs were complex – i.e. they faced a variety of issues which prevented them from accessing housing such as are contained within the areas discussed so far. Nearly 58% said they did.

Complex Needs



Physical Health

During the course of the FCWS 5 of our 38 guests were taken to hospital for health emergencies directly from our venues. Some more than once and included treatment for significant illnesses. All but one of those people admitted to hospital were discharged back to street homelessness. Our on-call management tried in vain to ensure FCWS was called prior to discharge but we did not receive any notification. We kept bed spaces open but our guests had to walk long distances to get back, rely on the good will of the public to drive them or “bunk” public transport to get back to Folkestone and the safety of the FCWS.

Recently in Folkestone there have been a number of GP closures. As a result, any homeless person who needs to register with a GP must go through an “allocations” system, whereby people are arbitrarily assigned a GP in order to manage the capacities of individual surgeries, allocated surgeries are not always within a reasonable walking distance and several guests do not have access to funds for public transport.

People who are homeless are far more likely to have physical health issues with 41% reporting long term physical health issues compared to 28% of the general population.¹¹

With this in mind we made sure to record as much information as possible in order to support our guests needs and also assist them in being found priority accommodation where possible.

The appendix at the end of this report includes a list of physical health issues disclosed to us by guests accessing the shelter and is tough reading. National figures on the health issues of people who are homeless show it to be a life

¹¹ <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

threatening and life shortening experience. It would seem sensible to look at specific physical health support services for homeless people in Folkestone due to the extensive list of problems faced by just our 38 guests.

Housing Success

Despite all of the challenges faced by our guests and the difficult housing outlook we faced as a project, a significant amount of success has been achieved. Of the 38 guests who stayed in the shelter, 14 are no longer homeless. This is over a third:

Total:	14/38	= 36.8%
SMD3 guests who found accommodation:	3/17	= 17.6%
SMD2 guests who found accommodation:	6/14	= 42.9%
SMD1 guests who found accommodation:	5/7	= 71.4%

This is where an important point must be made. More than 70% of those guests who were simply homeless with no other major issues as measured in the Severe Multiple Disadvantage scale were able to find accommodation. Less than half of those who were in the intermediate level of disadvantage (SMD2) were able to find accommodation and less than 20% of those with the most problems were able to get out of homelessness. Nobody was able to access supported accommodation for people with support needs, nor get into social housing, sheltered accommodation or any other type of accommodation set up to assist vulnerable people. The vast majority of success in housing was to get into private rented tenancies. And private rented tenancies are the single greatest factor in homelessness as described above.

Case Study

As an example of how the FCWS has worked within the conditions described, we have the following case study to show the human impact of FCWS:

Frankie (name changed to protect identity).

Frankie had used substances since around the age of 14, sometimes spiralling out of control, spending up to £700 per week on drugs. Frankie had always worked despite this and had never been homeless before. Frankie left a tenancy in order to move in with their partner but due to the drug misuse, the relationship became very volatile. Frankie was assaulted on more than one occasion but felt to blame for this due to being dependant on drugs. Frankie then lost their job. During a volatile argument with their partner, Frankie slapped them back. Frankie had to leave and began to sleep rough having never done so before. At the same time, they decided to stop using drugs and try to get some help. They accessed a local support group and went to a Local Authority Housing service. The Local Authority told Frankie they were not a priority, but offered support with rent in advance and a deposit if they found somewhere independently.

They were also told to come to the Rainbow Centre.

Frankie registered for the FCWS and was soon provided with a bed space. They found the whole experience very stressful but kept trying to find work and accommodation. Frankie even had a work trial – getting up before 6am and going to work from the shelter but didn't get the job.

Frankie began to struggle and began using alcohol on a few days but didn't stop trying.

Finally a landlord contacted the FCWS and said they had a room available – Frankie was first choice and went to view the property. It was ideal as it was cheap enough to be covered by Housing Benefit and would give Frankie a base from which to look for work. Unfortunately, when applying for the rent in advance and deposit, the application was turned down. The FCWS staff and Homeless Support Service at the Rainbow Centre were undeterred and advocated to another Local Authority who provided the Landlord with the money from their Homeless Reduction Budget.

