

# Healthy Hostels

Healthy lifestyles for hostel residents: a guide to improve the health and well-being of homeless and vulnerable people.

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## SECTION ONE: Introduction

This Guide is written for health, housing and social care commissioners and for providers of services (including day centres) for people who are homeless or living in a hostel. It was jointly commissioned by the Department of Health and the Housing Learning & Improvement Network at the Care Services Improvement Partnership. It sets out to answer these questions:

- How can we encourage healthy lifestyles amongst people living in hostels for homeless single people and couples without children?
- What are the barriers and drivers to developing healthy lifestyles for this client group?
- What examples already exist of holistic packages of activities and approaches within hostels and day centres?
- What further information is available to support service development?

### The health problems faced by homeless people and hostel residents

Across a range of health indicators, people who are homeless or living in a hostel suffer greater levels of ill health than the general population, made worse by their continuing unsettled lifestyles (ODPM 2004, Crisis 2004). There is a much greater incidence of a range of health problems (at least twice the rate for people living in settled accommodation), including depression, diabetes, epilepsy, mental ill-health, sight and respiratory problems, drug and alcohol misuse, tuberculosis and suicide.

Improving the health and well-being of homeless and vulnerable people links with government policies, initiatives and targets including:

- The Department of Health (DH) White Paper 'Our health, our care, our say: a new direction for community services' (DH 2006)
- the DH commissioning framework for health and wellbeing (DH 2007)
- DH targets to reduce health inequalities;
- CLG Supporting People programme, providing revenue for housing related support services to vulnerable adults, including homelessness
- Communities and Local Government (CLG) targets to reduce and prevent homelessness and rough sleeping, and to move people on from temporary housing into sustainable tenancies, including the '*Places of Change*' programme: [www.communities.gov.uk/publications/housing/placeschange](http://www.communities.gov.uk/publications/housing/placeschange)
- CLG Hostels Capital Improvement Programme, providing £90m capital funding from 2005/6 to 2007/8, with a further £70m (announced November 2007) to fund more than a hundred new or upgraded hostels with training facilities, transforming hostels into not just 'a place for the night, but a place back into the world of work.;
- CLG, Home Office and Homeless Link's Change Up programme to improve capacity building and improve staff development and training in the homeless voluntary and community sector, working closely with government offices and local authorities;
- the Cabinet Office Action Plan on tackling social exclusion, especially for adults with 'chaotic lives and multiple needs', many of whom are homeless or living in a hostel and the government's Respect agenda and work on anti-

social behaviour, because of issues concerning problem drinkers and problem drug users

- The CLG White Paper 'Strong and Prosperous Communities
- The Housing Corporation homelessness strategy and work with housing associations. [www.housingcorp.gov.uk/server/show/nav.2135](http://www.housingcorp.gov.uk/server/show/nav.2135)

Our main focus is on services for people living in first-stage direct access and similar provision. The material is also relevant for people living in second-stage and longer-stay supported housing, and for some registered care homes (for example mental health). Provision solely for young people is not included in our examples because of other recent work for this client group. Some of the ideas will also be relevant to residents in other types of accommodation such as family hostels and women's refuges.

Organisations featured were selected from contacts provided by CLG, DH and Homeless Link to provide a spread of organisation types (statutory and voluntary) across England. The examples are not representative and we are aware that many organisations do some of the activities featured in Section Four. We were especially interested to select examples where there was a holistic or strategic approach which could be replicated. We also set out to avoid a concentration on London, and to select examples across England, including smaller towns and rural areas.

## **SECTION TWO: What do we mean by “healthy lifestyles”?**

The Department of Health and the World Health Organisation defines “health” broadly, to include:

- a **healthy environment**: buildings, immediate surroundings, outside space;
- **positive relationships** and mutual respect amongst and between service users, volunteers and staff;
- opportunities for **meaningful occupation**;
- **specific health-related activities** to tackle health problems such as smoking, obesity and substance misuse.

In order to achieve and maintain a healthy lifestyle, homeless people also need **access to healthcare** and a publication will be produced on this later in 2007.

### **Joint commissioning and partnership working: the key to success**

Planning and commissioning healthy living initiatives will cut across and relate to different national, regional and local strategies. It will also concern different user groups because for example, older people and people with learning disabilities can experience homelessness.

Both the new DH/CLG commissioning framework (DH 2007), and recent guidance from CLG (CLG 2007) emphasise the need for joint planning and commissioning to address the health needs of people who are, or have been, homeless. Local authorities, health authorities and trusts, and the voluntary sector are all key players.

<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• public health targets and strategies as in the White Paper 'Choosing Health', especially reduction of TB, suicide, blood-borne viruses, sexually transmitted diseases and other conditions linked to homeless lifestyles</li> <li>• strategies for substance misuse (drugs and alcohol) locally through DATs* or DAATs*, regionally and nationally through the NTA*</li> </ul>	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• national and local homelessness strategies</li> <li>• Supporting People strategies</li> <li>• regional and local housing strategies</li> <li>• planning and regeneration strategies</li> <li>• advice and advocacy services</li> </ul>
<p><b>Employment and benefits</b></p> <ul style="list-style-type: none"> <li>• strategies and targets to get people off benefits and into work</li> </ul>	<p><b>Care and Support</b></p> <ul style="list-style-type: none"> <li>• Supporting People strategies</li> <li>• strategies for specific groups including older people and people with learning disabilities who can be homeless or in hostel accommodation</li> </ul>
<p><b>Learning, skills, education</b></p> <ul style="list-style-type: none"> <li>• strategies and targets to get people into education and training and to obtain recognised qualifications</li> </ul>	<p><b>Criminal justice</b></p> <ul style="list-style-type: none"> <li>• crime prevention and community safety strategies</li> <li>• strategies for substance misuse (drugs and alcohol) through DATs*, the NTA*, prisons and DIPs*</li> <li>• Prison Health and Offender Partnerships</li> <li>• Supporting People strategies</li> </ul>

### Who needs to engage in encouraging healthy lifestyles?

Encouraging healthy lifestyles is about much more than individual health promotion work. It is not just for health professionals, but for everyone working with this client group, and needs the active engagement of service users themselves.

