



Supporting our community since 1881

Negotiating new realities

www.nugentcare.org

Negotiating new realities:

**The implications of the reduction
in public sector spending and
welfare policy changes on people
using the Community Resource
Unit services of Nugent Care.**

**Final Research Report November 2011.
Angela Daly.**

Introduction

What will be the consequences of the massive changes in public spending? Will demand for the services increase while our resources do not? It is clear that the principles that underlie all our work, especially that which declares: our services shall be such that should we ourselves need them they would meet our need and respect our dignity and humanity, must continue to guide us in all conversations - first of all with our service users, then with colleagues across the voluntary sector and with the many statutory bodies with whom we have built up effective partnership for the well-being in body, mind and spirit of so many. And at times, we must be a voice for those who have no voice. We are committed both to care by direct service, but by advocacy too.

(Archbishop Patrick Kelly, Nugent Care Annual Report 2009/10)

In 2011 Nugent Care conducted a qualitative study to explore the effects of public sector spending reductions and welfare policy changes on the services and service-users of its Community Resource Unit (CRU), in particular the Single Homeless and Rent Deposit Scheme. The research seeks to capture experiences of change during this year from the perspectives of service users and service providers.

The purpose of the research is to provide information and evidence for advocacy by Nugent Care on behalf of those who have experienced or are at risk of homelessness during a time of considerable change. The research began on February 4th 2011 at the 'Poverty and Homeless Action Seminar' hosted by Nugent Care, Merseyside and Region Church Action on

Poverty (MARCAP) and the Justice and Peace Commission of the Archdiocese of Liverpool. It is anticipated that it will form part of Nugent Care's contribution to a second Poverty and Homeless Action Seminar to be held in February 2012.

Drawing on a sustainable livelihoods approach (see section 1.2) the experiences of service-users is central to this study as they negotiate new realities brought about by these changes. The study will explore with staff and service users of Nugent Care understandings of changes to welfare provision as they are happening in 2011 and the perceived and actual effects of these changes on service-users.

The objectives of the research are to:

- Map policy changes that are happening at local and national level
- Identify intended and unintended effects of funding reductions and welfare policy changes on people who have experienced homelessness in their efforts to achieve a sustainable livelihood
- Identify intended and unintended effects of funding reductions and welfare policy changes on organisations that support homeless people
- Contribute research findings to the broader debate within Nugent Care, the 800 Group and the Caritas Social Action Network.



1.1 This report

This final report *Negotiating New Realities* (November 2011) is offered to the Trustees and Governing Body of Nugent Care for consideration. It combines and builds on the two previous reports *Protecting Front Line Services?* (May 2011) and *Re-settling Home: the Experiences of Service Users* (October 2011). This report is structured around the following five themes:

- Nugent Care's work with homeless people (Section 2)
- From home to home: The realities of homeless people's journeys (Section 3)
- The changing context: Welfare reform (Section 4)
- The changing context: Public sector funding cuts (Section 5)
- Negotiating new realities? Discussion (Section 6)
- Conclusions and key messages for advocacy (Section 7).

1.2 Our research approach: participatory methodology and sustainable livelihoods

Capturing and analysing the experiences of service-users, with service-users is central to this stage of the research. Therefore, a broadly participatory research approach was used employing a variety of methods for data collection, analysis and reporting including working with co-researchers; two people who have direct experience of homelessness.

A research working group made up of Angela Daly (a researcher at Edge Hill University working in a volunteer capacity) Mike Richmond, Tony Connor, Jo Harrison-Smith, Gerry Corcoran and Ann Topping (Nugent Care) shaped the early stages of the research. Staff from the Community Resource Unit's projects contributed to discussions about the research. Two ex-service users John Anderson and Denis O'Driscoll participated in the research as co-researchers. An advisory group was set up to discuss key findings emerging during the research and added a further layer of analysis. This group met four times during the research and included Kathy Pitt (CEO of Nugent Care), Liz Dodds (Trustee of Nugent Care), Monsignor John Devine (Archdiocese of Liverpool), Professor John Diamond (Edge Hill University) and members of the research working group.

The first stage of the research was carried out during February to May 2011 and involved in-depth interviews with ten staff and ex-service users of Nugent Care. The second stage of the research carried out during May-October 2011 involved interviews with five service users and three stakeholders and two focus group discussions (one with the service user group and one with staff). Additional informal discussions in relation to the research scope and background took place at the Poverty and Homeless Action seminar. A small review of current policy and related research was undertaken in the limited time available.

Our co-research research approach included the following:

- Setting up a co-researcher group at the start of the project with Angela, Denis and John (volunteers and ex-service users at Nugent Care), with this group working specifically on the second stage of the report, interviewing service-users
- Developing an ethics protocol together for interviewing service users empathically
- Identifying five appropriate research questions to use in the service-user interviews and thinking about how they would relate to the sustainable livelihoods frameworks of five assets
- Using visual motifs as well as written questions to facilitate the focus of the question (especially helpful for some service users for whom English is not their first language)
- Developing a PowerPoint presentation for the research that anyone from Nugent Care can use (again using visuals to explain key findings, concepts and frameworks)
- Setting up an Advisory Group to discuss the emerging findings of each stage of the research and to provide a reflective account to the Trustees as part of each report. This group included several staff, one Trustee, the CEO and two external supporters
- Using opportunities for sharing the research with the Advisory Group and the Community Resource Unit as further stages of analysis.

A sustainable livelihoods approach was adapted for the fieldwork to draw together experiences of service-users, views of staff and organisational perspectives, and to provide a framework for analysis. Briefly, it explores five areas of assets held by people themselves that support sustainable livelihoods:

- human assets including health and well-being
- social assets including social and support organisations
- physical assets including housing
- public assets including community resources and services
- financial assets including access to income and benefits.

The rationale for this approach is that service users depend on Nugent Care in one part of their lives: a sustainable livelihoods approach explores on many assets in the whole of a person/family's life and will give a rich picture of what is happening to people in 2011. For further information on this methodology see the Oxfam/Church Action on Poverty resource, The Sustainable Livelihoods Handbook.

<http://www.oxfam.org.uk/resources/ukpoverty/downloads/Sustainable%20Livelihoods%20Handbook2.pdf>

Our five research questions were mapped to five sustainable livelihood assets.

- Tell us about your home, then and now? (Social and Physical assets)
- What is your life like now? What was it like before? (Your journey) (Social and Public assets)
- How do you manage financially? (Income/benefits/costs) (Financial assets)
- Tell us how you organise your week? What are you involved in? (Human, Social and Public Assets)
- What Services have you accessed? Have they helped you? (Human and Public Assets).

