



# IOW Salvation Army Winter Shelter Report



## Year 1



## Introduction

In the nineteenth century The Salvation Army's founder William Booth was told by his son about all the homeless people sleeping on the banks of the Thames, his response was simple: 'Go and do something.'

This year that is exactly what we did. We utilised our expertise to work with and accommodate all presenting people that were without a place to call home during the coldest period of the year. We know people living on the streets are some of the most disadvantaged people in society - at risk of severe illness, violence and early death.

There is a plethora of research that shows that people that sleep rough are vulnerable to becoming a victim of crime, developing drug or alcohol problems, or experiencing problems with their physical or mental health.

To help reduce some of those risks and to meet the humanitarian need here on the IOW, we developed and delivered a winter shelter to help save life and positively change lives. This new provision integrated with our other homelessness services on the IOW enabled us to meet people where they were and help them rebuild their lives step by step, piece by piece.

The winter shelter project was based on seeing people not labels. Homelessness can be the cause or result of various social/personal problems and is very often hard to work with because of variance. Multiple needs are common amongst the people that require our support and substance misuse and mental health issues often mask each other.

People that are without a home are often labelled within communities and actions and decisions they take are often perceived as a lifestyle choice. The brain is hardwired to survive and to escape extinction; therefore it is important we continue to educate people on the IOW and beyond to recognise decisions made when you are without a home are often rational decisions in an irrational situation.

This annual review of The Winter Shelter reflects on the distance we have travelled and the impact we have had; prior to considering where we are going and what we can do, to make our best better. There are many things to be proud of and there are many stories to tell. I am incredibly proud to have been able to be part of the journey thus far and want to take this opportunity to thank everyone that contributed in some way to the project.

You all made change possible.



This is the end of the chapter but in many ways this is just the beginning.....

Thank you

Jamie Brenchley  
Service Manager



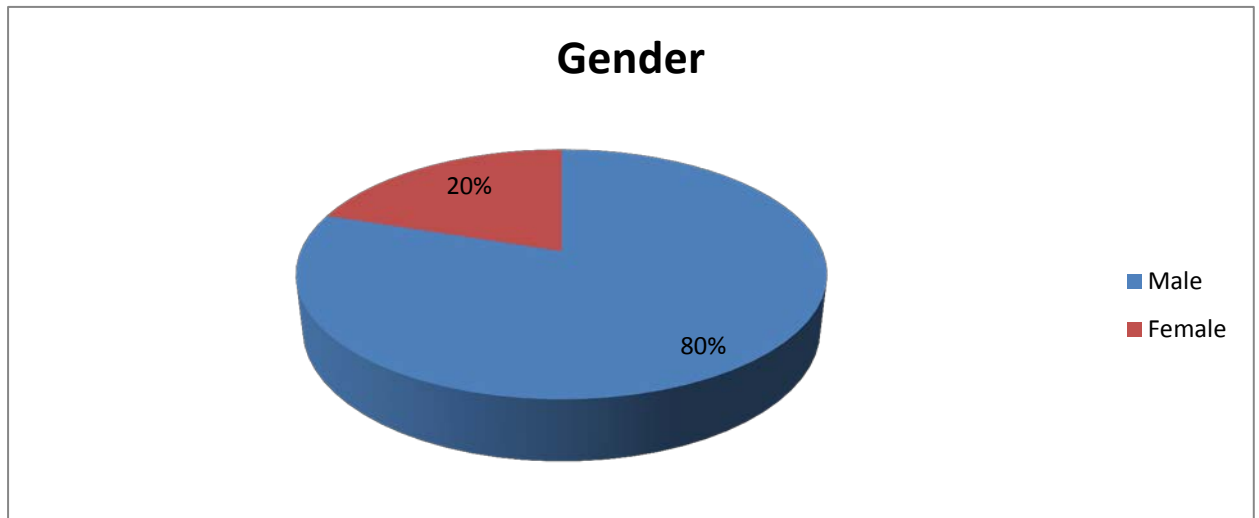
## Project in numbers

- 40 The total number of guests accommodated.
- 57 The percentage of guests moved off the street and into suitable place they can call home
- 61 The number of volunteers that were recruited to help deliver the service.
- 125 The Number of nights the winter shelter opened 125 nights
- 1231 The number of bed spaces over the period of operation that were available.
- 789 bed spaces utilised over the period (65% of total available)
- 10 people The maximum occupancy on any one night
- 1 Dog accommodated
- 7 The average number of guests each night the shelter operated.
- 18 The Average number of nights a guest stayed in the shelter
- 1 Complaint
- 37 The average age of guests
- 89 nights – The most amount of nights a guest used the winter shelter
- 0 The number of people that were refused access to the shelter!



