



Homeless Services in Liverpool

September 2020

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Crisis

Granby Toxteth Development Trust - Clothes Rail

Irish Community Care Merseyside

Labre House

Liverpool Charity and Voluntary Services (LCVS)

Liverpool City Council

Liverpool City Region (Homelessness Lived Experience Lead)

Liverpool Clinical Commissioning Group

Liverpool Homeless Football Club

Liverpool Mental Health Consortium (LMHC)

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Foreword

This Healthwatch Liverpool project began in the spring of 2019. The last visits to homeless services for the project took place in February 2020. In March, the country went into lockdown due to the global and national spread of Coronavirus, or Covid-19.

The Coronavirus pandemic has had a considerable impact on the lives of the vast majority of the Liverpool population, including on those who are homeless or at risk of homelessness. With the economic impacts of the pandemic likely to lead to more people losing their jobs, and by extension possibly their homes, the numbers of people becoming homeless may well rise overall.

Emergency government funding was made available to local councils so that people sleeping rough and using shelters could be temporarily housed in order to provide a safe space and limit the risk of Covid-19 transmission. This offer of temporary housing was extended to people who are not entitled to any benefits and/or support, those 'without recourse to public funds'.

In Liverpool this temporary accommodation was provided on a number of different sites with the result that several hundreds of people were housed. Organisations that usually provide support to people who are homeless continued to do so. The vast majority of people who were street homeless and/or had been using the night shelter in Liverpool have therefore had somewhere stable to stay.

Healthwatch Liverpool widely circulated a Covid-19 survey from the start of April, asking people for their experiences in accessing services, and what helped them to cope during the pandemic amongst other questions (for the report, [please click here](#) or visit the Healthwatch Liverpool website).

Some of the feedback we received reflected both the positive and negative impacts of the pandemic on homelessness. One person mentioned their fears of losing their job and home, as Covid-19 had affected their health and ability to work. Another mentioned that there had been 'no move-ons, no access to rehab, and the support given by drug agencies is poor' during the pandemic.

Positive feedback included someone who said that their mental health had improved, as they did not have to worry about being evicted during lockdown. Yet another said what had helped them was "having a home and coming off the streets.."

Staff working in homelessness support mentioned that "a lot of external agencies had stopped physical involvement to limit contact, e.g. mental health services. Some district nurses are still attending".

Another member of staff mentioned heightened anxiety, as not everyone they were working with was taking notice of government guidance to prevent the spread of Covid-19.

In May reports emerged that the government was to stop providing the funding that had successfully led to many people coming off the streets¹. This raised fears that once the lockdown period is over, and society as a whole moves back to some sense of normality, there will be a return to previously familiar experiences of homelessness, particularly for rough sleepers. There is however a strong commitment from the local authority and organisations working to counteract homelessness to continue to support people who are homeless, and prevent people from having to return to the streets or crowded shelters.

A change in focus has led to more people being offered longer-term or permanent accommodation. At a recent event organised by Liverpool City Council to bring people together who work around homelessness to discuss the current situation and future strategy, a speaker from Crisis said that

“Covid has given us permission to ignore the barriers from the past”

For those who were street homeless or housed in shelters there have been new opportunities to move to more stable housing with support. Housing First, a model to support homeless people that was developed in New York and has recently been run as a pilot in Liverpool City Region, promotes the basic idea that people should be offered a stable tenancy first. Person-centred support is then offered, which moves with the person if they move, so is not tied to the accommodation as is often the case with more traditional, current models. There is now a genuine opportunity for people to move out of an often vicious circle of homelessness, and there appears to be a real appetite from local policy makers and providers to make this happen.

Much of this report was written before the pandemic, and in light of the changes some of the conclusions and recommendations may now have been overtaken by events. Others, like the lack of services for people with a dual diagnosis, still stand as they have for many years.

Healthwatch Liverpool intends to continue to monitor the situation. Any feedback from people experiencing homelessness and staff working in homeless services will always be very welcome to support us in keeping homelessness on the agenda.

1 <https://www.bbc.co.uk/news/uk-england-52637283>, last viewed 17/05

Key Findings

- + There are many services in Liverpool supporting people experiencing homelessness - but not everybody knew about these services, or services about each other.
- + Services told us they had seen an increase in demand, and that the people they see now had more complex needs compared to 10 years ago
- + People with lived experience of homelessness told us they were usually not involved in planning homeless strategies and services
- + People told us continuity of support is important, including when moving in to new or move-on accommodation
- + We received more positive feedback about health services that were specifically set up for homeless people
- + There were more negative comments about mainstream health services, especially about staff attitudes and feeling judged
- + We learned that there are no easily accessible mental health services for homeless people
- + There are no services for people with a dual diagnosis of mental health issues and who are using (street) drugs and/or alcohol
- + Appropriate social care was not always available; some hostels told us it was difficult to find care providers for residents with a care package. Appropriate end-of-life support was also harder to find.
- + People told us that the night shelter at Labre House needed to be improved. Due to the Covid-19 pandemic Labre House has now closed, and there are no plans to re-open the shelter in the same format.

Introduction - Why this report?

Part of the Healthwatch remit is to learn from patients, users of services and the public about their experiences of health and social care provision, and to feed that back to commissioners and providers of services to highlight good practice, celebrate what works, and try to influence improvements where issues or concerns have been raised.

Although we had not received much feedback about services from people experiencing homelessness before starting this project, we were aware that homeless people often experienced more health inequalities, and that care services were not always ready to provide services to people who are homeless and may have more complex needs.