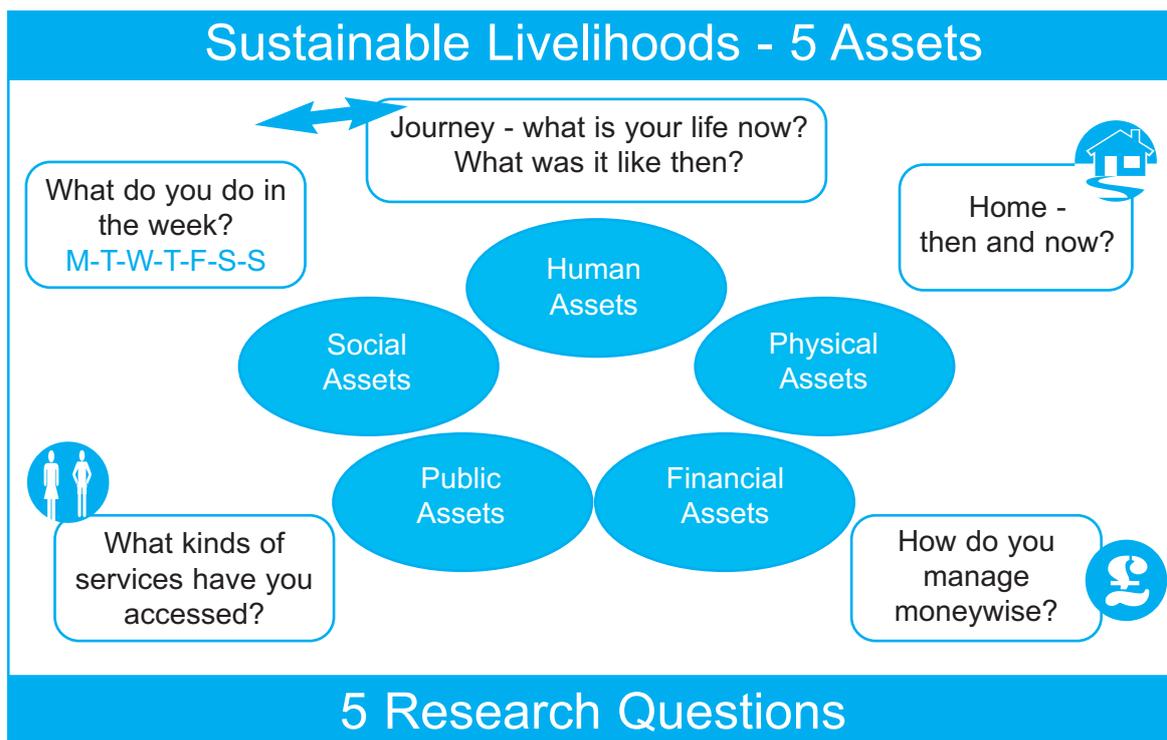


Figure 1: Sustainable livelihoods framework for analysis and research questions.

2. Nugent Care's work with homeless people

From the mid-1840s Liverpool's civic and religious leaders acted on the knowledge they had of poverty and disease afflicting the poor local and migrant Irish populations to advocate for change. In 1881, Father Nugent and the parish priests had seen the crises affecting densely populated areas of the city, understood the needs of migrants and local people and advocated for better social conditions including adequate housing. Various organisations to support children and families were established over the years. These organisations later became known as Nugent Care.

The organisation has a long tradition of providing services to homeless people and those at risk of homelessness, including material and welfare aid to single people or families suffering hardship. In more recent years, Nugent Care, through its Community Resource Unit has offered specialist services including welfare and tenancy support to recovering substance users with a history of offending, single vulnerable people including asylum seekers and families who have lost their home due to domestic violence or alcohol or drug related issues.

Nugent Care services are provided through a mix of professional teams and volunteers including ex-service users. Some of the work is core funded through Nugent Care's fundraising activities but much of the work has largely been project funded under grants from local authorities. The Drug Intervention Project which worked with ex-offenders and drug users to secure and maintain a tenancy and live independently ceased when project funding ended in 2010. In August 2011, the Family Resettlement Service closed when its funding ended. In 2009/10 the Community Resource Unit provided support to over 100 families and 60 individuals. At the time of writing, it maintains a core funded Welfare and Material Aid Scheme and provides services to 28 single men through a local authority funded project.



2.1 Three tiers of personal journeys/homeless services

Work with homeless people can be described in terms of a journey, relating to the status of the personal journey and the tiers of intervention the person is experiencing. The tiers of experiences/services can be described as crisis, stabilising and resettlement. Over the years Nugent Care has worked in all the tiers of interventions to a greater or lesser extent and continues to advocate on behalf of homeless people.

Today, services and personal journeys can be described in the same three tiers. Figure 1 describes the underlying conditions, the people and the kinds of services that may be found at each stage.

Crisis (immediate action)	Stabilising (6 - 12 weeks support)	Resettlement (12-24 months support)
Street/insecure housing Drug Alcohol Domestic Violence Seeking asylum Migrant workers Outreach/A&E	Rehab Development Projects Leave to remain Family mediation Hostel	Floating Support Welfare Advice Material Aid Tenancy support- Private Rented & Social Housing Hostel referral Case work

Figure 2: Three tiers of personal journeys/homeless services.



During the period of this research the **Community Resource Unit offers 3rd tier resettlement services** to people who have come through the crisis and stabilising stages of their lives. People referred have already accessed other acute services which are not provided by Nugent Care to homeless people such as drug/alcohol rehabilitation, mental health services, domestic violence services, asylum-seeking processes and social services, and they have had their needs in these areas assessed and supported.

During the resettlement stage the Community Resource Unit works with people for at least 12 months. Working on an outreach basis, staff build service-users' capacity to manage a tenancy, often in the private rented sector, while maintaining the contacts they had with specialist support projects such as drug/alcohol projects. The long running Welfare and Material Aid service of Nugent Care provides support to service users to set up home and enjoy the basics and some treats that every new householder wants; some furniture, some cooking equipment, perhaps a framed picture or a vase.

The staff work in an empowering way to build up people's confidence and capabilities. Therefore it is hoped and expected that coming to the exit stage of a supported housing service in Nugent Care does not mean that ex-service-users will not cope, but rather that they are equipped and confident to manage tenancies and seek support when necessary. Working from an empowerment model, this is what success looks like in the Community Resource Unit.

Success is seeing people settled, settled into their home, a furnished house and they are managing the tenancy. Some are working, their children are at school, and they are established in the community. (Service provider in Family Services - now closed)

I wouldn't go out the front door, you know. It was a case of just pushing me slowly towards things. (Ex-service user)

...we are outcomes focussed. We are about helping people to achieve an outcome, it may be small, but small may be massive for them. We revisit goals and revisit what we offer to support [the service users] themselves to meet that goal. (Service provider)

The Community Resource Unit can be described as employing a **community development approach to homeless services** and has the following characteristics:

- Floating Support - outreach case work, welfare and tenancy advocacy, community links
- Practical Support - building a home, household goods, and crisis support at times
- Empowerment model - builds managing tenancy and livelihood capacities
- Expertise - knowledge, skills, trust, involves service users.

Nugent Care continues to work with others, including working with people who have direct experience of homelessness to **advocate** for the most vulnerable in our society. Many services to homeless people are at risk in the city and those run by small organisations run the most risk of being unable to continue. At the time of writing a refuge run for black and minority ethnic single women and their families - who are in the crisis stage - has had all of its funding stopped. As the service is provided by a small organisation, it is hard to see how it will continue. Larger organisations like Nugent Care have been able to absorb some of the effects of funding cuts. However, a diversity of social needs remain, and a challenge for organisations operating in the city region who are facing further cuts in 2012, is **how to work together to advocate for action** on behalf of those whose needs may not be seen as a priority.

Currently a large part of the work of the Community Resource Unit is with **single homeless men** many of whom have drugs/alcohol issues and/or domestic disruption including that caused by seeking asylum. Currently they work with 28 single homeless men. **This group is in need of strong advocates as they are very vulnerable to the effects of austerity measures** affecting Supporting People and Local Authority budgets and policy changes under the Work Programme and Universal Credit. Firstly they have no statutory entitlement to local authority duty of care as they are single with no dependent children living with them. Secondly many do not meet the criteria for priority need for adult social care provision such as acute disabilities. Thirdly, while not fully in the crisis stage, many continue to need to access stabilising supports such as rehab or mental health services, and are still in a very early vulnerable stage of resettlement.