Successful work to encourage good health amongst this client group needs to be a comprehensive whole systems strategic approach, working across all the relevant strategies and with all stakeholders:

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\* DAT: Drug Action Team; DAAT: Drug and Alcohol Action Team; NTA: National Treatment Agency; DIP: Drug Interventions Programme

- **homeless people and hostel residents** of all ages;
- **frontline and senior staff** in both service delivery and policy and strategic roles in all the relevant agencies:
- **housing providers** :hostels (and other temporary supported housing): RSLs, voluntary agencies and the private sector including some B&Bs;
- **voluntary organisations working with homeless people and hostel residents** running day centres and healthy living, employment and activity programmes;
- **healthcare providers**: Primary Care Trusts (PCTs), specialist services such as substance use and mental health, primary care and community services, and acute hospitals including Accident & Emergency;
- **local authorities** (unitary or county and district) to include housing, homelessness, Supporting People, adult social care.

Other key partners include:

- **housing advice centres** (local authority and independent/voluntary), because they provide specialist information and advice on preventing homelessness, accessing short term accommodation, finding move-on accommodation and accessing other services;
- **Jobcentre Plus/DWP** because benefits problems contribute to social exclusion and inhibit access to healthy activities and lifestyles;
- **adult education and the Learning and Skills Council** because of the importance of meaningful activity, the empowering effect of achieving qualifications from accredited courses, and the possibility of transferring on to mainstream courses;
- **probation and police**, because of their roles in community safety and the need for their support for work with homeless and vulnerable people.

### **SECTION THREE: How to improve the health of hostel residents**

There are a number of different models and approaches to improving the health of hostel residents, with examples in Section Four providing more details:

- **Meaningful occupation, arts, training and employment projects** can be very important in boosting people's confidence, self-esteem and emotional and mental health, and getting people back into a structured lifestyle. There can also be benefits for physical health, such as the physical exercise provided by gardening or construction projects, or starting to eat more regularly as a rhythm is established. Some housing associations managing hostels run projects of this type, for example Look Ahead (London) and English Churches (Cambridge). Organisations whose primary purpose has been running homelessness day centres rather than hostel accommodation are also leaders in this field: examples include the Booth Centre (Manchester) and Shekinah Mission (Devon).
- **Organisational development**: staff development and training, service user involvement and a learning culture can be used to promote healthy relationships between service users, volunteers and staff. Examples include Look Ahead and St Mungo's (London) and Shekinah Mission, and also Support Action Net (see Section Five).

- **New or refurbished buildings:** many hostel or day centre buildings have been in poor condition, giving out negative messages to both service users and staff and discouraging creative working. Better buildings can facilitate new ways of working and make both service users and staff feel valued. Examples (with capital funding from CLG) include Cambridge Cyrenians, English Churches (Cambridge) and Gabriel House (Exeter).
- **Use of outside space:** creative use of outside space improves the environment for service users and staff, and can provide a base for meaningful occupation projects. Examples include the Booth Centre, English Churches and Lookahead;
- **Specialist mental health or substance misuse health staff** working with homeless people and hostel residents: examples featured include St Mungo's and Lookahead, and the Booth Centre.
- **Specialist staff member in provider organisation or housing authority:** St Mungo's has nominated a specialist senior staff member to be responsible for health issues in their hostels, to work with hostel staff and partner agencies; Blackburn with Darwen Borough Council appointed a Health and Homelessness Project Worker (2005-7) and now employs a Health Action Worker.
- **Healthy settings:** Blackburn with Darwen Borough Council has taken a strategic 'healthy settings' and whole systems approach, similar to initiatives such as Healthy Schools, and linked to WHO and national government strategies ([www.healthysettings.org.uk](http://www.healthysettings.org.uk)). Their aim is to link homeless people and hostel residents into mainstream services rather than create a specialist team.
- **Specific health-related activities** including smoking cessation, healthy eating, physical exercise, and harm minimisation or abstinence approaches for substance misusers; and other therapies that can improve emotional health, well-being and self-esteem. All our examples include such activities.
- **Housing advice and information services:** Housing advice centres have an important role, especially in preventing homelessness, but also in signposting people to short term housing including hostels. Our example is from a very rural area (Cumbria): a project for older people made links with health professionals so that they would be more aware of issues concerning homelessness, including prevention.

## **Barriers and drivers to developing healthy lifestyle initiatives**

Barriers include:

- fears that homeless people and hostel residents will not engage with healthy activities
- the view that health is "not my business" from staff working with homeless people and hostel residents;
- lack of sufficient interest in health and homelessness from managers in all organisations, and professional boundaries;
- difficulties obtaining funding for health initiatives
- strategies and policies which remain aspirations without commitment or resources

- problems developing awareness and services in rural areas.
- lack of prioritisation by commissioners

Drivers at local level identified by the organisations featured in Section Four include:

- service user involvement in developing projects, and acting as examples to others;
- key individuals at senior level who are committed to the health agenda for this client group: the lead can come from housing, health or the voluntary sector, but progress will be greater if there is support from all sectors;
- buy-in from senior managers and board members or elected members to prioritise and resource such work;
- well-established partnership working within the locality, involving statutory agencies, the voluntary sector and the private sector;
- imaginative and creative use of opportunities and funding sources, and a willingness to take risks;
- frontline staff creating their own networks to support clients: these may be established by key individuals even if support at senior level is lacking, but they will be more effective if supported and resourced at strategic level.

Drivers at national level, including those from the DH White Paper and DH/CLG commissioning framework, include:

- a whole systems approach, linking social care, primary care and community services (including housing and homelessness departments) that contribute to community cohesion and well-being;
- Primary Care Trusts (PCTs) and local authorities as the drivers;
- better joint working, encouraged by practice-based commissioning, Health Act flexibilities and by aligning planning and budgeting cycles between the NHS and local government from 2007/8 onwards;
- improved co-ordination with Supporting People;
- better needs assessments and commissioning;
- a key role for the independent and voluntary sectors in delivery overall;
- specific recognition of the complex needs of homeless/hostel resident offenders who may also have drug, alcohol and mental health problems.

Our examples overcame many of the barriers:

***Lack of engagement from homeless people/hostel residents***

The Crisis action research study on health promotion in London hostels (Crisis, 2001) found that some of their case studies found it hard to engage with residents, and pointed out that “low attendance [at health activities and events] can be disappointing for staff and make them reluctant to try again”.