After 26 nights in the FCWS, Frankie moved into their new place. The Salvation Army in Folkestone supported and provided everything needed to furnish the accommodation on the day of the start of their tenancy. Frankie told us they were so grateful over and over again!

Feedback

Evaluating how the FCWS operates and the service it offers is vital to the long term sustainability of the project. It has been important to look at what works well, what can be improved upon and also recognize those things we would like to change but circumstances do not make possible.

As in previous years, comments and feedback were collected from volunteers and guests and fed into a Post Implementation Review Meeting. This took place in early March and brought together representation from each of the key stakeholders working with the FCWS, volunteer and guest representation, staff and key external agency workers, in all, 34 delegates took part. Led by experienced facilitator and Rainbow Centre Trustee, Terry Cooke-Davies, all parties were given equal voice and opportunity to consider the effectiveness of the shelter for 2017-2018 in line with the aims set and agreed.

The key focus of all discussion, demonstrating all to be on the 'same page' was that the FCWS continued to be an essential provision for the town and should continue. There was overwhelming opinion that the 12 week planned period was not a long enough period to meet the aim which includes the phrase "through the coldest period of the winter". Delegates agreed that the changing weather was unpredictable and almost impossible to forecast for the entire 'winter period' prior to the opening of the FCWS. Delegates also discussed that whilst the opening date of the FCWS came as a welcome break each year for many of the town's rough sleepers, the end of the FCWS had come at a period of particularly cruel weather and that the final week or so with an unknown outcome as to whether the FCWS could be extended caused a higher degree of concern for both guests and volunteers than they had been prepared for. It was acknowledged that the 'beast from the east' could not have been predicted, and that the Rainbow Centre, Local Churches and Volunteer population had responded completely appropriately given the circumstances. It did, however, leave the question to be further discussed by the appointed FCWS Steering Group as to the timings of the FCWS in future years, the number of weeks the shelter should operate and if there should be a formal contingency or severe weather plan to reassure stakeholders.

It was felt that the aim to raise awareness and engage the wider community had been met in basic terms, but that there was still some work which could be done to improve in this area, in particular with the timing of the recruitment of volunteers process. The group agreed that whilst the FCWS had an appropriate operating team covering a 6 month period, that there should be someone holding the 'Winter Shelter Reigns' in a championing style role throughout the year raising awareness and outwardly engaging other community groups to encourage volunteers, particularly those who may be in a position to volunteer in an overnight capacity which was felt to still be an area of concern for recruitment.

It was felt that there had been in-roads made in relation to wider partnership working for the duration of the season with acknowledgement of the close working and communication between the Project Manager and the HSS team. Delegates felt that if it were possible, there could be more of a cross over between the HSS service and the FCWS

service in future years to enhance the experience available to FCWS guests and volunteers perhaps in some sort of secondment capacity if this was possible. It was also acknowledged that volunteers as the largest stakeholder group were aware of partnership working at a basic level, but did not feel they were kept up to date of the impact of such working relationships on FCWS guests who just seemed to 'disappear' at various points during the FCWS period. Delegates discussed that some form of weekly / fortnightly formal update or newsletter made available to all stakeholders would be a useful addition to future years.

Delegates then had the opportunity to group all of the feedback comments into key areas allowing the main celebration and improvement features for the FCWS overall to be identified.

Project Highlights

The delegates of the Post Implementation meeting, taking into consideration feedback and comments from all stakeholders, identified a number of positive areas grouped from individual comments as highlights of the 2017-2018 Folkestone Churches Winter Shelter season.

- Day centre provision for guests
- Shelter Atmosphere
- Volunteer care, compassion and hospitality
- Quality and provision of meals.
- Support available for both guests and volunteers
- Signposting of services
- Outcomes for guests
- Commitment of the Core Team



Project Opportunities

As with all on-going projects and initiatives, it has been important again to recognize where there are potential areas to improve things further for all stakeholders.