3. From home to home: the realities of homeless people's journeys

This section of the report focuses on the experiences of service users as they access the floating support services of the Community Resource Unit. The service users are in various stages of resettlement and support is given to them on an individual basis out in the community. As we will see through the service users' stories the men progress through their engagement with the Community Resources Unit and grow in confidence and capacity with support. This is achieved through taking appropriate time and deploying specific expertise, and benefits from the long term organisational commitment to the needs of this group shown by Nugent Care and others.

The narratives provide a rich picture of people's current lives, their personal histories and their hopes for the future.

3.1 Home (Social and Physical Assets)

Tell us about your home? Then and now?

The following three narratives tell us about people's experiences of home. One of the men has just begun to access services with the Community Resource Unit and feels he has no community. Another is progressing towards a new life and has some community to draw on. A third has left the service and is settled.

A Vulnerable Life

My life was good before the accident. I worked in a factory for 27 months then agency could not get me any more work. I lived in Birkenhead Park for 30 months. I got attacked with a metal bar and spent one month in hospital. I had no money, I stole fruit and had a court case and got probation. Probation arranged for me to go to Mildmay House. From there, they helped me get Nugent Care. I have a flat. I have no good clothes. I want to work. Nugent Care help me and GP helps me with JSA papers. I want a job when I get my next operation. I am on my own.

New life - new home

I came to this country 18 months ago and went to National Asylum Support Service accommodation. I got my papers. I stayed in a friend's room, with people from my community. It was ok, but I had no key. I had to wait for him to get home, sometimes late so I could not get in. I had to wait outside. Some friends got me in touch with Nugent Care. I have a flat. They helped me with furniture. They visit me every week. It is expensive flat - £95 a week. I need a cheaper place when I get a job. I am going to college to get better English for a job. Nugent Care will help me look for a council house.

Re-settling home

I have resigned myself that I am going to end my days here in Liverpool. I have got a dog and I go out walking a lot! I have a lot of ties here...

One of the great things was furniture. You know, Nugent Care set you up with a few practical things and I managed to get a few things myself.

I read, listen to music and watch cinema quite a lot so I have accumulated things over time and they helped me get a bookcase, which was massive, and I was really grateful for that!

Physical and social assets are built up with support which helps people to move from a place of exclusion and disconnection to safety and connectedness. Home is portrayed differently at different times. A sense of **a place to live** prevails (i.e. not street life). **Experiences of home** are related to work, to family, to treatment centres, to services and to different parts of the country/world.

Home is more than a physical asset. **Social relationships** within the home and within the community make up the sense of 'home'. Achieving a **successful home life** involves achieving **security** and feeling included (no racism, no violence, increased stability); achieving **self-reliance** (understanding and managing tenancies, negotiating tax and welfare systems, managing income/expenditure, managing drink/drug use) and achieving **a sense of being settled** (household goods that make a home comfortable, familiarity with the area, neighbours, community links).

3.2 Journeys travelled (Social and Public Assets)

What is your life like now?

What was your life like before?

Having, losing, and re-developing a sense of 'worth' is expressed through the narratives. This is described both in terms of **self-worth** and in terms of other people **holding a person in esteem**. The value of **human relationships** are appreciated within professional-client relationships and within service-users' relationships. The impact of **kindness** cannot be underestimated. **Power** is acknowledged, and the sense of **empowerment** rather than a **'duty of care'** is discussed.

Communities and relationships are **described as detached** and distant or **close and supportive** and as **'healthy'** or **'unhealthy'**. Strong communities exist within the workplace, within families, and between friends/associates. A sense of community can be **absent** or **can be viewed with fear**. When viewed positively a sense of community **involves a strong personal connection and commitment** to the people and places associated with.

A journey

I was living in digs, basically they were not the best place in the world to live in, it was more of a dive if you like. You had your bedroom, you shared the kitchen, and you shared the bathroom. And some people weren't as hygienic in the kitchen as they should have been. You couldn't leave your food out, it would get pinched. I was living in there.

It was a supported house where you had everyone who was in the same boat. Some were coming off drugs, some were coming off alcohol, so therefore you were all just mixed together. And, you tended to just look after each other. If one lad was cooking a meal, he would say "Would you like some of this?"

If you asked people now - lots of people know me - the vicar, the luncheon club, the kids I works with, my neighbours.

Journeys - Staying connected

Today I think I am fortunate in that I do a lot of voluntary work. I do work for North End Writers and I actually teach poetry to one of their groups.

I still maintain contact with Spider [drug/drink project] as a client but also I give support to them when I can on a voluntary basis.

Journeys - loss and gain of social/ public assets

The men we spoke with have both positive and negative experiences through their personal journeys. For some employment has been an important part of life with a sense of pride about their work. As different crisis points affected the men, there is a sense of loss of social assets and connections with public assets such as services. It is difficult for men to find support in the community. However these assets are re-gained as their lives stabilise and they reconnect to services and groups in the community. Similarly their own personal skills and attributes come into play to **find "the way back"** and maintain progression and a more stable way of living.

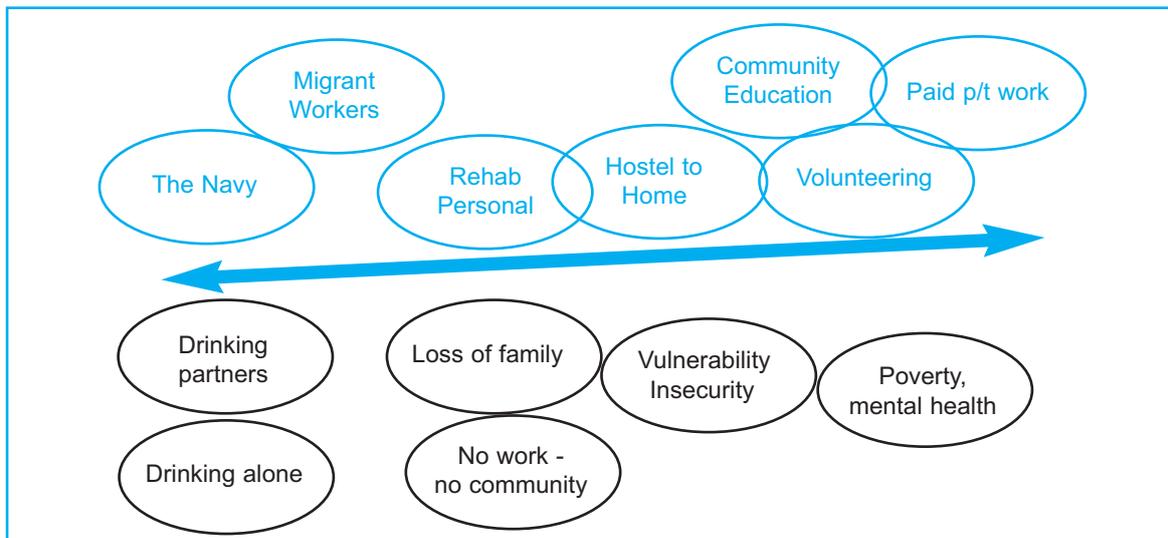


Figure 2: Loss and gain of social/public assets.

3.3 Managing financially (Financial Assets)

How do you manage moneywise? (In-capacity benefit/ Disability Living Allowance/ Housing Allowance/ Jobseekers Allowance/ Income from work)

Financial assets

Income and benefits relate to capacity to work and availability to work as well as the capacity to manage income particularly when drug/alcohol dependency is out of control. **Managing a budget** when on benefits is difficult and **choices are made** between having sustenance (food and heat), maintaining self-esteem (clothes) and investing in the future (going to college).