We had visited the Homeless Access Clinic (HAC) at Brownlow Health GP surgery twice in the past 4 years to get feedback from people using it. The HAC is a weekly drop-in at a GP practice, offering a range of clinics for homeless patients, co-ordinated with a local homelessness charity.

However, we had not looked at homelessness and its overall impact on health and wellbeing beyond that. From research and reports in the press it was clear that homelessness is on the increase, and we received some feedback from services working with homeless people about increased pressures on their work.

We also knew that Liverpool City Council's current homeless strategy was due to end in 2020, and we hoped to be able to feed in some of the learning from this project into the new strategy, as the people using the services are the experts on what works for them and what doesn't.

We wanted to speak to people who are homeless and living in a variety of circumstances, including people coming to the Whitechapel Centre, a local homeless charity supporting people who are sleeping rough, living in homeless hostels, or at risk of homelessness, and people using the homeless night shelter at Labre House. We also wanted to speak to people staying at friends' or relatives' homes ('sofa-surfing'), people who are often seen as 'the hidden homeless'. Due to the difficulty of getting to speak to people who are more 'hidden' in their homelessness, this report focuses mainly on the experiences of people living in hostels, using the Whitechapel Centre, and using the night shelter. Speaking to other people experiencing homelessness may be something for a future project.

Methodology: What we did

- + We looked at national and local homelessness strategies and policies to learn more about what kind of support anyone who is homeless should expect to be offered.
- + We ‘mapped’ Liverpool services to find out what services currently exist in Liverpool for people experiencing homelessness.
- + We arranged 2 meetings to bring together providers of health and housing services as well as voluntary sector organisations working with homeless people to find out what they thought about services, e.g. what works, what could be improved, where could organisations work together better?
- + We visited hostels and activity providers to get feedback from people using those services, as well as from frontline staff. We spoke to 24 organisations and 117 people, of whom 74 were using services. The conversations we had, particularly with service users/people who have experience of homelessness, were semi-structured. We had a list of questions we intended to ask people [see the appendix], but we allowed these conversations to be directed by the people we were speaking to. This allowed them to feedback on what was most important to them, and has enabled us to draw on people’s personal experiences and insights in writing this report.
- + People using services were also given the opportunity to answer equality and diversity monitoring questions should they wish to; however, as they could leave at any time while they were speaking to us, we did not get enough information to collate and provide a genuine/reliable overview. Based on our observations (which may be unreliable in terms of how participants identified themselves) we spoke to more men than women, we spoke to people from a wide variety of age groups, most of the people we spoke to were British (White and Black British), but we also spoke to several people who had moved to the UK from Eastern Europe and Africa.
- + We spoke to commissioners and people working on homelessness issues for Liverpool City Council, Liverpool City Region, and Liverpool Clinical Commissioning Group (CCG)
- + We made a short film, interviewing someone who had been homeless themselves and who now works in homeless services ([you can see the film on the Healthwatch Liverpool website](#))
- + We held an event in December 2019 at The Brink to discuss the feedback, and get further comments to incorporate into this report.
- + We analysed the feedback by grouping it in to themes.
- + We produced this report with recommendations.
- + We will follow up the recommendations to see if they have been implemented, and if people’s experiences change as a result.

Who are ‘the homeless’?

Although there is often a public perception that people who are homeless are those visibly sleeping on the street, in tents or in parks, the definition of homelessness includes many more people. The government states that:

“a person is homeless if they have no accommodation available which they are entitled to occupy. A person is also homeless if they have accommodation but it is unfit for occupation, entry cannot be secured or the accommodation consists of a moveable structure which (a person) has no permission to place somewhere or reside within. Homelessness covers a broad range of living circumstances. (...) There are different types of homelessness; rough sleeping, statutory homelessness and hidden homelessness ”²

In November 2018, research carried out by Shelter estimated there were 320,000 people homeless in Britain at that point³.

Reasons for homelessness are often complex and varied. There are structural and underlying national issues, such as the lack of affordable and appropriate housing available to rent, the housing benefit payment cap, the so-called ‘Bedroom Tax’, and more recently the introduction of Universal Credit.

However, there are also more individual reasons for homelessness. Government statistics compiled from local authority figures covering January to March 2019 show that the most immediate reason given by people contacting their local authority was that they could not stay with family or friends any longer. The second most-provided reason was the end of a private tenancy, and the third relationship breakdown, with or without domestic violence⁴.

Liverpool City Council is aware of many of the issues faced by people experiencing homelessness, including that particular groups in the population are at higher risk of becoming homeless, or may have additional problems when trying to move on, often due to government policies. For example, some migrants may not have ‘recourse to public funds’, i.e. are not entitled to any benefits or support to find somewhere to live. Liverpool City Council commissioned the ‘Routes out of Rough Sleeping’ report. This report, produced in 2017, states that

“People with No Recourse to Public Funds are at particular risk of rough sleeping and helping this cohort is difficult and complex due to Government policy”⁵

² Ministry of Housing, Communities and Local Government, Statutory Homelessness, January to March(Q1) 2019:England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831246/Statutory_Homelessness_Statistical_Release_Jan_to_March_2019.pdf, last accessed 25/10/2019