English Churches’ self-build project in Cambridge had a selection process and a residential team-building week and has given responsibility to the self-builders.

LookAhead have made resident involvement central to their way of working within hostels and this has built self-esteem and encouraged residents to engage.

Shekinah Mission employs service users as trainers.

### ***Health is “not my business”***

Front-line staff may lack confidence in dealing with issues related to health, and managers may prioritise “hard” targets, such as moving people on, rather than “softer” health issues which may be harder to measure.

St Mungo’s nominated a member of staff as the health champion within each hostel.

Blackburn with Darwen carried out joint training for health and housing staff.

Cambridge Cyrenians managers and staff team worked with the residents of their new hostel to encourage healthy eating, discourage smoking and create a healthy emotional environment.

### ***Lack of sufficient interest and professional boundaries***

There is a problem in raising local awareness, especially amongst health organisations, to issues concerning homelessness, hostels and supported housing. One respondent commented that their local PCT did not think there was much of a homelessness problem because there was very little visible street homelessness.

The Supporting People Health Pilots were set up to explore how far the Supporting People framework (policy, planning, commissioning) could benefit people’s physical and mental health. One aim was to encourage greater involvement of PCTs in partnerships with supported housing services. The six pilots demonstrated how statutory and voluntary agencies could work across organisational boundaries. However, the evaluation (CLG 2006 at [www.spkweb.org.uk](http://www.spkweb.org.uk)) found that PCTs did not understand Supporting People and the impact that housing and support services could have on health targets. At strategic level, PCT reorganisation, frequent staff changes, the fast changing health agenda and different priorities made joint working difficult. These problems were mirrored at operational level and frontline health staff did not appreciate the relationship between housing support services and wellbeing.

Blackburn with Darwen carried out research with GPs who confirmed the need for a strategic approach to facilitate access to healthcare from homeless people. They also set up a Health & Homelessness Steering Group and adopted the Positive Shared Outcomes approach which links well with health priorities.

Shelter’s Older Persons Project in Cumbria held a Health and Homelessness Event, and ran short training sessions at health staff team meetings; the project worker also attended the National Service Framework for Older People local implementation meetings. These activities raised the profile of homelessness issues amongst health workers in a very rural area.

St Mungo’s obtained specialist training for hostel staff from the PCT. They also invited health staff to visit to see for themselves the needs of hostel residents: this led to a prescribing clinic within the hostel for substance misusers.

### ***Funding issues***

Respondents reported difficulties in getting funding and other support for health initiatives. There were particular problems getting financial input from PCTs. However, respondents have been very creative in accessing funding from alternative sources.

Exeter City Council and the Exeter Shilhay Community were committed to improving a very unhealthy building, and obtained a small grant from the Carbon Trust for a feasibility study before applying for HCIP funding.

Shekinah Mission obtained start-up funding for their HEAL project from the health authority.

Other funding sources used by our examples include the Learning and Skills Council, national and local charities, the Department for Work and Pensions and the private sector.

## **SECTION FOUR: Examples**

This section contains detailed information on nine examples and contact details:

- Blackburn with Darwen Borough Council: strategic approach to health and homelessness across statutory and voluntary agencies;
- The Booth Centre, Manchester: meaningful occupation activities, accredited training, healthy living, garden for street drinkers;
- Cambridge Cyrenians: hostel for drinkers;
- English Churches Housing Group, Cambridge: self-build project to construct eco-designed community room, including accredited training;
- Gabriel House, Exeter (Shilhay Community, Exeter City Council and Bournemouth Churches Housing Association): eco-design of refurbished hostel for single homeless men;
- LookAhead, London: organisational development and involving service users;
- Shekinah Mission, Devon: meaningful occupation, accredited training and healthy living initiatives;
- Shelter Housing Aid Centre Older Persons Project, Cumbria: specialist housing and benefits advice for older people, including strategic links, training and awareness raising with health providers;
- St Mungo's, London: strategic approach within the organisation.

### **Blackburn with Darwen Borough Council**

Following a review of homelessness in 2003, Blackburn with Darwen BC identified addressing poor health as a priority, and appointed a **specialist staff member**, the Health and Homelessness Project Worker. The PCT and the local authority commissioned a study to assess the health needs of homeless people and people living in hostels. The study involved homeless people, hostel residents, specialist

agencies (including hostel providers) and GPs. A **programme of service development** was developed, including:

- joint training;
- a range of health promotion activities, and an open day;
- the appointment of a full-time Health Access Worker from 2006;
- improved arrangements for hospital discharge of homeless people.

**Positive shared outcomes** on homelessness and health were developed and monitored through the Health & Homelessness Steering Group. This approach is recommended in guidance set out by the Homelessness and Housing Support Directorate to encourage Local Authorities, PCTs and other partners (ODPM & DH, 2004). The Project Worker found that the outcomes approach, with regular monitoring against precise targets and a “traffic lights” reporting system on achieving targets, worked well and met the needs of health colleagues.

**Joint training** tackled misunderstandings about roles, responsibilities, referral routes and emphasised the connections between ill health and homelessness. Training initiatives included:

- Mental health and drugs awareness and referral training for staff in homelessness agencies;
- “What we do in housing” training for health staff including Health Visitors, School Nurses, community mental health teams, surgical and medical ward staff and also some social services teams.

The Project held a **Health Open Day** for homeless people and hostel residents and staff working with them, and for health practitioners. Participating agencies included primary care services (podiatry, dermatology, health visiting), needle exchange and sexual health services, lifelong learning, housing and health promotion services. Fruit and vegetables and a lucky dip/raffle with prizes donated by local businesses encouraged people to attend. Activities included smoothie making, relaxation techniques and head massage, first aid, blood pressure and diabetes testing, and podiatry services. Health staff provided information on sexual health, drug related harm minimisation, healthy diet, self-examination, TB and smoking cessation.