There are concerns that welfare policy changes will prevent people from moving on and compound their difficulties. For example if payments move to a monthly cycle, and large amounts of money is available this may be spent on drink/drugs (or families/children's presents) and not on rent/bills - effectively trapping people in an unsustainable financial management process. Getting people 'ready to work' may

have negative effects if little work is actually available.

Ready to work?

I used to get £97 a week. It was reviewed to £0 because the hospital said I was fit to work. It was reviewed again to £67 a week. My GP says I need to recover after my accident. I want to work.

It is hard to manage food and electricity for heat. I am sorry for the way I look.

Managing a tenancy - then and now

Obviously, with not working I am not a rich man! But somehow, I didn't think I would get to this stage of looking on living as having certain responsibilities - like paying for your utilities - which I never would do. Somehow I used to get away with it in the past, even rent paying, but that isn't an issue now of course.

So whereas my life before was one of having to move out because I haven't paid the rent, or I hadn't done this that or the other, nowadays, I am managing.



JOBS

Tech/Skills/Trades

FRAMERS WANTED
Must have tools
transportation

3.4 A Week in the life of a person accessing homeless services (Human and Public Assets)

Tell us how you organise your Week?

What activities are you involved in?

We found that people who have used homeless services have a busy week. Engagement with public assets include **looking for work** and engagement with the Benefits Agency, **improving skills and education**, and **making contributions** to communities and neighbourhoods via support projects or community groups.

For some, a lifetime's interest and life skills emerge afresh, for example drama and poetry or organising activities and teaching. For many, dealing with the 'crisis' took up much time and keeping busy was part of using time productively once the crisis was overcome.

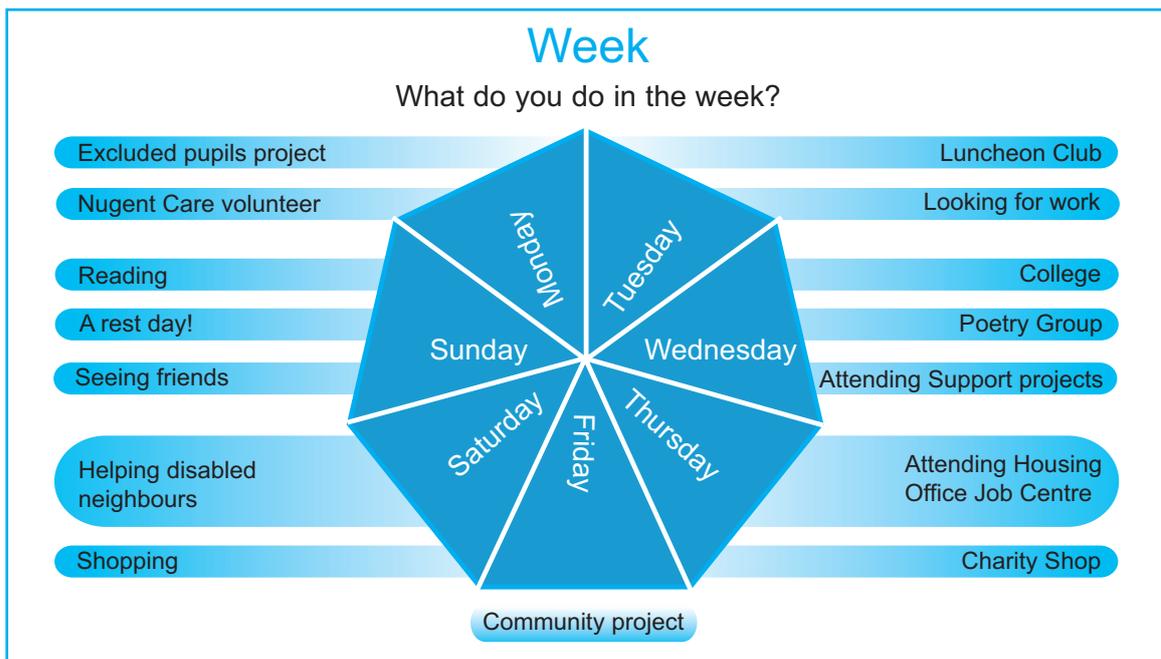


Figure 3: Busy lives

It's a mixed picture of experiences with **loneliness** sitting alongside experiences of **volunteering and contribution**. Becoming connected to communities for many of the service users is something they may not have experienced for some time - and **they feel the community won't necessarily**

come to them. Human assets include the skills and talents service users have themselves. Staff from services and people in community groups are important **connectors and help people feel a sense of belonging**.

3.5 Services (Public and Human Assets)

Tell us about any services you may have accessed?

When we asked this question service users told us about outcomes and **what difference services had made in their lives.**

I have reached middle age now, which I didn't expect to.
I was a hard drinker for more than thirty years of my life.
I moved into this place with help from Nugent Care.
I had a bed to sleep in, a chair to sit on, a kettle for my tea, cups and plates for my food, a table.
I had a home.

When we asked what helped specifically, it is the **empowering nature of floating services**, where staff work with them

to find solutions to their difficulties. Also the sense of journey and progression with many services providing interconnected support added up to something that enables people to thrive. This is the human assets within public assets. Nugent Care provides just one of many services, but is felt to be unique to those who access them because of its values and positive focus on the person.

Floating services

I wanted to go straight, and I wanted independent living, to move on and that. But at the back of my mind I think what if something goes wrong, you know, working out utilities and all that, and I know I can always contact [ex-Nugent Care key worker] even now.

They are doing it 'because you are worth it' and that actually comes across.

A conversation reflecting on services

It's like this. The whole collection of organisations, from Arch, to Phoenix, to Nugent - all of them have contributed to who I am now, to where I am now.

And Nugent Care has a particular kind of ethos - people will put themselves out to make other people happy.

We are doing it now. We are placed in a position of trust, respected and we are identified as people, not as the alcoholic or drug user. We are introduced as real people who do this and that for other people and make a contribution.

You know it's great to live a contented life.



4. The changing context: welfare policy

Are we all in this together?

The coalition is proposing seismic changes the impacts of which will drip feed in from April 2011, but we will not see the full impact until 2013. How will we communicate real suffering and have solidarity with homeless people? What affects one of us affects the whole of us.

(Poverty and Homeless Action Seminar, Liverpool February 2011)

There are several proposed policy changes that impact on homeless service-users and services including the Welfare Reform Bill and the Health and Social Care Bill. Changes to Local Housing Allowances rates and criteria will have the biggest and most immediate impact on service-users. Some changes have come into effect in April this year, with others proposed in January 2012 and April 2013.

Concerns arise about clarity of eligibility criteria, the discretionary nature of allocation, geographical availability of services and indeed the specific needs of homeless people and those in supported tenancies. A reduced sense of security prevails driven by the uncertainty in relation to access to/provision of services or welfare benefits for homeless people, which is neither guaranteed nor consistent

These are test cases. Whereas before I could reassure people that it was just a regular [benefits] review, much more is unknown about these changes and outcomes. It means I am holding back on re-assuring or advising them on possible one or two outcomes. We just don't know the kinds of decisions that will be made.

(Service provider)

It is feared that changes proposed, currently under consultation or already implemented, will negatively impact on homelessness over the next two to three years. Policy changes are discussed in more detail below.