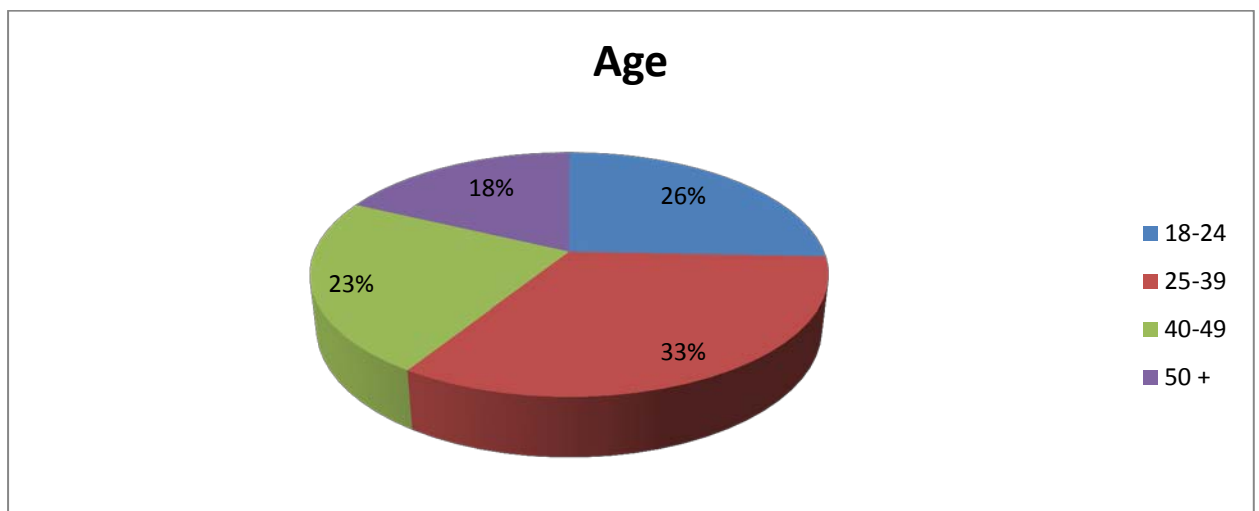
## Who we worked with

Table 1



Nationally 14% of the rough sleeping population are female (DCLG statistical release Rough Sleeping Autumn 2017) Figures collated through the winter shelters period of operation indicates 20% of the rough sleeping population of the IOW are female; 40% above the national average.

Table 2



The average age profile of people that used our winter shelter is approx. 37 years of age. The percentage of rough sleepers aged 40 plus is over 40% which is a huge concern when you consider the average death of someone that is homeless is 47 years of age. Conditions usually associated with older



age are more common showing the impact homelessness has on health. Homeless people are seven times more likely to die from falls at an average age of just 45 (Homelessness Kills, 2012) another worrying trend is the number of 18-25 year olds that required the use of the shelter. The average percentage of rough sleepers nationally below the age of 25 is 8% (DCLG statistical release Rough Sleeping Autumn 2017) We are currently three times higher than the national average.

Homeless Link has published a report (Young and Homeless 2018) exploring the trends, causes and nature of homelessness experienced by young people (aged 16-24) in England. Findings from a survey of 109 service providers and 79 local authorities show that: 44% of the young people supported by homelessness accommodation organisations are not in education employment or training; 41% lack independent living skills; 35% have mental health problems; and 28% of those accessing services over the last 12 months are aged 16 or 17.

