



43. A place to live

Securing stable accommodation for offenders with mental health problems

Summary

Ensuring that offenders with mental health problems have a safe and stable home is a crucial part of their recovery and rehabilitation. A stable home provides a sense of identity and belonging, giving people a base from which they can rebuild their lives and move out of a cycle of crisis and crime.

The current changing policy context across a range of sectors including health, criminal justice, housing and welfare provides both opportunities and risks for improving access to stable accommodation for offenders with mental health problems. Homelessness cannot be seen as just a housing problem – tackling and preventing homelessness is crucial for both improving

the wellbeing of local populations and building safer communities. A joined up approach is required at all levels to ensure that vulnerable people are able to access safe and sustainable housing as well as appropriate support to address other needs.

At a time when figures suggest that homelessness is on the rise, this briefing paper sets out what we know about homelessness, mental health and offending, and makes recommendations about how a group who are particularly vulnerable to homelessness could be better supported in order to improve outcomes for both the individual and for their community.



Introduction

Having somewhere to live where we feel safe and secure is important to us all. The term 'homelessness' is often understood as meaning sleeping rough on the streets but homelessness can take many forms. People who are homeless can be living in emergency or temporary hostels and shelters, in impermanent accommodation with friends or family, squatting, sharing with strangers or living in intolerable physical conditions including overcrowding (Fitzpatrick *et al*, 2000).

For someone who is in (or at risk of entering) the criminal justice system, supporting them to get and keep a home could reduce their chances of offending and help them live more purposeful and healthy lives. However, there are significant barriers for offenders in accessing stable accommodation. Nearly one third of prisoners have no accommodation on their release and a considerable proportion of people in the homeless population also have offending histories. In 2010, 48% of St Mungo's clients were ex-offenders or had been in prison (St Mungo's, 2010).

The barriers to getting and keeping a home are likely to be even higher for offenders with mental health problems. We know that poor mental health can be both a cause and a consequence of homelessness, and that continued experience of homelessness can exacerbate any existing mental health problems (Friedman, 2010).

Mental health problems are the norm, not the exception, among offenders. An estimated 90% of prisoners have a mental health problem, substance misuse problem or personality disorder, while 70% have two or more of these problems and approximately 1 in 10 will be affected by severe mental illness (i.e. psychosis). Research has found that prisoners with a range of mental health problems perceive security of tenure on release as a primary need (Durcan, 2008).

Offending and poor mental health often have the same causes, and are usually part of a broader picture of multiple exclusion and disadvantage, including homelessness, alcohol and drug misuse, low educational attainment, unemployment, poor life skills, debt, family breakdown and a history of trauma. Research

in Scotland has found that a disproportionate number of people in prison are already acutely socially excluded – in some deprived areas one young man in nine has been to prison at least once by age 23 (Houchin, 2005). Imprisonment compounds this social exclusion and can trap people in a cycle of crisis and crime. Figures released by the Ministry of Justice show that an estimated 43% of offenders are reconvicted within one year of release from prison (MoJ, 2010a).

The housing and homelessness sectors engage in a range of work to support vulnerable people including those with mental health problems, offending histories and other complex needs. Homeless people with complex needs became a policy priority in the UK as part of broader efforts to tackle social exclusion (Johnsen & Teixeira, 2010). The Supporting People programme, launched in 2003, improved housing support for some of the most vulnerable and socially excluded, including people with mental health problems and offenders.

However, some research suggests that many vulnerable people are still not accessing the support that they need to move out of homelessness (Reeve, 2011). Despite the availability of advice, support and accommodation, many continue to live outside mainstream housing and homelessness provision, instead moving between, for example, squats, friends' sofas and rough sleeping.

There are also concerns about the growing number of children and young people affected by homelessness. Families experiencing homelessness tend to live unstable lives and this can have a negative impact on a child's wellbeing and future life chances. Recent research has suggested that up to 80,000 young people (16-24 year olds) experience homelessness each year (Quilgars *et al*, 2011). Early intervention to prevent homelessness among children and young people is crucial. We need to understand more about how to respond to support children and families who are homeless or at risk of homelessness.

Although research and policy suggest the importance of stable accommodation for both improved mental health and for reduced re-offending, there is an absence of clear pathways into stable accommodation for offenders with mental health problems, leaving them without timely support. Moreover, the

evidence base for housing interventions for people with complex needs, including people with mental health problems, remains limited. At a time of considerable public spending pressures, we need to explore how relevant agencies, such as housing, health and criminal justice, can work together to ensure investment in the most effective and cost-effective interventions to help people get their lives back on track. There is an opportunity in the current policy context to view homelessness as not just a problem for housing but a crucial issue that needs to be tackled in improving the health and wellbeing of local populations, in reducing crime and in building safer communities.