The key areas for improvements as discussed by the core group of delegates were highlighted as follows.

- Volunteer Training & Communication
- Communicating differences in process for HSS Clients and FCWS Guests during the day centre provision.
 - Empty beds / No Shows for Allocated beds
 - Clarity of rules for guests
 - Variable quality of briefings
 - Walking distance and organization for some venues.
 - Partnership agency support for guests and over-burdened perception of responsibility on the FCWS, HSS and Rainbow Centre

APPENDIX

Appendix A: Physical Issues 17/18

2015 - stepped on broken glass and imbedded in right foot. Operation to remove glass but client states it is still sore/painful to walk on.

- 13 years ago fell from 2nd floor window. Sustained head injury from fractured skull, face and teeth. 15-16 years ago severe burn on right shoulder.
- 2 months pregnant. Asthma. Spondylosis Spine. Unable to use medication.
- 2 prolapsed lumbar - inoperable. Arthritis - severe in back, breaks legs x 6, arms x 9, all toes, neck x 1, skull x 1, ribs,. Has emphysema, pancreatitis/gall bladder. Angina, Pneumonia.
- Asthma -no meds at present, hay fever, born with heart murmur
- Asthma Med prescribed 18/01/2018
- Asthma
- Asthma - usually only in the summer.
- Asthma, Chest infection, Arthritis in knees, Slipped disc in back
- Asthma, Vit B Deficiency, Gastro Reflux
- Asthma. Fractured spine 20 years ago, when it goes client feels crippled and struggles to walk and care for himself. GP prescribes Tramadol when it gets bad.
- Diabetes, Tinnitus (deaf in one ear), Blackouts, Fits, Nerve Damage - no feeling in hands and feet.
- Broken jaw 2017
- Bronchitis. Unable to get rid of it. Have had it for approx 1 month. Traumatic cataract to right eye approx 40 years ago. Was removed in June 2016. Due to operation have now got detached retina. This was operated on in July 2016.
- Cholesterol, back pain, blood pressure. Spinal injury from work. Fractured lower lumbar, low blood pressure. Exzema - large area on legs. DVT over 1 month with no medication.
- Chronic Pancreatitis. Poor blood pressure, nerve and bone damage to thumb and little finger on left hand. Broken foot for 11 months until 2015.
- Deaf in both ears - can hear but struggles with ambient noise and distant conversations. Doesn't currently have hearing aids. Short sighted - need to book eye test.
- Deep Vein Thrombosis
- Dislocation in left foot. Supposed to have blood thinners. Sore back. Hepatitis C - treated
- Diverticulitis
- Enlarged womb. Heart disease - faulty heart valves. Fibroids - benign cancerous cysts in womb. Unsure of all medication taken - need information from GP Type 2 diabetes - controlled by diet
Thoracolumbar scoliosis - curvature of the spine - use walking s
- EPILEPSY
- Gastritis
- Hernia in back - unknown diagnosis date
- HIV - Nurse Brenda Hollier Dr A Vidhyadharan (K&C Hosp) HIV/GUM 01227 783120
- Hypermobility, thyroid problem and low iron count.
- Kidney Infection
- Lower back pain, epilepsy, Type II Diabetes, migrains which occur mostly after epileptic seizure. Has heart trouble. Hearing is affected and has to wear cotton plugs to dampen the background noise. Eyesight poor, wears tinted glasses. Arthritis affect
- Metal plate in head, imbalance, legs and feet afflicted, trapped nerve. Pins and needles in his hand.
- Pancreatitis
- Partially deaf.