#### Case Study 1 (Guest)

I was only involved in the night shelter for a short time but after 2 months in a tent I can't really express what it was like to find a decent meal and a warm bed at night. But what has been the most special part of the experience with the night shelter has been the warmth and welcome I received from all the staff and volunteers. When you are struggling and at the lowest point in your life, that offer of support and the offer of a helping hand has literally been a lifesaver. Thank you



## Health Needs audit

Table 3

Mental and Physical Health		
Service Users that	Number of people	%
Report a mental health need	32	83%
Have a diagnosed mental health need	22	55%
Are self-medicating with alcohol / drugs	17	43%
Have a Physical Health Need (Only a representation from 54 people)	14	35%

The links between homelessness and mental health are complex; it can be a cause or a consequence of homelessness. Homelessness is a stressful, lonely and often traumatic experience which has a major impact on mental health ('I was all on my own', 2015 and its No Life At All, 2016).

83% of our guests reported having a physical health condition. 37% for the general population. (Source: Health Needs Audit, 2016 - Homeless Link)

55% of our guests reported having a mental health diagnoses, in comparison with 23% of the general population. (Source: Health Needs Audit, 2016 - Homeless Link)

### Case Study 2 (Guest)

I found myself homeless at the beginning of January (Probably the worst time of year to be homeless!) I was relieved to learn of the night shelter project. It was incredibly reassuring to have the comfort of somewhere to get dry, warm and to be in the company of others in the same boat and those willing to help. The generosity and compassion was at times quite humbling and restored my faith in human nature. It is my hope to somehow give back for the tremendous support I received.



Table 4

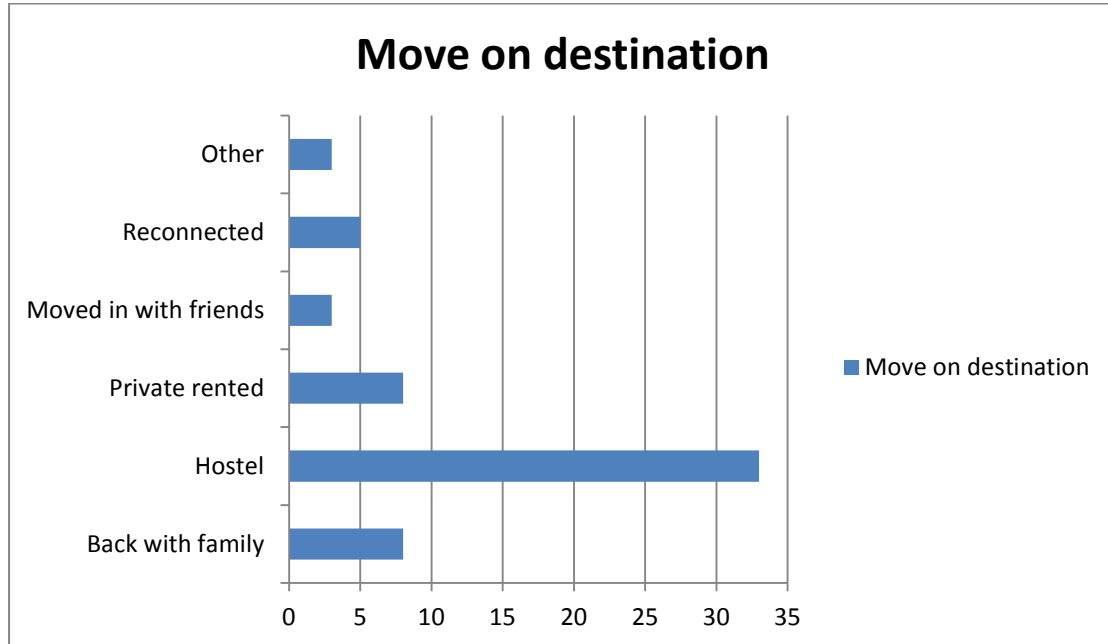
Substance Misuse		
Subject	Number of people	%
Drug use	19	48%
Problematic Alcohol use	28	70%

Homeless people are far more vulnerable to issues relating to alcohol and drug use. Multiple diagnoses of substance and mental health issues can be a barrier to services (The unhealthy state of homelessness, 2014 - Homeless Link). Rates of alcohol and drug use are four times higher than in the general population.

## Positive Move on

60% of the 40 guests accommodated were moved off the street. 57% of these moves were deemed positive and transitioned people into a place they can call home.