The PCT agreed to extend their existing **Community Pharmacy Minor Ailments Scheme** to include homeless people [and hostel residents ?], even for those not yet registered with a GP. The scheme provides treatment for minor conditions via a pharmacist rather than a GP. Pharmacies have longer opening than GPs, don't operate appointments and can be accessed at more than one location. Homeless people and hostel residents often leave minor health problems untreated, which later develop into more serious conditions, increasing health inequalities and placing greater pressure on the health service. The Community Pharmacy scheme encourages individuals to address their health concerns at an appropriately early stage.

Contacts: Rachel Walker, Health Access Co-ordinator or Susan Kelly, Housing Strategy Manager

e-mails: [Rachel.Walker@bwdpct.nhs.uk](mailto:Rachel.Walker@bwdpct.nhs.uk)  
[susan.kelly@blackburn.gov.uk](mailto:susan.kelly@blackburn.gov.uk)

## The Booth Centre, Manchester

The Booth Centre is a drop-in and activity centre for street homeless people and people living in temporary accommodation, based at Manchester Cathedral. The Booth Centre runs a **Healthy Living Programme** which aims to improve the health and wellbeing of those who use the Centre and equip them with the skills to make improvements to their health. The Programme includes:

- Providing healthy sandwiches and hot dinners, with service users helping to prepare and cook food as part of a supported volunteering programme.
- Running skills sessions including cookery and food hygiene and first aid courses with accreditation so people are rewarded with a qualification.
- An allotment project where people grow food for themselves and for the Centre, and benefit from fresh food and healthy exercise.
- An activities programme which includes hill walking, football, golf, badminton, bowling, swimming and introductory sessions in kayaking, horse riding, sailing, climbing and many more. These sessions get people active, improve fitness, self esteem, motivation and give them a new adrenalin rush. They give people an incentive to control their use of drugs and alcohol so they can take part.
- Support, advocacy and referrals to access GPs and specialist medical services particularly for drug, alcohol and mental health services.
- **A garden**, which combines meaningful occupation with support and advice for street drinkers in an outdoor “wet” setting. It operates a harm reduction model, encouraging people to recognise dangerous levels of drinking, control their drinking and when they are ready stop drinking in a planned and supported way. It features in the national alcohol strategy and in a research project by The Kings Fund of wet day centres in the UK ([www.kingsfund.org.uk](http://www.kingsfund.org.uk)). The garden provides a safe space for street drinkers, following a ban on street drinking in the city centre, and was supported by the Police. The garden was designed, built, planted and is maintained by the people who use the centre, giving them a sense of pride and ownership.

**Meaningful occupation for the over 50s:** This new Programme develops the Centre’s existing work and focuses on people over 50 who are homeless or living in temporary housing. Funding comes from Help the Aged. A range of activities address social isolation, low motivation, low self-esteem and poor mental and physical health, which impact on people’s ability to move on from hostels, maintain tenancies and resettle successfully:

- The Allotment Gardening Project: creating allotment plots in the gardens of older people’s supported housing/homeless hostels and running a community allotment for older homeless people.
- Weekly outdoor healthy activities based on the interests, abilities and needs, such as walking and bowling, and introducing people to similar community activities when they are ready.
- Weekly Skills and Interest sessions, including cookery, independent living skills, local history, visits to local museums etc.
- Working towards nationally recognised qualifications through the Greater Manchester Open College Network.
- Participant involvement in the direction of the project by making decisions about the content of the programme.

Contact: Amanda Croome  
e-mail: [amanda@croome.net](mailto:amanda@croome.net)  
website: [www.boothcentre.org.uk](http://www.boothcentre.org.uk)

### **Cambridge Cyrenians hostel for drinkers**

“451” is a hostel for men who choose to continue drinking and one of a small number of “wet” hostels nationally. The average age of current residents is 50+, and although age is not a criteria for acceptance, it is very unlikely that 451 would house someone younger than 30.

**The building:** 451 is on a main road and a bus route, just within walking distance of the city centre. Previously a run-down bed and breakfast hotel, 451 was already owned by the City Council. There were no planning issues, but adapting an existing building did impose some design constraints. The City Council obtained Hostels Capital Improvement Programme funding for the refurbishment (completed in 2006). There are six en-suite single bedrooms with showers, or baths which some tenants prefer because a bath is more relaxing. There are spacious communal areas on the ground floor and the open-plan office is by the front door so staff can keep an eye on the entrance. Above the lounge is an open gallery with access from a spiral staircase. There is no lift and it would be difficult to fit a stairlift to the second staircase to access upstairs bedrooms if tenants become more physically frail. Outside is a sunny enclosed garden with seats and flowerbeds where men have planted bulbs.

**Maintaining a healthy emotional environment:** The garden and lounge areas help people when they want to get away from each other but don't want to be confined in their small single bedrooms. Tenants have individual support plans (with Supporting People funding), and this includes maintaining contact with family members for two tenants. Staff commented that group dynamics can be complex, with a “pecking order” and some personalities who try to organise others. Cambridge Cyrenians introduced tools to develop and maintain a healthy emotional environment for tenants and the new staff team, including a stress audit. Because of the client group and shift working (sleep-ins and weekends), managers were aware of the risk of stress.

**Healthy eating:** Healthy eating is encouraged by regular shared meals, paid for by a service charge which includes full board. Some tenants choose to eat regularly, and their health has improved, but others do not. Tenants were consulted about mealtimes and food. They chose normal mealtimes (8am-9am breakfast, 12-1pm lunch, 6-7pm supper) and traditional English cooking, and asked for fresh vegetables. Meals are prepared by project workers and tenants sometimes help with shopping and cooking. Everyone can eat together in the spacious dining area, in contrast to projects staff visited elsewhere. Tenants were not used to eating regular meals, so initially it took time to establish a routine. Mealtimes were sometimes chaotic, but things soon settled down. The impact on people's physical health has been noticeable; for example one man who had a history of binge drinking is now going much longer between binges. Staff suggested keeping the dining area alcohol-free and smoke-free. Tenants agreed and this has worked well. If tenants want to socialise and drink and smoke, they use the lounge area. Staff expressed concern that following the smoking ban, if the lounge area has to be smoke-free, tenants may not socialise but will stay in their own rooms.

**Accessing health services:** Since moving into 451, tenants have reduced their drinking and have accessed more health services. For example, one man now has

regular depot injections of vitamins. Others are accessing dental treatment, which also helps with healthy eating. In the past the men rarely accessed dental treatment.