Stable accommodation and mental health

In England there is a general consensus that structural factors, such as a shortage of affordable housing, drive the overall scale of homelessness. However, personal factors and ‘trigger’ events such as mental health problems, relationship breakdown, and substance misuse can increase an individual’s vulnerability to homelessness (Fitzpatrick & Stephens, 2007).

The Marmot Review (2010) of health inequalities identified housing conditions as one of the key social determinants of both physical and mental health. Housing has been highlighted as the most important service required by people with mental health problems to live independently in the community (O’Malley & Croucher, 2003). However, figures suggest that a high proportion of people who do not have a stable place to live have a mental health problem. According to Homeless Link, most research studies suggest that 30-50% of homeless people experience mental health problems (Homeless Link, 2009a). Homeless Link’s most recent survey of needs and provision (SNAP) found that 34% of clients in day centres and 31% of clients in direct access hostels have mental health issues (Homeless Link, 2011a). Rough sleeping is particularly harmful – 70% of St Mungo’s hostel clients who have slept rough have a mental health need (St Mungo’s, 2010).

Poor mental health is often described as both a cause and a consequence of homelessness: housing conditions can lead to mental health problems not previously present, or those

with existing mental health problems can drift more easily into poor housing and deprivation (Friedman, 2010; Rees, 2009). However, as Friedman points out, “regardless of ‘which came first’, a continuing environment of poor housing conditions can only worsen and deepen the mental ill-health conditions that exist” (Friedman, 2010, p.13). Instability in accommodation often leads to poor access to services, for example, homeless people find it more difficult to become registered with a GP. This can compound any existing mental health problems (Homeless Link, 2009a). Although there are now some specialist homeless mental health teams, these provide limited support for certain groups such as those with personality disorders.

Many children and young people are also affected by unstable and poor housing conditions which can have adverse consequences for their wellbeing and future life chances. These consequences could in part be explained by the negative impact that poor housing has on parenting.

According to a study by the British Medical Association (2003), children who have been in temporary accommodation for more than a year are over three times more likely to have mental health problems such as anxiety and depression than non-homeless children. Evidence also suggests that children experiencing poor housing are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity, although the link between housing and problem behaviour remains unclear (Harker, 2006). Behavioural problems in early childhood can have severe consequences for future life chances. Centre for Mental Health (2009a) has found that a very high proportion of those who have the most serious conduct problems during childhood will go on to become involved in criminal activity.

Homelessness is also linked with lower educational attainment, increasing the likelihood of unemployment or working in low-paid or insecure jobs in adulthood (Harker, 2006). According to Barnardo’s (2011), a third of children living in temporary accommodation have no school to go to. Homeless children are two to three times more likely to be absent from school than other children due to disruption caused by moving into and between temporary accommodation (Harker, 2006). The transition

to adulthood is also often a difficult time for young people, which can be compounded by any housing problems.

The connection between mental health problems and homelessness is increasingly recognised. At a national level, non-statutory guidance on meeting the psychological and emotional needs of homeless people highlights that accommodation should be integrated with psychologically informed health and support services (NMHDU & CLG, 2010). The Government's mental health strategy stresses the importance of housing for improved mental health and wellbeing and the need for homeless people to have better access to mental health services (DH, 2011).

However, many homeless people still face exclusion from health services and support and continue to fall through the gaps in service responses (St Mungo's, 2009). Homeless Link's latest SNAP report found that while 92% of projects provide access to specialist mental health services, 64% reported that clients had problems accessing these services (Homeless Link, 2011a). The survey indicated that access to mental health services remains one of the biggest gaps in service provision. A report by St Mungo's on mental health and street homelessness similarly found that despite some examples of good practice, "overall there is a systematic failure to adequately meet the mental health needs of homeless people" (St Mungo's, 2009, p.4).

A recurrent theme is that many services remain focused on single problems and are unable to provide support for people who present with multiple and complex needs. Most public services are designed to deal with one problem at a time and to support people with single, severe conditions (RDA and MEAM, 2011). People with multiple needs often fail to meet the high thresholds set by individual services despite the fact that, when taken together, their problems result in a high level of need. A recent paper from Revolving Doors Agency and the Making Every Adult Matter coalition highlights that the failure to respond effectively when people experience multiple needs damages individuals, families, communities and services (RDA and MEAM, 2011). It calls for a new approach at the national level to create an environment which supports local services to put in place the coordinated services that work for people with multiple needs.

Stable accommodation and offending

As with poor mental health, there is a clear overlap between people without stable housing and those with offending histories. Homeless Link has found that 25% of clients in day centres and 16% in direct access hostels were prison leavers, and 48% of projects reported that clients had links with probation (Homeless Link, 2011a). Similarly, 48% of St Mungo's clients in 2010 were ex-offenders or had been in prison (St Mungo's, 2010).