Table 5



Guests were primarily transitioned from the shelter into further supported accommodation provision. These provisions are vital and enable the many broken individuals that end up on our streets being able to continue on their journey of recovery in a safe, skilled and supported environment.





### Case Study 3 (Volunteer)

I am so pleased that I volunteered to help at the night shelter. The experience has been one that I will never forget and one which I hope to repeat in the future. I have gained so much from getting to know the guests and from listening to their stories and feel privileged to have been involved in a few months of their journey. I'll miss seeing the guests but I hope to continue volunteering in one way or another in the future. Thank you for allowing me to share in this amazing project.

## Housing Justice Quality Mark standard of excellence

Christian churches and communities have long traditions of providing shelter, and Night Shelters for those experiencing homelessness have been around for many years. The Shelter was geared towards offering Christian hospitality to homeless people including those who have been living on the streets. This hospitality was more than just tea and sympathy, more than a bed and safe shelter for the night. It included a supporting and caring arm to help people to rebuild their lives: making a real difference to people, offering through personal transformation the opportunity to 'move on'

To provide an external and independent view on the service we designed and implemented we commissioned Housing Justice to inspect us as this organisation offers a quality mark for Church and Community night shelters as a way of bench marking basic standards for shelters across the country and incorporate best practice in our work. Crucially, the Quality Mark is a recognised assurance to funders, local authorities, insurers, shelter guests and the local community that the shelter is run to the highest standard.



We were excited to be able to be awarded the quality mark standard of excellence in March 2018 following a rigorous inspection process. The report captured the following highlights:

- This project is very well networked, working in partnership with other projects in the area.
- They assess risk and triangulate information with partners and have a very positive relationship with Housing on island, also taking referrals from Probation, Drug and Alcohol services as well as other Hostels.
- Guests are known by volunteers and obviously feel relaxed and secure in the project.
- Guests are encouraged to help out and take responsibility where they can- Giving guests' opportunities to be involved in community work, to give themselves, is to be commended.
- This project is a pilot and in its first year running, bearing that in mind it is very efficiently organised and run by Salvation Army.
- Shelter specific paperwork is excellent, including job descriptions for specific volunteer roles, project risk assessments and guest and volunteer handbooks.
- This project is making a tangible difference to people who are rough sleeping on the Island.

## Preventing homelessness costs less

Cost of rough sleeping for 12 months (£20,128) vs cost of successful intervention (£1,426) (At What Cost, 2015)

The cost of a single person sleeping rough in the UK for 12 months is estimated at £20,128.

Homelessness also has a human cost. The distress of lacking a settled home can cause or intensify social isolation, create barriers to education, training and paid work and undermine mental and physical health. When homelessness becomes prolonged, or is repeatedly experienced, there are further deteriorations in health and well-being. (At What Cost, 2015 and Better than cure? 2016)



#### Case Study 4 (Volunteer)

It has been such a pleasure getting to know all the guys and girls from the night shelter. I will remember with fondness the night playing frustration and disturbing those who were sleeping. I have enjoyed 1am conversations with those who could not sleep. I won't miss the snoring!

Thank you for letting me part of the night shelter

## Impact on public services

There is international concern, both in Europe and North America, that sustained and repeated homelessness has significant impacts on public expenditure. Costs for health care systems, including mental health services and emergency services at hospitals are high, as are many costs for the criminal justice system.

Evidence shows that people who experience homelessness for three months or longer cost on average £ 4,298 per person to NHS services, £2,099 per person for mental health services and £11,991 per person in contact with the criminal justice system. (Better than cure? 2016)

Data merging in Scotland has indicated that NHS service use is 24 per cent higher among homeless people in Scotland and previous research as suggested that homelessness increases reoffending rates (among people with criminal records) by 20 per cent.



## Conclusion

The challenges associated with homelessness are well documented and the numbers of people that are sleeping rough continue to increase across the country year on year. This development of a winter shelter this year was developed and designed to meet the humanitarian need of those that are homeless during the coldest months of the year. No one should have to sleep rough in the 21<sup>st</sup> century.

The integration of our many homelessness services in partnership with many other local organisations resulted in this project supporting nearly 60% of people that had no safe place to stay, being provided an opportunity to start a new life in a place they could call home.