- No hearing aids at the moment. Need a hearing test.
- Permanently broken collarbone from hit and run accident in 2008. Broken finger/nerves/tendons after accident at work over 30 years ago. Broken back approximately 25 years ago.
- Poor circulation. Musculoskeletal issues. Nerve damage in hands and feet. Uncontrolled spasms. Sleep apnoea
- Sciatic nerve operated on approximately two years ago. High blood pressure noted by optician when examining eyes.
- Sciatica. Arthritis. Asthma
- Self harming issues
- Shadow on lung - CT scan on 24/12/17, DVT in R/T Knee - 2014, 2x heart attacks in 2010 on same evening - due to cocaine use. Several alcohol withdrawal seizures. Blind in L/T eye Poor sight in R/T eye. No prescription glasses. Broken R/T hand on little finger.
- Slipped disc in back - operated on but reoccurring. Polycystic Ovarium Syndrome. Previous liver issues. Usually takes Tramadol but awaiting repeat prescription.
- Spinal Thrombosis - diagnosed four years ago (2013)
- Spinobifida - treated as a baby but still causes significant pain. Historic Glandular Fever, has tonsillitis 3/4 times per year and currently has a chest infection.
- Toothache - has dentist but needs to make an appointment.
- Uterine Prolapse following C-Section. Patent Ductus Aortis (Congenital Heart Defect), narrowing of the heart valve which is being monitored.
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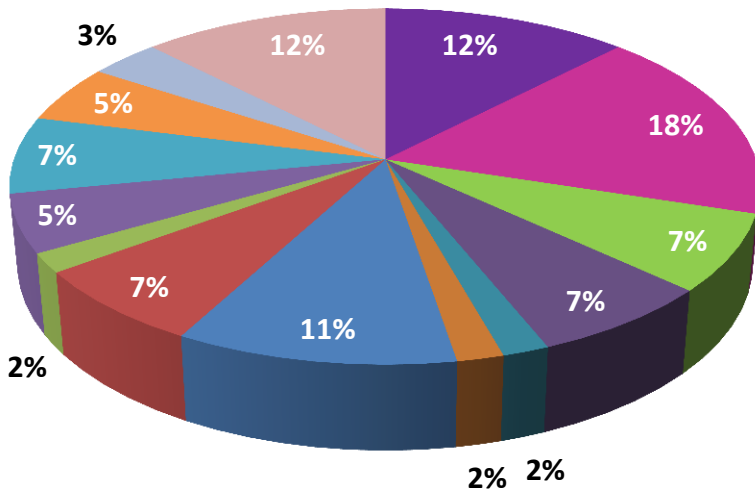
Appendix B: Reported Issues 17/18

Issues

The 38 clients who have successfully stayed in the Folkestone Churches Winter Shelter, have raised 139 issues whilst engaging in the registration process.

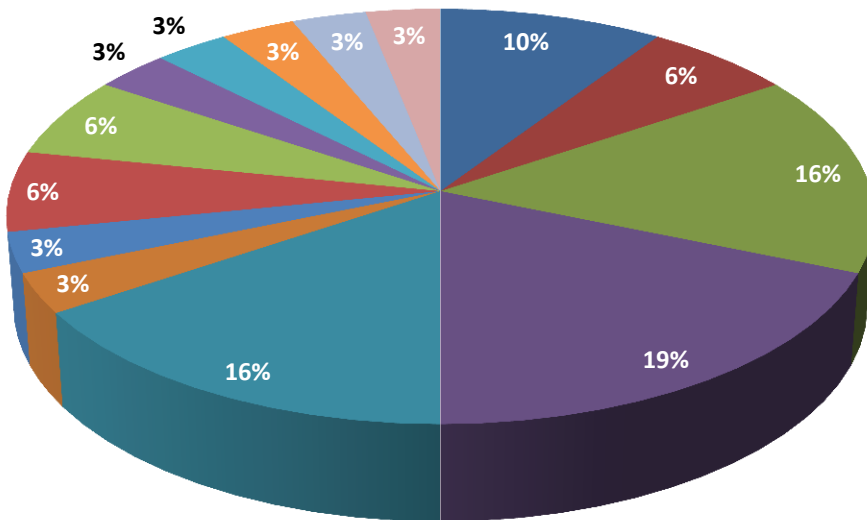
These are broken down for your perusal. Often a client will raise their presenting enquiry, but more often than not there are a number of other issues on further investigation.