Offending can contribute to becoming homeless, a clear example being those who lose their home while in prison because they are unable to pay rent or because of family breakdown. An estimated 30% of people released from prison will have nowhere to live (Niven & Stewart, 2005). A small scale study by Revolving Doors Agency (2002) suggests that this figure could be higher for prisoners with mental health problems, 43% of whom had no fixed address on leaving prison. Many offenders seem to go through a cycle of homelessness and crime. Results from a survey of the needs of newly sentenced prisoners found that 15% of men and 19% of women were not in permanent accommodation before entering custody, with 8% of men and 10% of women sleeping rough (Stewart, 2008).

The figures appear to be higher for children and young people in custody: a study by the Youth Justice Board (2007) found that 75% of the young people (aged 18 and under) surveyed had lived with someone other than a parent at some time; 40% were or had been homeless or had sought formal housing provision or support. Another study found that 46% of male remand young offenders reported having been homeless (Lader *et al*, 2000). Among male sentenced young offenders, 35% reported having been homeless; this figure was 42% for female sentenced young offenders. According to the Youth Justice Board (2007), accommodation problems often related to difficult family relationships, with housing frequently first becoming an issue between the ages of 13 and 15. Many of the young people surveyed had a range of needs and also described a mixture of problems when they had been homeless: 31% said they had experienced poor physical health; 66% felt depressed; 39% felt lonely; and 15% had been a victim of crime.

Crime can also occur as a result of being homeless. For example, some homeless people may resort to theft or sex work to pay for hotels or other similar short-stay accommodation (Reeve, 2011). They can also be imprisoned or arrested for offences relating to squatting, such as criminal damage. Research on single homeless people not accessing mainstream housing provision or support found that 28% had committed a crime in the hope of being taken to custody for a night and 20% had avoided bail or committed an imprisonable offence in order to receive a custodial sentence as a way to resolve their housing problems (Reeve, 2011).

The Government has recently consulted on options to deal with squatting (MoJ, 2011) and has recently introduced an amendment to the Legal Aid, Sentencing and Punishment of Offenders Bill to create a new criminal offence of squatting in residential buildings. This has been criticised by homelessness charities such as Crisis who are concerned that the plans do nothing to tackle the underlying issues faced by homeless people and the Government should instead focus on providing better housing and support (Crisis, 2011a). The consultation paper itself recognises that criminalising squatting could disproportionately affect vulnerable individuals such as those with mental health and substance misuse problems, as well as leading to a rise in homelessness and rough sleeping.

A report by the Social Exclusion Unit (2002) highlighted that stable accommodation can bring about a 20% reduction in the reconviction rate of ex-prisoners. More recent figures released by the Ministry of Justice also suggest that stable accommodation can impact on re-offending rates – offenders who had been homeless prior to custody had a one-year reconviction rate of 79% compared with 47% for those who had been in accommodation (MoJ, 2010a). However, the nature of the link between housing and offending remains less well-established than, for example, that between housing and health (Friedman, 2010). Although it seems reasonable to conclude that access to stable housing can prevent crime and reduce re-offending, this is not yet supported by much good quality research.

Barriers to accessing stable accommodation

There are obvious barriers for offenders in accessing stable accommodation, particularly for those who have been in prison. People can be moved to another prison or released at short notice, making it more difficult to plan housing support (Homeless Link, 2009b). It takes time for prisoners to organise benefits on release, which is particularly problematic given the small discharge grant they receive. Delays can also occur because people often lose their ID or other relevant paperwork while in custody. While in prison, offenders who were in supported housing or tenancies can lose them because of a lack of support or an inability to pay rent (St Mungo's, 2009).

Prior to entering custody, 12% of prisoners depend on housing benefit (Stewart, 2008) yet sentenced prisoners will lose this benefit if they are expected to be in prison for more than 13 weeks, hindering their chances of maintaining a tenancy. Conversely, a failure to ensure that benefit payments are stopped while a person is in prison can result in that person having to pay back overpayments, putting them under additional financial pressure. Many prisoners have poor life skills, struggle to manage money and have histories of debt, while being in prison can exacerbate any existing financial difficulties.

There are also specific barriers for young offenders. An evaluation of resettlement and aftercare provision for young people found that accommodation was the most significant barrier to effective resettlement for young people, and that without suitable housing staff found it extremely difficult to engage young people in training or other useful activities (Youth Justice Board, 2010). The Youth Justice Board (2007) has also found that there may be insufficient accommodation in local areas for young people who have offended, with inappropriate bed & breakfast accommodation being provided. This is particularly unsuitable for vulnerable young people with mental health or substance misuse problems (Youth Justice Board, 2010).