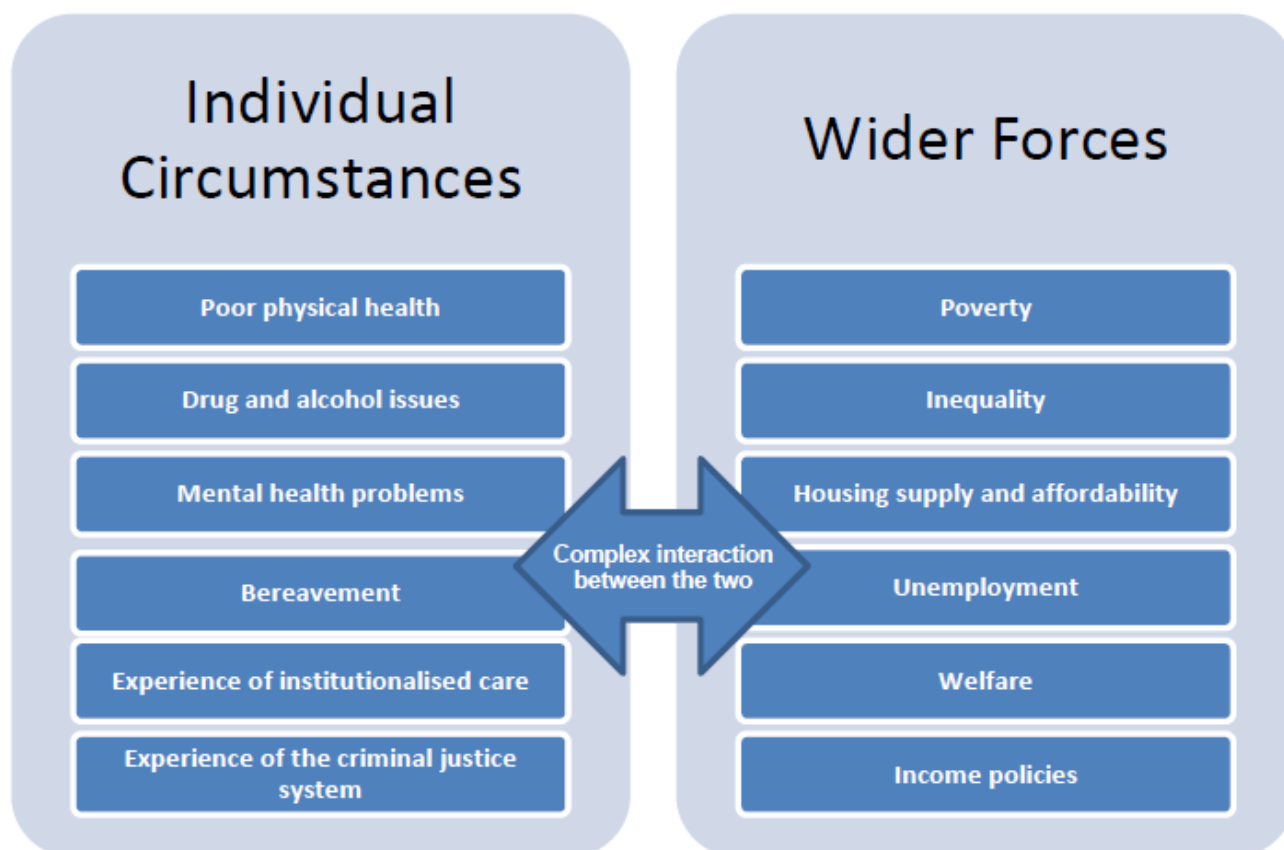
³ https://england.shelter.org.uk/media/press_releases/articles/320,000_people_in_britain_are_now_homeless,_as_numbers_keep_rising, last accessed 19/05/20)

⁴ Ministry of Housing, Communities and Local Government, Statutory Homelessness, January to March(Q1) 2019:England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831246/Statutory_Homelessness_Statistical_Release_Jan_to_March_2019.pdf, last accessed 25/10/2019

⁵ <https://liverpool.gov.uk/media/1356431/routes-out-of-rough-sleeping-report.pdf>, last accessed 02/01/20

There are others who are at a higher risk of homelessness compared to the general population; e.g. research by the Albert Kennedy Trust showed that a higher proportion of young people who identify as LGBT+ had experienced homelessness⁶.

While for most people who we spoke to the initial reason for becoming homeless was one of the reasons mentioned above, for others it had been leaving care, a bereavement, losing their job, time in prison or a change in physical and/or mental health that led to homelessness. For some an addiction, either to drugs, alcohol or gambling, had led to debts and eviction. For those who had been homeless for a long time, it was usually a combination of factors that made homelessness more difficult to escape, as this image from Public Health England illustrates⁷:



6 <https://www.akt.org.uk/news/world-homeless-day-2018>

7 <https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/>, last accessed 10/03/20

Mapping services

There is a variety of services available in Liverpool for people who find themselves homeless. We checked the LiveWell directory, a directory of care and support services, activities and information covering Knowsley, Liverpool, and Wirral, to see what is available locally. This included the following services:

Homelessness support

The Whitechapel Centre is generally well-known amongst people who are (street) homeless, as one person told us:

“Word of mouth - everybody who’s homeless knows about Whitechapel”

Many people also knew about Housing Options, a Council service based in St John’s Market where most people can get advice and information to prevent homelessness, and once they are homeless.

Liverpool Council does more than its statutory obligations in commissioning some support for people who don’t have recourse to public funds: Labre House was a night shelter where anyone was welcome, including people who do not have recourse to public funds. Until it was closed due to the Covid-19 pandemic, the night shelter was open between 8pm-8am, 365 days per year. Many people we spoke to had used Labre House at some point (please find some of the feedback about this in the ‘What people told us’ section below).

Several organisations manage hostels in Liverpool to provide accommodation for people experiencing homelessness, including the Whitechapel Centre, the YMCA, the Salvation Army, North West Property Custodians (NWPC), Local Solutions, and the probation service. Most of these are for single homeless individuals, however the Belvidere Family Centre provides accommodation for families. Even though hostel stays are usually meant to be for a maximum of 6 months, a year or 18 months depending on the support needed, in reality there has to be flexibility in the system as there is not enough move-on accommodation available.