Reasons for Homelessness 17/18



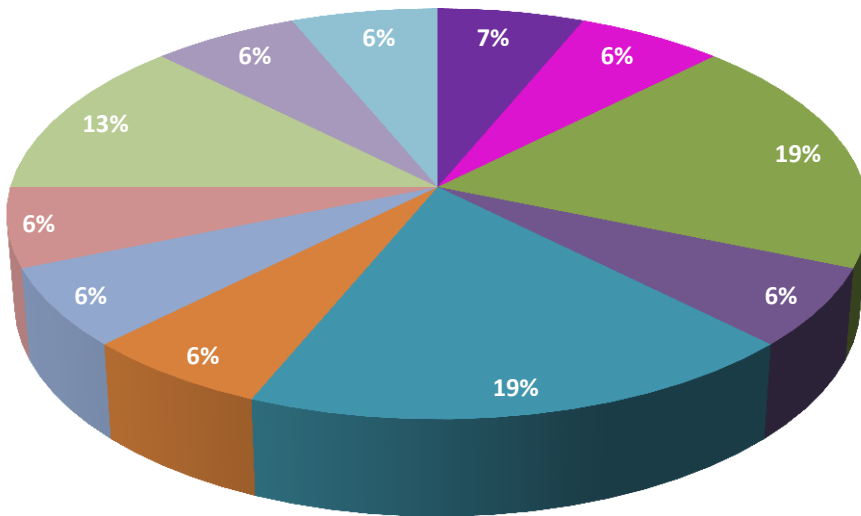
- Relatives/friends unable/unwilling to house
- Relationship breakdown (excluding divorce)
- Domestic violence
- Harassment/illegal eviction
- LA possession action
- Private landlord possession action
- Private Accommodation Rent Arrears
- Unable to afford rent in PR Accommodation
- LA won't re-house permanently
- Anti-social behaviour
- Prison Release to Street Homelessness
- Hospital Discharge to Street Homelessness
- Intentionally Homeless
- Other

Housing Issues 17/18



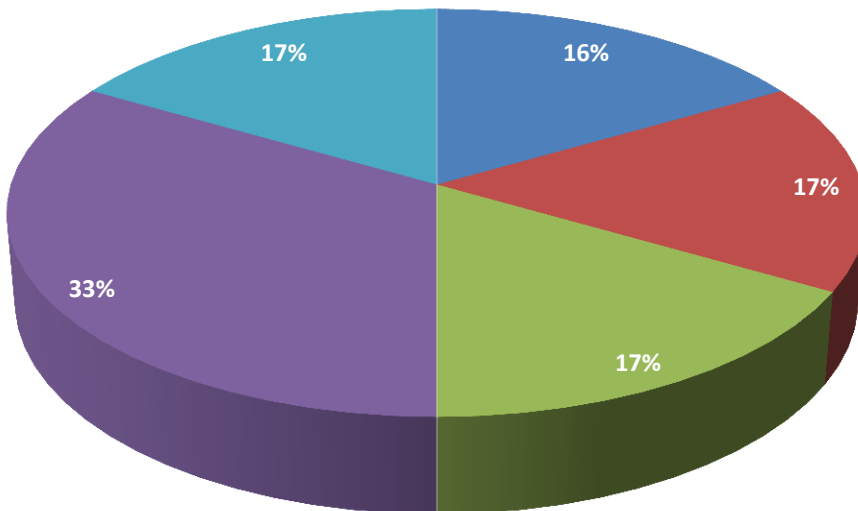
- Discrimination Mental health
- Discrimination Homeless
- LA Processes & procedures
- LA Homelessness assessments
- LA Homelessness provision
- LA Quality of administration, advice & support
- LA Housing options/prevention
- LA Form completion
- Access to & provision of accommodation. Emergency accommodation
- Access to & provision of accommodation. Council/HA allocations/transfers/exchanges
- Access to & provision of accommodation. Deposit schemes
- Access to & provision of accommodation. Sheltered & supported housing
- Private sector rented property Repairs/Maintenance
- Private sector rented property Suitability of accommodation