4.1 Welfare Reform

The Welfare Reform Bill February 2011 contains proposals outlined under the White Paper 'Universal Credit: welfare that works' published in December 2010. Universal Credit will be introduced from 2013 and will replace a range of means-tested benefits and tax credits for people of working age. Details of reforms are published incrementally; therefore the impact of specific changes will be seen incrementally. Reforms are presented in terms of 'fairness' in relation to 'the average working family' but aspects of the proposals have been criticised for not being sufficiently sensitive to the nature of peoples' specific and individual needs and capacities.

Benefit changes that will have implications for some service users include:

- Universal Credit brings overall benefits together as household income. Proposals to cap benefit payments to households in April 2013 to the same level as the average working household's wages is anticipated to mean reductions to Local Housing Allowance
- Personal Independence Payments (PIPs) will replace the Disability Living Allowance. It includes a six month qualifying period, a living component and a mobility component. It no longer includes a care component. Claimants will be assessed more often.

- The Independent Living Fund as a discretionary social care fund was closed to new applicants in June 2010. Consultations will take place during 2011/12 on the future direction of ILF and personalised adult social care
- Local Housing Allowances linked to the Consumer Price Index (previously inflation linked)
- The amount allocated to discretionary funding available to local authorities is likely to have been reduced by the public sector funding cuts to Supporting People in 2011/12, although the 'new locally based assistance' to local authorities will increase from 2011/12 and 2012/13.
- Local limits for rent lowered from the cheapest 50% of properties in an area to the cheapest 30% in an area
- Rent payable for a maximum of four bedrooms regardless of the number of bedrooms your household may qualify for if you have a large family
- LHA can be claimed for an extra room if a disabled person requires overnight care but only if an extra room is available in the accommodation
- The £15 a week 'excess payment' often used to cover shortfalls in rent has been discontinued. They may be provided as a short term interim payment to cover people while they are looking for alternative shared, smaller, or cheaper accommodation
- The impact assessment of the Housing Benefit proposals: changes to the LHA (DWP July 2010) shows 51% of current housing benefit recipients in the North West will be £11 a week worse off.

4.2 Housing

Changes to housing allowances and benefits are a big concern. Local Housing Allowance (LHA) is paid to people who live in **private rented accommodation**: a group that includes families and single homeless people supported in specific ways by the Community Resource Unit. LHA only covers rent, not household appliances, bedding or furniture.

It is the most vulnerable who are at risk. The eligibility criteria for registered social landlords are quite high - our people won't get in, so we work with the private rented to offer accommodation to homeless people and guarantees via the Supported Rent Deposit Scheme.

Changes to LHA made in April 2011 include:

- Housing Benefit entitlements for social housing has limits on bedroom allocation
- Maximum rent allowance for a one bedroom home lowered to £250
- Single under 25s will only be entitled to the single shared room rate (lower than the one-bedroom rate) even if shared accommodation is not available in an area. (It is proposed to increase the age threshold to 35 in January 2012.).
- Covering the **cost of any shortfall** between actual rent and LHA rate
- Covering the **cost of any additional living costs** such as replacing household goods
- **Likelihood of having to move and uproot** if lower rents cannot be negotiated with landlords or accommodation cannot be found that falls within the number of bedroom criteria for LHA limits
- Proposed changes for January 2012 (not law as yet) are that single people up to the age of 35 will only be entitled to the single shared room rate meaning that **single people currently in self-contained accommodation may have to move to shared accommodation.**

4.2.1 Implications of LHA changes for Service Users

The main sources of stress and difficulty for Community Resource Unit service-users are:

The biggest problem is dealing with any shortfall. Access to housing could be a big change... now they are taking the help away bit by bit... Not knowing what will happen next - you have to accept even if you don't agree.

(Ex-Service User)

4.3 The new 'locally based assistance'

Community Care Grants and Crisis Loans will be withdrawn from April 2013 and replaced by a new locally based assistance. There will be no statutory duty requiring local authorities to deliver the service nor will new funding be ring-fenced. The provision will be discretionary and eligibility will be assessed on benefits information provided by the Department of Work and Pensions.

It is proposed that a new local system will build on services already provided through Supporting People, to develop or initiate partnerships and networks of services to vulnerable groups. Examples given in the consultation document include material and food aid, welfare and budgeting advice and homelessness prevention schemes including rent deposit and housing repair schemes. The stated purpose of the reform is to provide locally designed emergency services to meet 'severe hardship'. It is not clear if this will be used to meet shortfalls in rent due to changes to the LHA or transition period when people need to look for smaller/cheaper accommodation. The existing Community Care Grants do not cover homeless people. However, the examples given in the consultation are not dissimilar to those provided by the Community Resource Unit.

Homeless people do not fall into the eligibility criteria for Community Care. They do not have a 'statutory need' and their needs are not formalised.

(Service Provider)

4.4 Health and Social Care

The Department of Health consultation on Liberating the NHS included issues on personalisation, access to information and involving service users/patients in commissioning of services. It is intended to channel funding for health service delivery through GP consortia and public health through local authorities instead of Primary Care Trusts and Strategic Health Authorities from 2012 onwards. This means Mental Health Services and Drug and Alcohol Services are all in transition. Concerns arise over mechanisms for expertise to be available to GPs. In addition, as GP Consortia will have to buy in services there are fears that larger companies may prevail, even by providing loss leaders in service provision to get the business, and the voluntary sector will not be able to compete.

Mental health issues will be a huge issue for GP consortia and it is a big agenda for homeless people. Do GPs know enough? Are they equipped enough to deal with the mental health related issues of homeless people?

(Service Provider)

For homeless service users, their own transition periods make them vulnerable to the added stress of change and they rely on support services and networks to refer them to the correct services. Healthwatch will be the body responsible for service user participation. Nugent Care participates in Liverpool LINK, which will become Healthwatch.

Some families may have services attached and may need to be signposted to AA/NA or referrals made to counselling services, psychotherapy services. Assessments were always historically the 'intelligence' property of Social Services through a multi-agency approach. They facilitate access to services by giving a phone call to a GP, Personal Assistant, or Social Worker.

(Service Provider)

5. The changing context: public sector funding cuts

The period February - May 2011 was one of significant change for Local Authorities and organisations that are funded to deliver services on their behalf. This section of the report captures some of the themes as they emerged during the time when cuts were anticipated, announced and then implemented.

The Supporting People fund for preventative services for vulnerable people and socially excluded groups was cut by £5,084,685 in Liverpool in May 2011. While the Liverpool City Council strategy is to 'shield services for vulnerable people' only those people with service needs defined under a statutory duty will have their needs assessed and met. The Supporting People fund includes grants to those at risk of or experiencing homelessness and funding of preventative services related to their needs. However there is no statutory obligation to meet the needs of single homeless people and the ring-fence to this budget was removed in April 2010.

***Non-statutory provision leads to reduction of services to a bare minimum. This leads to a further erosion and retraction of services
(Service provider)***

The funding cuts affected many organisations. For the Community Resource Unit of Nugent Care the worst case scenario happened: the anticipated 12.5% cut, which had been painstakingly planned for, has been exceeded. The Council's budget 'deleted' the funding for the Family Resettlement Service, a 100% cut, with effect from April 2011; it was then reinstated to run the course of its three year tender ending in August 2011 - it supported 50 families to the end of its contract. The funding for the Single Homeless Service was reduced by 50% with effect from April 2011 - with additional funding it now supports 28 people from the original 40. As a larger organisation, Nugent Care does have flexibility to respond and re-organise to continue some services - this is not the case for smaller organisations. The immediate impact of these changes on homeless people and those who support them is the loss of services.