Contact: Brian Holman, Manager  
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website: [www.cambridgecyrenians.org.uk](http://www.cambridgecyrenians.org.uk)

### **English Churches Housing Group hostel, Cambridge**

English Churches (ECHG), part of the Riverside Group, is a national provider of supported and older people's housing. Their purpose-built 1970s hostel in Cambridge has 74 bedspaces for single homeless people but no inside space for activities. ECHG received funding through the Hostels Capital Improvement Programme (HCIP) for a self-build eco-community building for residents' meetings, training and activities in the rear garden.

ECHG had appointed a full-time Facilities Manager with a background in construction to manage the hostel building. The self-build project was developed with a local community self-build organisation who researched potential training providers. The Smart Life Centre, a building college south of Cambridge, developed a tailor-made 20 week accredited course for the self-builders. The contractor working alongside residents was a local socially conscious small business, with existing links with local homelessness projects.

There was a formal assessment process, with six meetings and an assessment day, to select participants who became examples for other residents. Seven men and two women (aged from early 20s to 60) started on the self-build project in late 2006. All had longstanding problems (including heroin and alcohol addiction), chaotic lifestyles and repeat homelessness. A harm minimisation approach was adopted for the self-builders because staff knew they would still be using or drinking whilst on the project.

**Training** started with a team-building residential week at an outdoor activity centre in the Lake District, with ECHG staff, the nine self-builders, and two builders from the contractors. The group developed a Mission Statement to mark their desire to change their lives, which was then prominently displayed on the building site:

IF YOU ALWAYS DO WHAT YOU'VE ALWAYS DONE ...  
YOU'LL ALWAYS GET WHAT YOU'VE ALWAYS GOT

Responsibility was given to the self-builders to draw up rules, working agreements and peer group guidelines during the residential week. The course was a challenge for both staff and self-builders, but staff commented on the reduction in drinking and drug use whilst the self-builders were engaged with physical activities.

The self-builders then went to college (The Smart Life Centre) from November 2006 to March 2007, taking responsibility to get themselves to and from college. The course was designed to last from 10am to 3pm with plenty of breaks. There were two workgroups with four people (the ninth person taking photographs and recording the project). This allowed for approximately two days on site and one or two days at college for each work group. The college course and work on site were closely linked, with the opportunity to develop particular areas of interest (for example carpentry) and perhaps to progress to further construction courses.

**Healthy eating:** Regular meals have been a feature throughout the project. On the Lake District residential, there were four cooked meals a day. Although the self-builders were not used to eating regular meals, the physical activity and the routine

encouraged them to do so. Whilst working on the building site, everyone met at 8.30am to eat a cooked breakfast together, to prepare them for the physical labour of building work. Then they had lunch together on site, and supper in their hostels.

**Self-development and harm reduction:** One of the health benefits has been the opportunity to dig deeper and uncover things that were holding people back from moving on in their lives. The intensive nature of the residential week and the self-build activity provided plenty of time for informal interaction with staff. This was in contrast to the very limited time with a key worker or substance misuse worker for most hostel residents (perhaps an hour a month). ECHG staff also commented that the nature of the project, combining physical activity and training, gave little opportunity for the “bullshitting” so often found amongst this client group, both to themselves and to others. One of the immediate effects (from the residential onwards) was a significant reduction in substance misuse. Some reduced their methadone script by half, others drank much less.

Contact: Graham Haynes, Facilities Manager  
e-mail: [graham.Haynes@echg.org.uk](mailto:graham.Haynes@echg.org.uk)

### **Gabriel House, Exeter Shilhay Mens Hostel**

This 40-bed hostel for single men built by Sovereign Housing Association was completed in 1999 but was not “fit for purpose”. There was a ground floor shared dormitory and single rooms on upper floors. Shared WCs and showers led to the risk of transmission of infectious diseases. With only two kitchen areas, staff could not work effectively with residents to develop independent living skills. The internal layout did not provide separate self-contained zones to protect residents and staff from bullying and harassment, and to work with clients with different needs. Other design issues included poor insulation, lack of daylight, and problems with heating controls, mechanical ventilation and pumped sewage systems resulting in poor energy use, unpleasant smells and flooding to the basement area.

Exeter City Council took the lead in promoting their vision of semi-independent units on each floor, a harm minimisation unit for substance misusers, and space for meaningful occupation activities in the basement. Exeter CC worked with Exeter Shilhay Community (managing agents) and Sovereign and obtained a grant from the Carbon Trust Action Energy Design Advice Service ([www.actionenergy.org.uk](http://www.actionenergy.org.uk)) to engage specialist environmental design architects. Their report showed the potential environmental and financial savings on CO2 emissions, heating, water and electricity.

Initial plans for low budget and limited improvements were replaced by a major £2m refurbishment funded by the Hostels Capital Improvement Programme, Housing Corporation and Exeter CC. Exeter Shilhay arranged two temporary buildings to decant hostel residents during building works. Exeter CC facilitated a transfer from Sovereign to Bournemouth Churches Housing Association, a specialist supported housing provider, with Signpost Housing Association as development agents.

In the refurbished hostel, completed in February 2007 an atrium brings daylight and natural ventilation down through the core of the building to basement level. Building materials are healthy, non-toxic and non-allergenic, avoiding products such as paint and glues with Volatile Organic Compounds (VOCs) which can trigger respiratory illnesses. There are no carpets to harbour dustmites: flooring is natural Marmoleum rather than vinyl. Sunpipes help to bring more natural light to some internal corridors.

Taps, showers and urinals are designed to reduce water use. Self-contained cluster flats surround the atrium, with 3-5 en-suite studio flats sharing a living/dining/ kitchen area. There is a lift and one studio flat is designed to wheelchair standard. The basement area includes IT suites, a training kitchen and scope for further meaningful occupation activities. However it is not suitable for dirty or noisy activities (for example construction, carpentry, bike maintenance) because of the natural ventilation system would take dirt, dust and noise throughout the building.

It was intended to actively involve residents in the design and finishing the interior. The architect made a presentation to residents on the eco-design features. Previous resident consultation had highlighted the lack of privacy and problems with 10 people sharing two WCs. However, the development was complicated with the involvement of three housing associations, Exeter CC, Shilhay, consultants, and contractors. Shilhay staff were fully occupied with decanting and managing the hostel over two temporary sites. In practice this reduced the opportunities for input by residents and Shilhay staff into the design and construction of the refurbished hostel.