National organisations like Crisis and Shelter also provide services in Liverpool, including advice and information, support, training, and activities. Additionally, there are many smaller local organisations that provide activities, training and support for people who are homeless and/or marginalised in other ways, such as Liverpool Homeless Football Club, the Choir With No Name and AIMS. Some organisations, like Genie in the Gutter and Liverpool Light unfortunately closed during the life of this project.

Additionally, Liverpool had seen a 3-year programme, Liverpool Waves of Hope (LWoH), which finished in 2019. Several organisations worked together with the aim of supporting people with more complex needs, including homelessness, offending, poor mental health and substance misuse. An evaluation report about LWoH has since been published to show some of the lessons learnt from the programme⁸.

Only one person we spoke to who had been using homeless services mentioned Liverpool Waves of Hope; other people we spoke to may have received support via Waves of Hope too, but did not mention it.

⁸ https://www.fulfillinglivesevaluation.org/wp-admin/admin-ajax.php?juwpcfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=335&wpfd_file_id=6572&token=86538aaf480fd1a5667a1762cf407252&preview=1

Health and social care provision

Liverpool has several health services that have been set up specifically to provide easy access for people who are homeless, including the Homeless Access Clinic at Brownlow Health, but also clinics run in some of the bigger hostels, for example skin clinics run by Mersey Care at a YMCA hostel. Alcohol and drugs harm reduction services were also offered, but we were told that there are no specific social care services targeting people who were homeless.

Several people working in homeless services told us that there now was a stronger focus on having a Multi-Disciplinary Team (MDT) approach towards individuals with more complex needs, which was seen as a positive development for the individuals concerned and for staff. However, we were also told that mental health services specifically aimed at people who are homeless were very limited, and that there is a continuous lack of services for people with a dual diagnosis (mental ill health and drug use or alcohol dependency).

This was also highlighted in the Liverpool Waves of Hope (LWoH) review. A large number of the people supported had a dual diagnosis, but the review found that appropriate services were often not available:

“People are still often unable to get the mental health support they need. The capacity of mental health services has been repeatedly identified as a barrier to LWoH members getting the support they need to make changes in their lives. In particular, with nearly nine out of ten LWoH members having a dual diagnosis of mental health and substance misuse problems, the challenges in obtaining support in such circumstances have been a huge problem for people supported by the project. Commissioners should consider how to close this gap in support, perhaps by commissioning specialist support with more flexible eligibility criteria”⁹.

Housing First

Whilst working on this project the first new tenancies were signed for a new initiative in Liverpool City Region, Housing First. Housing First offers a different approach to homelessness, especially for people who often have been homeless for a long time and have more complex needs. As the name suggests and as described earlier in this report, people are offered a tenancy, and are offered intensive support at the same time. This support is not linked to the tenancy but to the individual, so if the person moves their support moves with them. Housing First offers people more choice and control over where they want to live, and if and how they want to engage with support offered to them compared to more ‘traditional’ routes out of homelessness. Crucially, people with lived experience of homelessness have been involved in setting up the local Liverpool City Region Housing First pilot. The model has worked well in Finland and other countries, as well as in pilots in Greater Manchester.

By the end of January 2020 the programme had housed 20 people in Liverpool City Region¹⁰. We are looking forward to following the pilot; hopefully many more people will move on to stable housing and support.

⁹ https://www.fulfillinglivesevaluation.org/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=335&wpfd_file_id=6571&token=86538aaf480fd1a5667a1762cf407252&preview=1 (Key messages, last viewed 09/07/20)

¹⁰ <https://www.liverpoolcityregion-ca.gov.uk/housing-first-celebrates-clients-firsts/> last accessed 20/08/20

What people told us

We asked the people we spoke to what services they had used in the past year, what they thought worked well with those services, as well as what could be done better. The feedback we received was mostly about housing and accommodation, support, information and health and social care. These topics often overlap, for example when looking at support and (mental) health, so whilst we have tried to separate the feedback into these themes, some comments would fit under more than one theme.

Other topics people mentioned included activities, people who are working and homeless, and people who are not entitled to support (no recourse to public funds).

Housing/ Accommodation

We spoke to 74 people who were homeless and were using services, of whom 65 were either staying in a hostel or using the night shelter at Labre House; most of the feedback we received was about accommodation.

Both organisations and individuals mentioned a lack of move-on housing. The Whitechapel Centre told us about schemes that are available to provide 'bonds', to support people with deposits and additional costs that are usually required to be accepted for a private tenancy.

Hostel accommodation

We visited a variety of hostels and spoke to residents and staff. Most housed single homeless people, but we also visited Belvidere Family Centre which provides temporary self-contained accommodation and support for families.

We saw and were told that some of the hostel buildings were not accessible for everyone, particularly for people who have impaired mobility or use a wheelchair. For people more at risk of falls some of the buildings posed increased risks, for example because there was no lift.

We also noticed major differences between hostels in how welcoming their environment was, how they had been decorated or made to feel 'homely'. Some hostels had worked with residents to decorate, including by displaying residents' art works, while others looked and felt more institutional. A resident told us that

“we need decorating at homeless places”

Guidelines stipulate that hostel residents should stay for a limited time, e.g. 12 weeks for people we spoke to in a probation hostel, or 6 months, a year or longer in most other hostels depending on an assessment of how complex someone's needs were deemed to be. This was a source of anxiety for some of the people we spoke to because they had been told they could only stay in the hostel for a limited amount of time; some worried that they might end up on the streets again. Although staff told us there is some flexibility, the timescales were often seen as unrealistic, ignoring individual need and potentially setting people up to fail.