5.1 Impact of funding cuts on service users

There is real concern about the impact on families and single homeless people who currently access services from the Community Resource Unit. The biggest impact on service users is actual **loss of and lack of continuity of services and uncertainty.**

The vulnerability of the people we work with who are now having to engage without having a service to help them plan for the future and how best to go forward. They will feel the impact on themselves and how it affects their day to day life, rather than the loss of services and this is how they will describe it. [I am] worried supported families could disengage - where are the alternative options?

(Service Provider)

Service users who are in first-time private rented tenancies benefit from floating support that enables a response to their needs during a vulnerable time. A lack of this support prompts fears that homeless single people and families many not get to a tenancy stage. Those with significant drug

or alcohol problems may have an increased chance of relapse. The changes to service provision may be overwhelming for some service users at early stages of engagement. For example some may limit their focus to the next step in the day, such as keeping on track with recovery, or making sure they make appointments. Wider changes outside of a plan result in uncertainty.

Cuts make a difference of course. Beforehand always a plan, you know what was going to be and today there is more a wavering in the dark feeling. Cuts and finding your way.... We haven't heard a lot about the changes now - the professionals are here and doing the work, it is they who are in the front line. ...

(Ex-Service User)

Since April 2011 requests have been received by Nugent Care to take on 25 referrals from organisations that are struggling to manage during a reduced funding period and no longer have the capacity to meet service users' needs. In the current situation it has not been possible to meet these requests.



5.2 Impacts of reduced funding on homeless support services

There were 49 phone calls in one week mostly for starter packs. Requests are from individuals, but also increasingly from both voluntary and statutory organisations supporting homeless people.

(Service Provider)

The Welfare and Material Aid Scheme provides support to anyone in the Liverpool area suffering hardship by providing advice on welfare and material aid for the home. Material aid includes 'Starter packs' of household goods including bedding, crockery, cutlery and anything other items that would enhance a home environment. Occasionally the project can source food parcels, and signposts recipients to other organisations that offer crisis food parcels or one-off financial grants. Resources are sourced from donations of goods and fundraising; the project worker is core funded by Nugent Care.

Since December 2010 observed changes include:

- An increase in **requests for starter packs** (basic household goods)
- An increase in **requests for food**. These are emergency requests and very often a last resort for people. Requests are for families as well as individuals
- Smaller CVS and statutory services signposting to Nugent Care for **crisis support**
- **Information on changes to benefits and eligibility** are not fully known by service users until a review comes up, and then plans may have to be made quickly.

5.3 Impact of funding cuts on professionals

For many staff, work on homelessness issues has been a lifetime commitment and the loss of services, which they feel are a very important part of Nugent Care's work, is distressing. The uncertainty of job security was further exacerbated by the speed of cuts in April, and the knowledge of future severe cuts in 2012. For many organisations a reliance on project based funding has resulted in staff losses and thus in reaching fewer people.

The voluntary sector will be expected to pick them [people not deemed eligible for services] up. We will not leave them. It is not a knock-off at five job.

(Service Provider)

Despite Nugent Care's ability to respond to new opportunities and be successful in sourcing funding, the impact on staff in the Community Resource Unit is experienced on personal, professional and organisational levels including:

- **Loss of front-line services** to single homeless people who do not have protection under statutory duty
- **Loss of staff and their knowledge:** Their skills in providing homeless services are not being used
- **Terms and conditions for staff have been eroded:** Staff work reduced hours; although some organisations have reorganised internally to restore full time status
- **Loss of organisational expertise:** This not only affects individual organisations but the capacity to reduce homelessness at a city region level.

5.4 Attitudes towards homelessness and homeless people

There was a strong sense that negative attitudes towards homelessness exist in the media, in some services and in policy and consequently there is little sympathy for homeless people when services or benefits are cut. The importance of telling the stories of real people's lives and how people have overcome adversity would help tackle the prevailing 'who cares' attitudes towards homeless people.

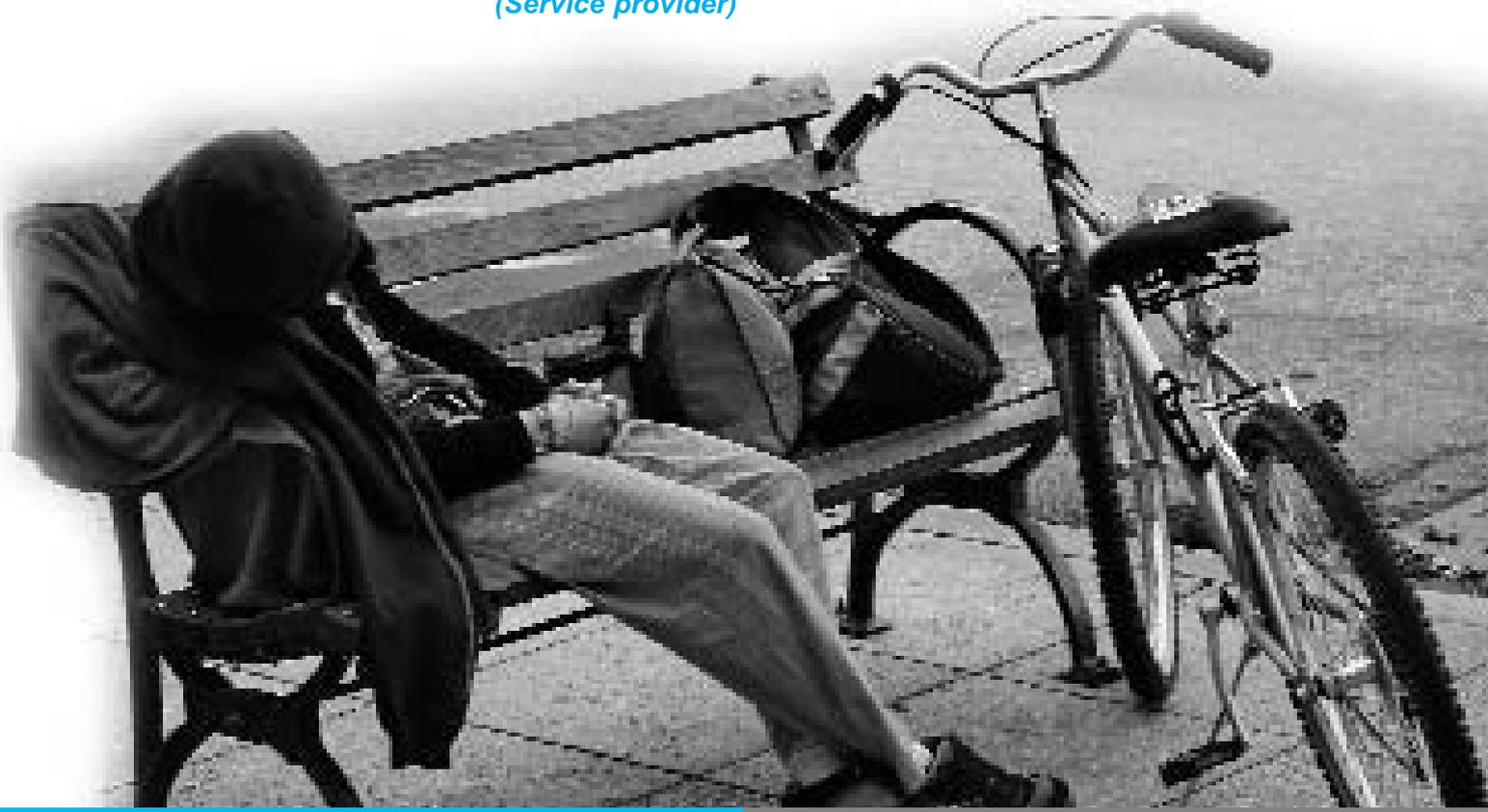
The dominant conversations are about other people ...never about homeless people or substance mis-users or offenders. People are not interested so we are fighting an already difficult battle. Homeless and rough sleepers are not high up on likeability with anyone, the media, Government, local and central services... there is disengagement when people talk about issues of homelessness.