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### ***Look Ahead Housing & Care, London***

Look Ahead Housing & Care is one of the largest specialist providers of supported housing and care services in London and the South East. They manage four large hostels for single homeless people in central London, typically in converted Victorian buildings, with 557 bedspaces in total and up to 190 bedspaces each. Two of these large hostels received funding for specialist units to work on drugs and alcohol.

Each hostel has a Skills Development Team with staff who work with individual residents. There is a wide range of ***activities that promote good physical, mental and emotional health***. Examples include:

- a gym in the Aldgate hostel, provided with charitable funding from the nearby City of London;
- a sports and healthy living co-ordinator at the Westminster hostels (with charitable funding);
- a garden at the Westminster hostel created by residents;
- consultation with residents over food and mealtimes, including a 12 page action plan on quality, cost, environment and staff training and skills;
- a resident-produced newsletter, which showcases resident achievements;
- a cycling club;
- a range of arts-based activities including links with local artists and with arts organisations, galleries and museums.

However, underlying all this is a ***commitment to create a culture of positive social relationships*** within and between residents and staff, and to involve residents fully. Look Ahead won the Andy Ludlow Award for homelessness services in 2006 for their work on resident involvement. Managers commented that too often in the homelessness sector, there is a policing attitude to hostel residents which does not create positive relationships or mutual respect. Yet so many of the residents they work with have very poor social skills and need to develop these if they are to

succeed in maintaining a tenancy. So Look Ahead has invested in staff support, supervision and training with regular team meetings and group discussions, to change the way they work with hostel residents. They also invested to improve the buildings:

- losing bedspaces to create more communal areas for social interaction;
- redecorating regularly in bright colours;
- involving local artists in providing mosaics and artworks;
- upgrading furniture every two years
- opening up reception areas (taking down the barriers).

The two **specialist substance misuse units** (SMUs) have 26 total bedspaces in accommodation that is physically separate. Each SMU has four specialist drugs worker to work intensively with three to four clients each. They also work jointly with other generic and specialist staff in the hostel, to support other residents with drugs issues, including women sex workers. Residents stay in the SMU for six to nine months if they are succeeding in addressing their issues. The SMU takes a harm reduction approach and encourages residents to access local community-based drug treatment services. Residents do not have to remain clean, but if they revert to chaotic drug use they have to leave the SMU and would normally return to the main hostel, or perhaps to other provision.

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### **Shekinah Mission, Devon**

Shekinah Mission works in Plymouth and Torbay and seeks to help people who are homeless, have substance misuse issues, are ex-offenders or feel marginalised and vulnerable. The **Drop-in Centre**, training rooms and offices are located in a new building near the city centre. The interior was completed by homeless trainees in 2005 after the contractor went into receivership. Drop-in Centre facilities and services to improve health include:

- healthy freshly-cooked breakfasts, lunches and hot drinks in a café with small round tables which encourage social interaction
- support for customers with addiction problems, including weekly visits from the Blood-born Virus Nurse (originally on a voluntary basis, now funded)
- a monthly visit from a qualified chiropodist (unfunded, voluntary)
- resettlement workers who provide benefit advice, advocacy, men's and women's groups, outings etc
- counselling and support for customers with multiple needs
- access to other Shekinah projects including temporary housing, learning and training, and employment.

There is also a "field hospital" run by ambulance, nursing and police staff, using Shekinah facilities from 9.30pm to 4am on weekend nights to treat minor injuries for anybody in the city centre/Union Street area, and not just homeless people. This service was introduced for people injured in assaults and similar incidents, because

of the distance between the city centre and the general hospital A&E department several miles away. It also demonstrates effective partnership working in Plymouth between statutory and voluntary agencies.

**Learning and training:** Staff are passionate about using training to effect change in organisations and for customers. They have developed structured and accredited training for customers, volunteers, their own staff and those from other agencies. Shekinah is a National Open College Network approved provider, a City&Guilds centre and lead agency for a regional training consortium of ten homelessness agencies, with two national Learning and Skills Council contracts to develop training and qualifications for frontline staff and homeless people. Shekinah staff have developed material to assist customers who want to change their lives, using accredited courses such as the City & Guilds "Learning Power" certificate in self development through learning. Art and drama are used to develop confidence and self-awareness. Customers are too chaotic to access mainstream college courses, although some have progressed on to further and higher education.

Shekinah's **Steadywork Project** is a work training scheme for people with chaotic lifestyles. The ethos is not just to address training needs, but to work with the 'whole' person. Steadywork's Coordinator has overcome his own learning difficulties and is an excellent positive role model. Steadywork participants are now becoming trainers themselves. Shekinah has longstanding relationships with local employers through Business in the Community and CRASH (the construction industry homelessness charity) who provide funding, placements and materials.

Working alongside Shekinah's ALLSET learning programme, participants work with professional tradespersons. Many of Shekinah's customers have previously worked in construction and have existing skills. The Steadywork Project runs for 13 weeks, starting with an initial assessment to see what skills and interests already exist. Health & safety, personal development and preparing for work training is delivered at Shekinah's base, and crafts training at a fully equipped workshop in a nearby village. Participants can learn new skills and improve existing ones, including carpentry, bricklaying, plastering, artexing, painting & decorating, gardening, welding, tiling, arts and crafts. Practical skills training and 'real' work opportunities include physically improving the local environment (gardening, repair etc), assisting local charities with repairs and various projects, renovating, refurbishing & improving local housing, workshop maintenance and making products.

### **Healthy Eating And Lifestyle (HEAL) programme**

Shekinah obtained funding for a pilot project from the Health Authority and a staff member obtained the Royal Institute of Public Health and Hygiene Certificate in Nutrition and Health. Between 30 and 40 customers have been engaged in the HEAL programme at any one time, with some remaining in contact over a number of years. Most are living in hostels, and ages range from 20 to over 80. Health problems include substance misuse, mental health problems, eating disorders, self-harm, cancer and diabetes. The Programme provides one-to-one meetings to discuss health issues, a regular weigh-in, and the opportunity to join group activities. Individuals have reduced the health risks associated with obesity. Some join outside support groups, and some receive special diets (in the café or by food parcels), vitamin supplements or special drinks. For example, two alcoholics have received as many cups of Marmite or Bovril as they can drink when in the Centre, and fresh fruit as often as they will eat it. They cannot tolerate much solid food and their taste buds are permanently damaged.