Over the winter period we were able to accommodate all presenting people that had nowhere else to go; people that would have otherwise slept rough on the streets of the IOW. This required us to see people not labels and to positively and safely manage the complex needs and associated risks of those people that needed a place to stay.

The external verification that comes from the housing justice quality mark standard of excellent practice award demonstrates our commitment to developing and delivering services that are the best that they can be. The opportunity to come together and work with and learn from other shelters located around the UK will ensure a positive trajectory of development and is something that will ensure our services here on the IOW are as good if not better than anywhere else in the country.

*Together and in partnership we have the potential to make change possible.*



## Recommendations

1. During SWEP criteria being triggered develop a multi-agency response team to target those that are known to be sleeping rough to ensure mental capacity assessments are completed for those that are refusing to engage in provision that is available.
2. Consider increasing the assertive street outreach capacity on the IOW.
3. Maximise effectiveness of existing and additional outreach capacity by boosting multi-agency partnership working.
4. Continue to explore and develop an integrated homelessness pathway model that supports people transition from street to home. This includes the development and systemic review of pathways to avoid potential homelessness in relation to prison leavers and hospital discharges.
5. Consider commissioning a small number of emergency direct access beds and or innovative models of accommodation i.e housing first to supplement existing housing options for people that either find themselves without a home or those that are entrenched rough sleepers.
6. Make personal budgets and/or flexible emergency fund available for front line staff to employ where maximum flexibility is required to meet an individual's immediate housing needs, establishing trust and a basis on which further support can be provided towards a long term, sustainable successful outcome. This would only be the final resort, employed for those whom all other outreach and intervention fails.
7. At times of extreme weather, ensure flexible provision is available on the IOW to accommodate or to reduce the risk of harm to individuals that cannot or will not access winter provisions despite all efforts.
8. Social provision during the day - supporting wellbeing as far as possible within very difficult circumstances by producing an easily accessible map/ leaflet of existing free resources (for example providing food, activities, social interaction) that people can access during the day for company, engagement and potential routes into support services.
9. Shifting public perceptions of homelessness, including making use of high profile events such as Sleep in the Park to communicate key messages on why homelessness happens and how it can be eradicated



## Thank you

*For our work to be successful we rely on the support and cooperation of a wide range of partners in the voluntary, statutory and corporate sectors. Thank you to those whose generosity and community spirit contributes so greatly to our work with homeless and vulnerable people.*

## Get in Touch

### IOW Salvation Army Homelessness Services

Telephone: 01983 812743

Email: [jamie.brenchley@salvationarmy.org.uk](mailto:jamie.brenchley@salvationarmy.org.uk)

Facebook: IOW Salvation Army Homelessness Services

### Connecting rough sleepers to local services

There are three ways you can tell us about someone sleeping rough through this provision

1. Visit [www.streetlink.org.uk](http://www.streetlink.org.uk), click 'Tell us about a rough sleeper' and fill in as many details as you can
2. Download the mobile app (available for free from the iTunes and Google Play stores) and follow the same steps as the website
3. Call 0300 500 0914.





## **IOW Winter Shelter Internal Reflection**

Although we have been recognised by an independent organisation as providing a winter shelter provision that meets a standard of excellence. As an organisation and service we always strive to make our best better.

### **Areas we feel we could develop further include:**

- Further development of volunteer(s) and associated roles to provide a sustainable and effective staffing model.
- Provide hospitality and shelter at the same location from 7:30pm-8:30am Mon-Sun utilising a rolling provision model.
- Supplement the winter shelter provision with a small number of bed spaces provided in other Salvation Army provisions.
- Improve transport options to service users and volunteers
- Recruitment of volunteers to be a continual/ all year process.
- Fund raising strategy to be developed to support the shelter become self-sustainable.
- Source funding to recruit a shelter coordinator for a 6 month period to have day to day oversight of the provision.
- Review and improve training package for volunteers of all learning styles and abilities.
- Continue to develop relationships with local partners and businesses.
- Supplement the shelter with a more robust and coordinated day time offer.
- Exit strategy to be better implemented for those that are not able to be positively moved on.
- Strategic recommendations as captured within the report submitted.