(Service provider)

Competing priorities for funding mean that the focus is on prevention and eligibility: homeless people's needs may be underestimated by not having a statutory or organisational priority.

We need a retrospective defence - to share service-users' voices and knowledge on the meaning of the cuts in real lives.

(Service provider)



6. Discussion: Negotiating new realities?

During 2011, the Government's response to the economic deficit has created a challenging context for organisations such as Nugent Care who work with some of the most vulnerable people in our society. Public sector funding is significantly reduced, welfare and benefits provision is curtailed, the localism agenda shifts the focus of partnership between Local Authorities to the Community and Voluntary Sector and notions of the 'Big Society' indicate an intended further roll back of state responsibility for welfare and public services.

The interviews provided a space for reflection on the nature and vision of Nugent Care in relation to homelessness services, and an opportunity for staff to re-articulate their commitment to tackling injustice and exclusion of homeless people. This can be seen by the actions of staff of the Community Resource Unit who in their professional, civic and personal capacities endeavour to meet needs of homeless people by continuing to support, access and signpost people to additional resources. The following themes arose in relation to the broader context.

6.1 New business models?

The Comprehensive Spending Review has generated discussion on the potential for **inter-organisational collaboration in public services**. The 800 Group have been taking this approach since 2009; exploring the potential for collective purchasing, sharing intelligence and joint practice between organisations as a means of adding value.

The funding cuts have meant Community and Voluntary Organisations and Charities are being urged to **charge for services** offered to other organisations that were offered for free previously, including funding or organisational advice. Smaller organisations will not be able to afford this. Despite this, many organisations have continued to operate on a mutually supportive basis to signpost and offer support to service users.

The potential for **future funding for floating services** to those at risk of homelessness in particular in the City Region was discussed. The impact of cuts on homelessness services due to their non-statutory nature is keenly felt. A lack of focus on homelessness issues by voluntary organisations means that opportunities such as the recently announced Big Lottery managed Transition Fund for organisations losing local authority funding are not useful. Nugent Care was not eligible for the Transition Fund for two reasons: the organisation is too big and the deadline for applications was before Liverpool City Council announced their budget - a condition of application.

We could get money from different pots for homeless services... Big Society pots, the transition fund - we are not eligible, but it may support some organisations, but will they have a focus on homelessness?

(Service Provider)

6.2 Protecting front line homeless services?

In public sector funding decisions how 'front line services' are defined and are linked to statutory duty of provision of services is important. Some homeless people may not be included in the groups of vulnerable people 'shielded' in the near future. How Nugent Care defines front line services will influence its future prioritisation of work with homeless people. As a large charity it may have other mechanisms to ensure front line services are maintained until other avenues of funding become available. Indeed it has flexibility and capacity to respond to new opportunities through tendering and partnerships, in which it continues to be successful.

As the public sector forms one of the largest sources of funded/direct jobs in the city region, it is inevitable that skills will be lost as specific skilled people are being made redundant across the public and community and voluntary sectors. A direct impact of relying on project funding to maintain a core service will continue to mean the loss of specialist staff in Nugent Care. The consequences of this for service provision are that the skill base will be reduced in the Community Resource Unit and across homelessness services in the city region.

While the idea of working in partnership to enable effective support of homeless people is considered a possibility, organisations are either not prioritising this issue or are not currently linked together. The 'new locally based assistance' funding points towards co-ordinated front line preventative and support services including the kind of specialist services provided by the Community Resource Unit. However, once services and expertise are lost to Nugent Care, it may be difficult to re-apply for funding.

[There will be] an increased demand on services as the cuts are coming though. We will start feeling the repercussions on staff this year and it will affect service users at the same time.

(Service Provider)

Nugent Care along with other organisations contracted to provide homeless services now operate on a reduced budget and numbers of staff and are stretched to capacity. **Fears for the future** raised by staff include:

- Smaller organisations have lost their funding altogether and will struggle to provide their specialist services
- The extent to which a move to an independent sector/social enterprise model will prioritise homeless people is unclear
- Concerns about the legitimacy and value base of organisations moving in to provide public services. Will the profit motive take ascendance?
- Organisations which can't get support from local authorities may seek funding from philanthropic organisations that may be overwhelmed with applications or may not share the same values
- Implications for staff terms and conditions in such organisations; Will trained social workers will become skeleton staff or work as personal assistants?
- Fears around safeguarding if quality and standards drop due to increased workloads.

One of the reasons the tendering service works is that with a mix of organisations providing services through the local authority we all have to keep on our toes, not be wasteful, but provide a good service. Provision of services may be in danger of being reduced to a basic or non-existent level for our people.

(Service Provider)



6.3 Opportunities for collective advocacy?

The recent seminar Poverty and Homelessness Action presented an opportunity to continue to **advocate together** for homeless people and those at risk of homelessness. Nugent Care is an active member of MARCAP and a second seminar will be held in February 2012 which will provide further information and evidence on the impact of funding and welfare policy changes. Nugent Care is also a member of Homeless Link, a campaigning body.

The reality is, many stories are sad, and people have difficult times. But also it is important not to be submerged and to not lose sight of good things that happen in people's lives. [We] have supported many people. This is part of our social justice mission.

(Service provider)

There are concerns that **good progress made in the city region on homelessness may be undermined** by further funding cuts at local authority levels in 2012 and 2013. Unique floating services for families and single homeless people may not be provided particularly if prevention has priority over resettlement provision as is the current trend.

Proposed welfare reforms have had some modifications as the consequences of changes became clear and have been successfully challenged. There are a number of grounds for continuing to work for changes. The Work Programme in particular may have the effect of a diminishing quality of life for those people attempting to break the cycle of homelessness and poverty especially in areas where there is little work available, or low-paid work. The loss of on-going

specialist services prompts fears of relapse amongst those who have been supported and progressed to achieve a good quality of life. Service providers constantly have to grapple with new information. For service-users their specific knowledge on the extent of change is related to direct or imminent felt impacts on their own lives, creating a sense of uncertainty.

It's like wavering in the dark - there is nothing more frightening not knowing where you stand... be it planned cuts and changes - it affects you personally...

(Ex-service user)

There are concerns about longer term consequences of funding cuts and policy changes which **require a continued watching brief:**

- National statistics show homelessness is increasing, and enforced re-location is a distinct possibility especially in the capital. How will the effects of changes to housing allowances be felt locally?
- Will limited national funding for street sleepers result in inadequate provision and potentially increasing numbers of street sleepers nationally and locally?
- How will the anticipated impact on increased use of health services including A&E and GP services by homeless people be managed?
- Will pressure on decisions about allocations locally increase the negative attitude towards people experiencing homelessness and the causes of homelessness?