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## **Shelter Cumbria Older Persons Project**

Over recent years, Shelter has provided specialist housing advice and support services for older people in Ealing (London), Sheffield and Cumbria. The Cumbria Older Persons Project was funded for 18 months (May 2005-October 2006) by the Department for Work and Pensions, and covered four rural district councils (Allerdale, Copeland, Eden and South Lakeland). The aims were:

- to meet the needs of older people for housing advice and benefits advice
- to secure provision of support for older people
- to work in partnership with voluntary and statutory agencies to promote the inclusion of older people's housing needs in local and regional strategies.

Throughout the project there was an ethos of promoting partnership working. At the outset, three countywide launch events were held, attended by older people, health professionals, statutory services, voluntary groups and local councillors. Within a rural county such as Cumbria, the project found that it was especially important to work with existing services. Awareness-raising was essential because many older people were not aware of their housing rights and benefit entitlements and did not know where to go for advice.

Health services provided an important access point to advice for older people. For example, the project worker attended flu clinics, and held housing advice surgeries in two health centres, which were well used by professionals as well as older people. Regular attendance at team meetings and delivering briefings proved the most useful way of communicating with the statutory sector (including NHS trusts, Community Mental Health Teams, Occupational Therapists and Physiotherapists, Social Services, Fire Safety and Community Police). Short training sessions were provided to health professionals and social workers at team meetings to help them identify housing, homelessness and benefit problems (often masked by other issues) and to help them recognise the point at which specialist advice was essential.

In May 2006, the project organised a Health and Homelessness Good Practice Event. This involved keynote speakers from North Cumbria NHS Trust and Homeless Link. Workshops were held on:

- older people and housing
- delivering health care to homeless people
- co-ordinating complex needs and issues
- hospital discharge.

Recommendations from the workshops were put forward to the Cumbria Homelessness Forum and the County Housing Forums. The project worker also attended the National Service Framework for Older People local implementation meetings to start to raise awareness of housing issues for older people. The project made strategic links with South Lakeland's Older Persons Housing Strategy, feeding in issues raised through joint working and promotional work, including access to lifelong learning and solutions to combat rural isolation.

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## **St Mungo's**

St Mungo's is one of London's main providers of services for homeless and vulnerable people, including floating support, work and learning, street outreach, day centres and 1400 bedspaces in hostels, supported housing, and care homes. In 2005, St Mungo's created a new senior post of Group Manager, Health, funded from a charitable trust, to increase healthy outcomes in their services through:

- mapping existing provision and identifying issues for attention
- identifying health champions in projects
- skilling up staff to increase their confidence to address health issues
- introducing procedures and monitoring systems for healthy outcomes
- developing closer working relationships with key Primary Care Trusts (PCTs) and acute hospitals in localities where St Mungo's has services.

The Group Manager has found that her seniority, job title and health experience (as a former Community Psychiatric Nurse) has opened doors with health colleagues.

### **Health champions**

Health champions were recruited through the four area managers from existing project staff. Prime requirements were interest, enthusiasm and commitment, so they include project workers and service managers or deputies. Quarterly meetings in each area are attended by health champions and sometimes other St Mungo's senior staff and external partners such as GPs. The initial meetings revealed lots of health issues causing concern to project staff, and gave the opportunity to start to improve things. Staff can exchange good practice ideas, both at meetings and through e-mails. One recent example was how to cater for special diets for people with specific health conditions (eg HIV positive, Hepatitis C) in hostels with a central catering contract.

Their role includes:

- resourcing staff teams through signposting to services, training and meetings
- encouraging smoking cessation, healthy eating, exercise (for example football)
- building links with local community facilities (for example local gyms)
- developing existing meaningful occupation activities
- accessing and monitoring complementary and alternative therapies
- ensuring timely access to primary health care for service users and enabling treatment pathways to be completed
- building links with local PCTs, GP practices and relevant community-based specialist health services (for example a sexual health service in Camden)
- developing harm minimisation approaches for substance misusers.

### **Procedures and monitoring**

Discussion at meetings showed that project staff often lacked confidence when approaching statutory health and social care agencies, and did not understand how they worked. Staff now have a much clearer picture of what needs to happen. They are encouraged to take a rights-based approach, advocating for service users' entitlement to health and social care. The Group Manager, Health, has introduced practical steps and clear procedures, and small successes have boosted the confidence of the health champions. Although there are still difficulties, there has

been real progress in some areas, for example hospital discharge arrangements. One hospital discharge team visited St Mungo's and now understand better what hostels offer.

Simple steps have worked well. For example, project staff often used to phone frontline health or social care staff, but there was no record and too often, nothing happened. The Group Manager has established procedures for St Mungo's staff to follow, with templates and standard letters. If the initial approach at frontline level is unsuccessful, staff can send a letter from the Group Manager to named senior staff (for example the Director of Nursing), clearly stating the service user's entitlement.

There is also regular monitoring of a range of health matters which has improved delivery. One example is GP registration for hostel residents. When the post started, there were wide discrepancies, but now there is close to 100% registration across all areas.