Residents' feedback varied, depending on individual circumstances, the type of hostel and the kind of accommodation in the hostel (e.g. being in a self-contained unit or a room with shared facilities). Most people appeared to prefer self-contained accommodation, but not everyone; 2 people told us they were worried about living by themselves.

Most positive feedback we received was about hostel staff, although that varied too (see the ‘support’ section below). Several comments were about feeling unsafe in hostels or the night shelter:

“Staying in the hostel can be chaotic, like on this floor people in some of the corridors are up all night, it has a reputation for being like this”

“Hostel accommodation is chaotic and drug use is high. Aggression and confrontation aren’t always dealt with by staff. Sometimes people are barred. Sometimes they’re not”

Some people told us that they felt too anxious to stay in hostels or night shelters. One person said they lived in a tent in a secluded wooded area away from people as they felt less anxious there:

“I won’t go to a hostel, or Labre House either, with all the people there in a room it’s not good for my anxiety”

We also spoke to someone who had been told that hostel accommodation was not suitable for them, but were not given an alternative for somewhere else to go:

“There should be a hostel for people who don’t have addictions, because if ‘this is not the place for you’, where do they expect you to go? A safe unit for people who don’t do that”

Feedback from families:

We spoke to a member of staff and 2 families at Belvidere Family Centre. We were told that there is a waiting list for places at the Centre. Many homeless families in Liverpool are housed temporarily in Bed and Breakfasts or similar before moving on, either to Belvidere or to other accommodation. We were told that it is often difficult to find suitable move-on accommodation for a family; it can depend on family size, but also in which areas families want to live. For example, a family’s support network may be in South Liverpool, but there may be no available housing nearby.

Homelessness brings many additional pressures for those with children, and for the children themselves who may have to move school or travel much further. For adults there may also be many practical issues, as shown by this comment:

“We became homeless when my baby was 5 months old and lived in hotels, two adults and four children. I wasn’t able to wean the baby. We lived on fast food because there was nowhere to store, prepare or cook fresh food”

The night shelter (Labre House):

As mentioned before, Labre House has closed due to the Covid-19 pandemic. However, we felt it was important to still have people’s feedback about Labre House in this report, so that this can be taken into account when future decisions are made about a possible new shelter.

Several people we spoke to about the night shelter at Labre House said that it was good it existed as it meant that they didn’t have to sleep outside, but people also told us that staying there was far from ideal.

Labre House provides camping mats and sleeping bags in large shared rooms. Because of the demands on the service, when we visited there were a lot of people in the rooms; men especially had to sleep closely together, as there was no room to space out the mats. The building was not fully accessible. Feedback included:

“Labre House is very daunting. There’s no outside space and people congregate outside but it’s better than sleeping in a skip or on the street”

“This is the sixth time I’ve been. I ran away five times before because I was scared and I didn’t feel safe to sleep here. I went back to my violent partner. That felt safer than being here”

Several people mentioned that they would like to have beds, or at least camp beds at Labre House. One young person told us:

“When you throw us in a sleeping bag on the floor, do you think that will make us feel welcome?”

Move-on accommodation:

People using services and staff told us that there was a shortage of move-on accommodation from hostels, especially for families as mentioned before, but also for people who need ongoing support, or who need adapted housing because of a physical disability/ reduced mobility:

“I need ground floor supported accommodation which there doesn’t seem to be any of on Property Pool. I was only meant to have 6 months here (hostel) but as I say, I’ve been here since January (2019) with no sign of moving” (told to us in November 2019)

Two people told us they did not want to move in to their own flat, because they were worried about feeling isolated and the impact that could have on their mental health. Others said they could not live independently:

“They want me to go into a flat but I’m no good on my own. I need a room somewhere and other people around me”

“I’ve been homeless for years off and on, and have a key worker here now (at the Whitechapel Centre). They’re helping me look for a flat with 24 hour support”

Housing when leaving prison

We spoke to people who had been in prison for various lengths of time. Shelter works in local prisons to provide support to prisoners about housing before their release, however this may not reach everybody. One person who had been sentenced to a short prison sentence and had left prison recently told us that

“There was no help from prison to come out, they just told me to declare myself homeless”

After a longer prison sentence, most people go to a probation hostel. However, several residents and members of staff staying at a Liverpool probation hostel that we visited several times told us that the current expected 12-week stay was not long enough to arrange appropriate accommodation. In the past residents at this hostel had been able to stay for 6 months or sometimes longer, which gave them time to prepare for move-on accommodation, as well as look for work and/or training. We were told that those residents who don't have family to go back to often end up moving to other hostels, which for many was not the most appropriate place to be. Some people told us about their concerns:

“My only housing options at the moment seem to be shared accommodation in Anfield with other ex-offenders who would be offering me drugs & getting me into trouble”

Property Pool

Property Pool is a system used by Liverpool and other Merseyside councils that allows residents to bid on properties offered by housing associations.

Several people told us they were bidding on Property Pool every week, but that Property Pool can only be as good as the number of available properties:

“Property Pool feels like you're getting rejected each week. The only real hope is to go private, but you need the money to go private”

We were also told that there were Property Pool landlords who did not want to accept people who had been in prison, but that prospective tenants had not been made aware of this until they visited the property. Crisis had helped a tenant to challenge this, but the tenant felt that it should not have taken the support of an organisation, and that people without this support would have been lost.