Health Issues 17/18



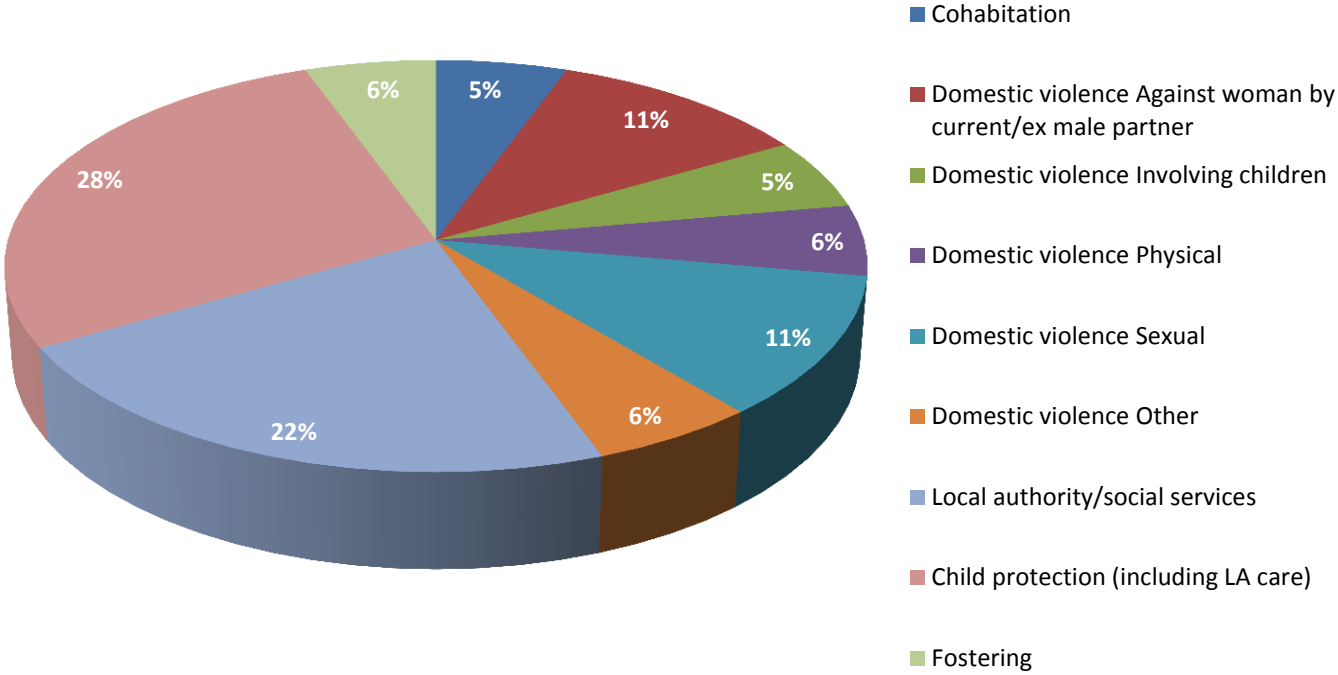
- Discrimination Mental health
- Discrimination Homeless
- Hospital Services (non-MH) Discharge & aftercare
- Hospital services - Mental Health Quality: diagnosis/care/treatment
- GP Availability of care/treatment
- GP Liaison with other agencies
- GP Personal records
- GP Other
- Community Care - Mental Health Availability of care/treatment
- Other health & community care issues
- Addiction support services
- Dentist Availability of care/treatment

Benefit Issues 17/18



- Claiming process
- Eligibility, entitlement, calculation
- Eligibility, entitlement, calc - aged 25+
- General benefit entitlement
- EU migrants access to benefits

Relationship Issues 17/18



Other Issues 17/18