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## **SECTION FIVE: Further information**

### **Government:**

ODPM (2004) [Homelessness Statistics December 2003 and Addressing the health needs of Homeless People Policy Brief](#)

This policy brief emphasises the links between health and homelessness

ODPM (2004) [Achieving Positive Shared Outcomes in Health and Homelessness: A Homelessness and Housing Support Directorate Advice Note to Local Authorities, Primary Care Trusts and Other Partners](#)

This guidance for health and local authorities and their partners from the Department of Health (DH) and (former) ODPM was used in the Blackburn with Darwen Health and Homelessness project

CLG (2005) [Hostels Capital Improvement Programme \(HCIP\) Policy Briefing 12](#)

This Communities and Local Government briefing paper outlines the HCIP

ODPM (2003) [Homelessness and Health Information Sheet Number 1: Personal Medical Services](#)

ODPM (2004) [Homelessness and Health Information Sheet Number 2: Health Visiting Services](#)

ODPM (2005) [Homelessness and Health Information Sheet Number 3: Dental Services](#)

ODPM (2005) [Homelessness and Health Information Sheet Number 4: Hospital Discharge](#)

These are short information sheets from DH and the (formerly ODPM) Homelessness Directorate

NHS (2004) Health Development Agency: Homelessness, smoking and health  
A 12 page short report with facts and figures, ideas, good practice examples and contact details

For full information on the new commissioning framework, visit [www.commissioning.csip.org.uk](http://www.commissioning.csip.org.uk)

### **Housing Corporation:**

For information on the Housing Corporation work on homelessness, visit [www.housingcorp.gov.uk/server/show/nav.2135](http://www.housingcorp.gov.uk/server/show/nav.2135)

### **Homeless Link:**

Homeless Link ([www.homeless.org.uk](http://www.homeless.org.uk)) is the national membership organisation for frontline homelessness agencies in England. Their mission is to be a catalyst that will help to bring an end to homelessness. The website has lots of good practice advice and examples on health and wellbeing, meaningful occupation, sports, arts and other activities. There is also a mini-website on TB:

<http://www.homeless.org.uk/policyandinfo/issues/health/tb/index.html>

## **Crisis:**

Crisis (2001) *Healthy Hostels: A guide to promoting health and well-being among homeless people*

The Crisis report 'Healthy Hostels' is based on research funded by the Housing Corporation and others. It is addressed primarily at hostel providers, and focuses mainly on health promotion and on individual activities in hostels. ([www.crisis.org.uk](http://www.crisis.org.uk))

## **Healthy settings:**

The University of Central Lancashire website [www.healthysettings.org.uk](http://www.healthysettings.org.uk) contains background information on a range of work around healthy settings, as referred to in the Blackburn with Darwen example.

## **Support Action Net:**

Lemos and Crane and Thamesreach have looked at family breakdown as a cause of homelessness, and the importance of re-connecting with families. They found that small interventions can have a big impact on quality of life. They developed a toolkit with frontline staff, thinking about what service users really value, over and above housing and employment and identified three basic issues

- positive identity
- better links with family and friends
- loving and lasting relationships

In support planning it is not standard practice to ask question about these areas, so there is now a toolkit and website [www.supportactionnet.org.uk](http://www.supportactionnet.org.uk). It provides the tools to explore in a very structured way the three priorities outlined above. It asks challenging questions, suggests approaches and gives examples of how other people have done it, leading on to developing a support plan that strengthens those areas of a person's identity and experience.

## **Care Service Improvement Partnership:**

### Housing Learning and Improvement Network

The Housing LIN at the Care Services Improvement Partnership provides useful information and on-line learning materials on housing with care and support for older people and vulnerable adults for commissioners and providers across housing, health and social care economies. These include a policy briefing, Prevention of homelessness: the role of health and social care and a fact sheet on Extra are housing models of older homeless people available at [www.csip.org.uk/housing](http://www.csip.org.uk/housing).

### Integrated Care Network

The Integrated Care Network at the Care Services Improvement Partnership provides information and support to frontline NHS and local government organisations on whole systems working and seeking to improve the quality of provision by integrating the planning and delivery of services. For further details and resources visit [www.icn.csip.org.uk](http://www.icn.csip.org.uk).

## Other Housing LIN publications available in this format:

### Housing LIN Reports available at [www.cat.csip.org.uk/housing](http://www.cat.csip.org.uk/housing) :

- **Extra Care Housing Training & Workforce Competencies (Report and Executive Summary)**  
This report outlines a researched set of competencies which local authorities, registered social landlords (RSLs), voluntary and independent sector providers of Extra Care Housing (ECH) may wish to use in defining the tasks and duties of scheme managers. The executive summary is also available on the Housing LIN website under the section entitled Other Reports and Guidance.
- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**  
Regional analysis for Extra Care Housing in the Yorkshire and Humber region. This report identifies the supply and demand of Extra Care Housing over the next 10 years, taking into account demographic changes and market influences, and sets out a number of recommendations to support the further development of Extra Care Housing within local housing with care economies in the region.
- **Preventative Care: the Role of Sheltered/Retirement Housing**  
This paper by the Sussex Gerontology Network at the University of Sussex makes the case for seeing sheltered/retirement housing in the context of the growing interest in the "preventative" agenda. It was prepared as a discussion paper for their workshop in April 2006.
- **Developing Extra Care Housing for BME Elders**  
This report focuses on issues around providing specific Extra Care Housing to BME elders as well as improving access more generally. It also offers a self-assessment checklist for commissioners and providers to consider when developing their Extra Care Housing strategies and delivery plans.
- **New Initiatives for People with Learning Disabilities: extra care housing models and similar provision**  
This report explores the role of Extra Care Housing models and similar provision of housing, care and support for adults of all ages with learning disabilities, with examples and ideas for commissioners and providers.
- **Dignity in Housing**  
This report and accompanying checklist takes a detailed look at policy and practice in relation to achieving dignity in a housing setting.
- **Enhancing Housing Choices for People with a Learning Disability**  
This paper explains the range of accommodation options for people with a learning disability. It is aimed at workers who advise and support people with a learning disability to identify and extend their housing choices. It can also be used by commissioners and providers to check the range of housing choices and support available locally.
- **Essex County Council Older Person's Housing Strategy**  
This study provides an example of how key data on the household characteristics of older people can inform and underpin local planning strategies and documents such as Housing Strategies for Older People, Housing Market Assessments, Supporting People strategies and applications for sheltered housing funding pots.
- **Switched on to Telecare: Providing Health & Care Support through Home-based Telecare Monitoring in the UK & the US**  
An invited conference session at the World Multi-Conference on Systemics, Cybernetics and Informatics, July 16-19, 2006, Orlando, Florida, USA
- **Older People's Services & Individual Budgets**  
This paper aims to identify and share ideas and examples of good practice currently being undertaken by the pilot sites implementing Individual Budgets for older people's services. It also addresses at least partially, some of the specific issues which have been raised in relation to the implementation of Individual Budgets for older people.

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