Support

Three people we spoke to were working and did not ask for, or want, any support with their (mental) health or wellbeing; they just needed somewhere affordable to live. Other people told us they did need support with other issues as well as housing, and we received varied feedback about the support that people felt they were getting. Most of the feedback about the staff in the hostels and other services we visited was positive, for example:

“Staff really go out of their way to help me (at the hostel); they're like real people. They all ask how I am, how things are going & I can see they care”

However, it was clear that demand on services can have an impact on accessing staff support:

“Lots of people waiting to speak to staff. I'm waiting to speak to a manager. I've been waiting since 12:00 midday. There's lots of waiting around and being told 'we'll call for you' “

Continuity of support was seen to be important, especially for people who had been homeless for longer. Sometimes an argument is made that too much continuity of support can lead to dependence, and that it can make it more difficult for the individual when staff move to a different job; however, continuity can also build trust and hope, as borne out by these comments:

“I’m in a hostel but I have a good support worker from the Whitechapel now, have known her for 2 years, but I don’t always remember times of appointments, my memory isn’t great. But she helps”

Someone who was about to sign a tenancy through Housing First said

“Housing First give you so much support, I’m not used to it. I told the support worker ‘you’re wasting your time’, but they said ‘I’ll stick by you’, it gives you that bit of hope”

Several people told us it was difficult when support ended:

“I’ve been getting help from a support worker at Whitechapel for 6 months but this is coming to an end & I’m absolutely gutted. It’s taken 6 months to build trust with the support worker after everything that’s happened in my life but now I’ve started going to appointments with her & it felt good. I hadn’t been to the doctors for ages & when my support worker came with me, it made a difference”

Someone who had just moved from a hostel to a rented flat said that

“you need support for at least a month when leaving the hostel. After having spent time with lots of others in the same place, then to be on your own is hard”

Some people in recovery from using drugs and/or alcohol told us that continuity in support wasn’t always there:

“Recovery services are heavily reliant on volunteers and sometimes things slip through the cracks. It’s hard being discharged from the bubble of residential rehab because the emphasis is on supporting yourself, sink or swim, rather than continuing to be supported by services. Lots of people relapse because of it”

“Supported accommodation is often abstinence based so if you have a relapse, because that’s what addicts do, you lose your home and everything immediately. It’s a vicious cycle”

People may need support at different stages of their life, sometimes years after having lived through difficult and/or traumatic experiences, for example going through the care system as a child/young person. We were told that support was not always available to people when they needed it:

“There should be some duty of care, some kind of access to support for people who have left care, no matter what stage of their life they are at, as many have traumatic memories, and many end up homeless”

Health and Social Care

Access to health and social care services can be more difficult for those who are homeless. Homeless people are known to have a reduced life expectancy, and there has been an increase in early deaths, with London and the North West seeing the highest levels in 2018¹¹. Staff from hostels and health services working with people who are homeless told us that

“the client group has changed (in the past decade), now people present with ever more complex needs, including some who are end-of-life”

Mainstream health services

People using mainstream health services told us about some of the barriers they faced. Appointment systems in mainstream health services usually don't allow for much flexibility, which considering the pressures many services operate under is understandable. However, this can make accessing health care for people who are homeless much more difficult.

Several people told us that they felt judged for being homeless when accessing mainstream health services. Some people felt that their health issues were not being taken seriously by staff:

“Hospital staff’s attitude toward people with drug/alcohol problems is really bad, and addiction or alcoholism is seen as the only problem you have”

“As an alcoholic, they don’t treat you, they just say stop drinking”

We did receive some positive feedback about hospital treatment as well:

“I came out of hospital 2 months ago after staying at Broadgreen, they were brilliant whilst I was there. They were helpful & caring & didn’t judge me”

Hospital discharge and care packages

Hospital discharge was raised as an issue by staff at a number of hostels, who told us that sometimes there had been inappropriate hospital discharges to their hostels and to Labre House. This was problematic, as hostel staff couldn't provide the care that patients needed:

“Hospital discharges often need to have a care package in place, this doesn’t always happen, (hostel) staff have to make sure. When people have been discharged without a care package, at times staff had to deal with providing care even though they are not trained to do so. Brownlow (GP practice and Homeless Access Clinic) has been helpful when this has happened, providing advice”

11 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018> (last accessed 20/08/20)

When care packages had been agreed, a provider couldn't always be found. At one hostel staff told us that

“We get people assessed as needing care packages, but care providers won't touch it. We managed to get one provider in but they don't want to come back”

Staff from a variety of services told us they were seeing more people with complex needs who were at an end-of-life stage, but that appropriate support wasn't available. One health worker told us that

“My dream is that there is a care home for people who are homeless, so that people who are discharged from hospital or who are end-of-life have somewhere appropriate to go to”

Specifically commissioned health services

We received a lot more positive feedback about health services commissioned and provided specifically for homeless people; people told us they did not feel judged, unlike in mainstream health settings. Services were more likely to be run on a drop-in basis, so missing appointments was not as much of an issue. Although some people told us they were still registered at their old GP practice, often near where their families lived, most people in city centre hostels were registered at Brownlow Health. Many had used the drop-in Homeless Access Clinic there, where several health and addiction services come together to provide a no- or low-barrier service. Comments included:

“I like them at Brownlow, the doctor is lovely”

We also received positive feedback about the skin clinic in a YMCA hostel, again especially about the staff attitude:

“I feel that I can talk to them about anything”

Mental health services

We found that there are no easily accessible mental health services specifically commissioned for people who are homeless. Mersey Care's Homeless Outreach Team's services are only available to people fulfilling certain criteria, and staff numbers in this team had been reduced by more than half over the last few years.