7. What can we conclude from this research?

This study illustrates the complex life journeys of people who have experience of homelessness. Taking account of this, we believe that a connected range of services, operating through an empowerment model, promotes human dignity. The service users' narratives provide a rich picture of people's current lives, their personal histories and their hopes for the future. We find that living a successful life again is achievable for those who have experienced homelessness. We have also found that people in our study drew on their considerable life experience and personal talents during periods of crisis and instability or are able to put them to use again once feeling re-settled. It may not be the same life, or the same home, but it is the same person with all their attributes and contributions to make to the world. If we could reconceptualise the journey we might look at the tiers of experiences/interventions as one of progression from home-to home, not just crisis to resettlement.

Home — Crisis — Stabilising — Resettlement — Home

Our research has provided evidence for the following conclusions:

Quality of life

1. A connected range of services operating through **an empowerment model promotes human dignity.**
2. People who have experienced homelessness can **live fulfilled and successful lives** and have many talents that contribute to their personal and communities' development.

Service users' experiences of change

3. The **rising costs of living** (heating/food/clothing costs) affect the very poorest severely.
4. Changes to benefits/housing benefits and criteria are **incrementally implemented** and individually felt at this stage, but will have a cumulative effect over time with potentially more people having to move area or share accommodation.
5. **Negative attitudes** towards homeless people prevail in services, media and the general public.

6. Single homeless men with drug/alcohol issues are **at risk of losing valuable effective services.**

Impacts of cuts and welfare changes:

7. Reductions in public spending have had an immediate impact on the **availability, quality and quantity of services** available to homeless people or those at risk of homelessness.
8. Overarching welfare reforms, while still under review and subject to challenge, signals a longer term **shift from entitlement to conditional access to benefits.** Single homeless people are not protected by statutory duty. This places them in a vulnerable position.
9. Progress already made on tackling homelessness could be stalled as **front-line services become narrowly** defined as prevention or crisis intervention.

Unintended impacts:

10. The impacts go beyond allocation or redistribution of resources; **quality, access, inclusion and rights to services** are potentially being undermined.
11. There is a culture of silence around the **erosion of professional services** with uncertainty about who will provide services in the future if Government funding is reduced. There may be unrealistic policy assumptions about the extent of philanthropic support and volunteering capacity that is available or appropriate to provide specialist services.

10% increase of acceptances of those defined as being in priority need in the financial year 2009/2010 is the first annual increase of homelessness since the financial year 2003/2004. Liverpool has not followed this national trend this year but is expected to in subsequent years. The ongoing significant cuts imposed on Local Authority budgets means even less money will be available from the public purse for the many services required and this continues to present the biggest challenge for many charities and community and voluntary sector organisations. Food poverty is affecting a broad section of society whose lives have changed due to unemployment, compounded by a general rise in the cost of basic living costs. For those with very small incomes such as those accessing homeless services this is keenly felt.

7.1 A common story

A common story is emerging across the country for homelessness services and the public and community voluntary sectors; cuts to public sector funding are hitting hard on services which are not protected by a statutory duty. Welfare reforms have immediate and long term effects on service users; changes, reductions and limits to benefits take effect from April 2011 and roll out until April 2013.

Looking at the wider context, several recent national research documents and evidence describing local trends **resonate with the issues** identified in our small study. The broader research from a range of sources identifies the importance of the resettlement phase and the role of skilled workers in preventing relapse and achieving lasting stability. Government statistics show that homelessness is increasing; those owed a statutory duty to house is up 18% and a

Reports reviewed in this stage of the research include:

- Joseph Rowntree Foundation Report 'Tackling homelessness and exclusion: Understanding complex lives'
- Homeless Link 'SNAP 2011' Survey of Needs and Provision
- The Trussell Trust - increase in use of food banks
- Statutory Homeless data March Quarter 2011 England
- Local findings - Fred Freeman 'People to People Trust'
- Liverpool City Council Homelessness Review 2011 Consultation version - strategy focussed on prevention.

The last word...

The Archbishop of Westminster Vincent Nichols' letter to Iain Duncan Smith, Secretary of State for Work and Pensions in July 2011 encapsulates his concern about the Government's welfare policies. He writes...

"...our own agencies working with poor families are becoming increasingly concerned about how the detail of the changes will affect those families. The figures from the Department of Work and Pensions show that up to fifty thousand families will lose an average of £97 a week - a considerable sum for those already struggling financially... some estimates in the media suggest some forty thousand families may be rendered homeless. If this were indeed the case it would surely be a perverse result of policies aimed at reducing dependency on the 'benefits culture' since emergency support would inevitably need to be put in place."

He goes on to urge the Secretary of State to consider the consequences of unintended effects of policy changes including the fear that "support networks may rapidly disappear" if people are forced to move location due to new limits set for Housing Allowance.

"...It seems that a further considered look at the impact on individuals, in particular those already struggling, is needed fully to determine the effect of the changes on both people and communities."

**Archbishop of Westminster
Vincent Nichols, 12th July 2011**





Appendix 1: Advisory group responses

The advisory group and research working group met on 2nd June, 10th August and again on 17th October to discuss how the research findings could contribute to a broader debate within Nugent Care and more broadly on poverty and homelessness. The following issues were discussed and offered to the Trustees for consideration:

An empowerment model that promotes human dignity

- 'An empowerment model that promotes human dignity' is what Nugent Care does; it is its unique selling point
- Nugent Care has been the 'safety net' of 'the safety net'
- The continuity of 'presence' is important and is illustrated by Nugent Care's history and its current work - the journey stories illustrate ways in which it is possible to have positive change in people's lives
- Nugent Care campaigns on social issues as part of its mission and principles
- Showing the reality of people's lives (positive and negative aspects) is focussing on the human - this is a way to get the attention of decision makers' and politicians
- Some of the narratives seem extreme - but this is ordinary every day life for a service user

Unintended impacts

- The impacts are beyond allocation or redistribution of resources; these include issues of quality, access, inclusion and rights being lost
- There is a need to redefine front-line services from the narrow definition of statutory provision and prevention services and to demonstrate what the loss of these services mean for service users
- There is a culture of silence around the erosion of professional services.

Influencing decision makers

- Opportunities available to Nugent Care to work with others to shape social policy in the city region could be explored - what is it we would like to see happen?
- Influence social policy - by the power of individual stories
- The importance of resettlement services can be explained and illustrated
- Housing policy comes from Westminster - need to aim for cross party support for action on homelessness
- Possible opportunities for lobbying e.g. Community Participatory Budget processes
- 'Internal' audiences include Nugent Care, Archdiocese, the broader Catholic community via parishes, Caritas Social Action Network

- 'External' audiences include other advocates and campaigners including Merseyside Church Action on Poverty, city region service provider networks
- Target audiences include North West MPs, City Councillors, decision makers, public opinion influencers including the media.

Developing the arguments

- Look at the Faith in the City report and campaign as inspiration
- Nugent Care's value base is important -this is not a cost benefit exercise for the organisation
- Where does Nugent Care stand on homeless services? How will it speak up for vulnerable people? How will negative attitudes towards homeless people be challenged at all levels?
- Two arguments:
 - 1) The rational argument - it will cost more to not invest in homeless especially resettlement services
 - 2) The moral argument - the ethical values brought to the work is being lost
- Use the narratives as evidence to illustrate arguments and develop multiple ways of communicating those at local, regional and national levels.



Supporting our community since 1881

For further information please contact:

Helen Pearce

Marketing and Communications Manager

hpearce@nugentcare.org

or

Mike Richmond

Community Teams Manager, Community Resource Unit

miker@nugentcare.org

Nugent Care, 99 Edge Lane, Liverpool L7 2PE

Tel: 0151 261 2000