Additionally there is no specific service for people with a dual diagnosis, something that has been known about for many years, but is yet to be addressed by commissioners and providers. People who were experiencing both mental health problems and were addicted to alcohol and/or drugs felt there were no services available to them:

“I've got bi-polar but they say they can't treat me because I'm an alcoholic”

Two people experiencing poor mental health told us that Liverpool Light, an evening drop-in service in Liverpool city centre for people experiencing a mental health crisis had been really helpful, and had referred them to other services to get support. Unfortunately, due to a lack of funding Liverpool Light has since closed.

Preventative and public health services

Several people using the Whitechapel Centre told us they would like to see other health services come in. Comments included:

“I’d like to see check-ups for Hep B and Hep C here”

“They used to have the ‘love doctor’ here, to get checks”

The Whitechapel Centre’s day centre on Langsdale Street has now closed due to the Covid-19 pandemic but as many people already attend the Homeless Access Clinic, maybe such services could attend and/or have a higher profile there.

Information provision

There are several long-established and well-known organisations in Liverpool that provide information and signposting to people at risk of, or experiencing homelessness, including the Council’s Housing Options service, the Whitechapel Centre, Crisis and Shelter. However, not everyone always knew when or how to get in touch with these services:

“There are enough services out there, but not enough information about how to access them. You go by word-of-mouth when you’re destitute”

Others found it relatively easy to find information:

“When my relationship broke down I looked online to see what kind of support there was and I found out about Labre House”

Liverpool City Council is considering providing a single point of access for people who are homeless. Many people seemed to think this is a good idea, but we were also told that a lot depends on the knowledge of the people staffing the service. Some people thought that a single point of contact would also be useful for other services, to get information when they needed it:

“The police should learn and know more about services so they can direct people to help. You shouldn’t have to find out about services only from other services. There should be leaflets that describe who does what, because if you aren’t accessing a service, you’ll never know what else there is”.

Access to activities

When speaking to people who were homeless, a variety of other topics came up, including accessing activities:

“I’d like more activities, like sewing or crafts. I’m starting some training through here (the Whitechapel Centre)”

Some hostels we visited organised activities with and for residents, like crafts, mindfulness, yoga, and some provided gym equipment for the residents. Organisations like Crisis provide training and activities, and other organisations like the Choir With No Name and Liverpool Homeless Football Club already provide specific activities in an inclusive and welcoming manner.

However, there are many more activities available that people may not be aware of. There has been an increase in social prescribing nationally, which allows GPs, nurses and other primary care staff to refer patients to non-clinical services, for example for advice, activities, and other support. To assist with this link workers (non-clinical staff usually based at GP surgeries) aim to connect people to community groups and help individuals to develop skills and their own networks.

As more link worker posts have been created locally, this may be a good time for those workers to connect with hostels, the Homeless Access Clinic, and other organisations where homeless people gather, to provide information and refer people to activities they may be interested in.

Additional resources, such as the Wellbeing website launched in September 2020 provides more information about activities and connecting people. For those who have access to the internet there are Twitter and Instagram accounts: (@livewellpool)

People who don't have an internet connection can call Healthwatch Liverpool on 0300 77 77 007; staff will look for relevant information and either send this by post or text message, whichever is preferred and/or more appropriate depending on the volume of information.

Conclusion

“If I was in charge, I'd just want everyone to feel safe and welcome and for people to give us a chance regardless of our background as some places look down on us and treat us differently”

For most people who have lived experience of homelessness or work in the sector there won't be many surprises in this report.

Despite the number of visits we made and the number of people who spoke to us, there will still be omissions in this report and people whose experiences we have not heard. Although we have made some recommendations, we are also left with many problematic issues with no easy answers, for example how to best support people who are homeless and do not have recourse to public funds.

Limitations on services

Most of the services to alleviate homelessness and provide health care in Liverpool are commissioned (planned and bought) by the local authority and the NHS Liverpool Clinical Commissioning Group (CCG), who have been experiencing increasing financial pressures.

People working in services told us that many services had seen an increase in demand and sometimes struggled. Although much of the feedback that we received about services was positive, it was clear that a lack of suitable accommodation and a lack of continuity in support had a big impact on people's lives.

We also found that some of the buildings used for accommodation and/ or services were not suitable or accessible for everyone, particularly for people who have impaired mobility or use a wheelchair.

There were marked differences between hostel environments, with some looking much more 'institutional' compared to others.

Support

We found that there is support available from a variety of organisations in Liverpool for people who are experiencing homelessness; however, people did not always know what support exists, and how to access it. Support regularly was not joined up around the individual, and often time-limited.

People told us that initial information and advice about housing seemed to be available fairly easily, and certain housing support services for people who had more complex needs were - mostly - available as well. However, support for people who were experiencing homelessness but did not have complex needs appeared to be more difficult to access, especially for people who were working, either self-employed or in a low-paid job when they became homeless. Some people told us that they ended up in a much worse position, eventually needing much more support, because there had been no appropriate services there for them when they first became homeless.

Both people using services and frontline staff told us that they felt there were gaps in services, for example a lack of social care support, or a care home (or care home unit) for people who are homeless with more complex needs. We were also told that mental health support was not easy to find or available at all, especially for people with a dual diagnosis of mental ill health and substance use and/or alcohol dependency.

Awareness of services

Staff did not always know about other organisations and what they offered, so could not refer people where this may have been useful, particularly to organisations in the voluntary sector. A single point of contact as proposed by Liverpool City Council may help with this. There may also be better ways for organisations to learn from each other and work together (or work together more closely than at present), but for that to be effective organisations need to be able to network and meet regularly, which requires time and resources.

New models?

Homelessness is a very complex problem, and we don't think that there is a one-size-fits-all answer. More recent services like Housing First in the Liverpool City Region look promising, and we look forward to the review of the pilot. We believe that people who have lived experience of homelessness need to be central in looking for solutions and when planning services. Housing First seems to have made a good start with this and are willing to share their expertise.

The Covid-19 pandemic has shown that a lot more is possible to combat homelessness than many could have imagined even only half a year ago. Long-standing, structural issues are now looked at anew. We hope that this momentum continues, and broadens out beyond homelessness to challenge and deal with other inequalities.

Recommendations:

We know that Liverpool City Council (LCC) has already begun work on several of the issues mentioned in the recommendations below. However, we still wanted to include these recommendations in order to give additional weight to what LCC is doing, and to provide additional support with this feedback from people with lived experience.

1. People with lived experience of homelessness often have used a variety of services, and know what worked for them and what didn't. Frontline staff also can offer valuable insights. We learned that people using services for homeless people were not usually asked for their thoughts about strategies and plans made by commissioners and providers. Frontline staff often were not consulted either. Therefore:

We recommend that commissioners and providers ensure that people with lived experience and frontline staff are involved in the planning and design of homelessness strategies and services.
2. We learned that Liverpool City Council is considering a move to a single point of contact for people under threat of/ experiencing homelessness. We believe this is a good idea, as it could help to prevent people from falling through the cracks. However, it is important to ensure that all staff involved will be well-trained, knowledgeable and empathetic. To that end

We recommend that staff training will include training provided by people with lived experience, and where possible jobs will be offered to people with lived experience.
3. We learned that continuity in support was very important to the people we spoke to.

We recommend that commissioners and providers look at ways to improve continuity in support. This could include commissioning and providing more visiting support not linked to accommodation, as happens with Housing First. It could also include commissioning and providing extended support from hostels to people who have moved in to their own flats for a period of time, as agreed with the individual.
4. We learned that there are gaps in services for people experiencing homelessness while in work and/or those who are not seen to have complex needs. We expect that the number of people in a similar situation will grow as a result of the current economic crisis.

We recommend that Liverpool City Council investigates options for commissioning more services aimed at people with less complex needs to prevent people from heading to a crisis situation.

5. We learned that there is no appropriate care home/care home unit for people who are homeless and/or have more complex needs, and who need more care than can be provided in another setting, for example after hospital discharge, or who are at the end of their life. We also learned that hostel residents with care packages sometimes struggled to receive that care, as a provider could not be guaranteed.

We recommend that Liverpool City Council commissions a care home unit for people who have been homeless and/or have more complex needs. We also recommend that the Council investigates how much of a gap there is in the provision of care packages in hostels, and if additional provision needs to be commissioned.
6. In contrast to the availability of services for dealing with physical health issues, we learned that there were no easily accessible services for homeless people experiencing poor mental health, and no services for people who have a dual diagnosis of mental health issues and an alcohol and/or drug dependency. This is a long-standing issue which needs to be resolved, therefore

We recommend that Liverpool Clinical Commissioning Group works with mental health providers and drug/alcohol treatment services to commission and provide an easily accessible service, possibly along the same lines as the Homeless Access Clinic, where mental health, drug and alcohol services work together to support individual patients. This would not just benefit people who are homeless and who have a dual diagnosis, but many others who are using (street) drugs to self-medicate for their mental health, and/or people using (street) drugs who experience poor mental health.
7. Labre House has been closed due to the Covid-19 pandemic, but we found that this night shelter was not suitable in its set up. There are no plans to reopen Labre House or similar dormitory style accommodation, but an easily accessible emergency shelter will most likely still be necessary. Whilst we recognise that Liverpool City Council goes beyond its statutory duty by providing a night shelter for everyone, including people without recourse to public funds;

We recommend that the lessons from users of Labre House about what did and didn't work for them in the way that it had been set up can be learned from in the opening of alternative accommodation.
8. We learned that hostel environments varied widely. Some were not fully accessible, and in at least one the building could pose a risk for some of the residents, although there were plans for improvements.

We recommend that where buildings are not fully accessible or safe, providers and Liverpool Council work together to arrange for improvements.
9. We recognise that hostels provide temporary accommodation. Nevertheless, some hostels showed that thought and care had been put in to providing more 'homely', less institutionalised surroundings; in others, little effort had been made.

We recommend that providers work with their residents to decorate and improve the hostel environment where this has not been done.

10. Liverpool City Council has successfully organised events where many people working in homelessness services could get together to discuss strategy, and what had worked or not.

We recommend that similar events continue regularly, and that people using services and frontline staff are included in organising these from the outset.

Although this project has now been concluded, Heathwatch will continue to learn from people about services, and share those experiences with commissioners, providers and regulators. This includes feedback about services aimed at people who are homeless. We already have some visits and meetings planned with providers in the near future.

Anyone who would like to contact us about this report or other matters, please contact us on:

Telephone: 0300 77 77 007

Email: enquiries@healthwatchliverpool.co.uk

Website: www.healthwatchliverpool.co.uk

Appendix - Questions asked during visits

1. Are you: (e.g. using the service, staff, volunteer)
2. First part of your postcode/ local authority area
3. How did you find out about this service/ organisation?
4. Have you been before?
5. What do you think is good about this service?
6. What could be improved?
7. What other services/groups have you used in the past year?
8. What did you think of those services?
9. Are there any services that you would like to see?
10. Any other comments?

If you were in charge, what would your priority be around homelessness?