The 16 to 18-year-old group is considered to be particularly difficult to house as their lack of income or suitable ID to try to claim benefits can make it virtually impossible for them to obtain their own rented accommodation (Youth Justice Board, 2010). Local authority housing services may also insist that a young person has a letter from their parent or carer that they have been

evicted, which is often difficult for the young person to achieve (Youth Justice Board, 2007).

Pathways into stable accommodation

Over recent years, increasing policy priority has been given to meeting the accommodation needs of the most disadvantaged and socially excluded. This has been reflected in a range of initiatives at both a national and local level aimed at improving pathways and support into stable accommodation for vulnerable people. However, there is evidence that many people, particularly those with the most complex needs, are still not getting appropriate support.

Local authorities

Under homelessness legislation, local authorities have a range of duties to people who are homeless or threatened with homelessness. They must always provide advice and assistance and often are required to provide temporary accommodation. The main housing duty is to accommodate people who are deemed to be in 'priority need' and who are not intentionally homeless. People responsible for dependent children (under the age of 16, or under the age of 19 and in full-time education) are considered as being in priority need. Families with children under 18 may also be entitled to help from social services including housing support. Individuals who are vulnerable because of mental illness and, since 2002, those who are vulnerable because they have been in custody also both have priority need status. A person is 'vulnerable' if homelessness would be more detrimental to them than it would be to an 'ordinary' homeless person.

It is only if a person meets these strict criteria that the local authority has a legal duty to provide accommodation. The local authority can refuse to accept responsibility if the person has no local connection to the area (i.e. does not live, work or have family links). Even when people are entitled to the main housing duty, it can take some time before they are allocated permanent accommodation and during this time they will be housed in temporary accommodation.

There is evidence that a considerable number of vulnerable people are still not being offered local authority housing. A report investigating why single people do not access mainstream housing provision found that 45% of survey respondents who had approached a local authority and been accepted as homeless were also accepted as being in priority need (Reeve, 2011). However, nearly half (46%) were then found to be intentionally homeless and so not entitled to the main housing duty. Prisoners who lose their home in prison can be at risk of being classified as intentionally homeless when they make a homelessness application on their release from prison (Revolving Doors Agency, 2009).

There is also evidence that homeless people who may meet the priority need criteria (including people with mental health issues and those who have been in prison) are not approaching local authorities as homeless (Reeve, 2011). Even when people do approach their local authority, they often receive inadequate signposting and advice, meaning an important opportunity for early intervention is missed. A recent report by the Local Government Ombudsman (2011) similarly highlighted that people facing homelessness are not always receiving the help that they are entitled to.

For children and families, support can be provided through Family Intervention Projects (FIPs), which have been championed as a way to work with the most challenging families to tackle issues such as crime, anti-social behaviour and homelessness. Families are supported by a key worker who coordinates a multi-agency package of support and works directly with family members. FIPs are based on assertive interventions and intensive support. The Department for Education (2011) has reported that for families supported through a FIP up to March 2011, there was, on average, a 50% reduction in the proportion of families involved in crime and anti-social behaviour. However, FIPs have been criticised for targeting the wrong people, failing to tackle the real underlying causes of anti-social behaviour, and for failing to deliver support in key areas such as mental health (Gregg, 2010).

Voluntary sector

As a result of the limited duty on local authorities to provide accommodation, many agencies in the voluntary sector tend to provide support to those who are not found to be in priority need under the homelessness legislation (sometimes referred to ‘non-statutory homeless’ or ‘single homeless’ given that many people falling into this group are single people without dependent children). The sector provides a range of advice and support, hostels, refuges, supported and transitional housing and emergency accommodation such as night shelters. There are also specialist services for particular groups including people with mental health problems with support provided, for example, through day centres, floating support teams and supported housing (Homeless Link, 2009a). However, there is evidence that many people are still not seeking support provided by the voluntary sector, instead remaining ‘hidden’ and finding temporary solutions such as staying with friends or squatting (Reeve, 2011).

For children and young people, service provision in the voluntary sector largely focuses on supporting those aged 16 and over who are experiencing housing problems. Research on mapping service provision for children and young people in the voluntary sector has identified a need for greater service provision tailored to children aged 8-13 years (Craig *et al*, 2008).

Supporting People programme

In 2003, the then Government launched the Supporting People programme to bring together seven housing-related funding streams from across central government to coordinate support for vulnerable people. It is administered at a local level, with complete discretion over where to direct funds to best meet local needs.

The Supporting People stream now funds the majority of housing related support for vulnerable people including homeless people, people with mental health problems, offenders or those at risk of offending. At any one time, over a million people receive Supporting People services. As well as providing for supported housing, the funding also provides floating

support to help people maintain tenancies and to promote independent living. Supported housing is available through direct access hostels, short and medium stay hostels and supported lodgings. Services provided can include support to establish a suitable home, support with daily living skills and support to access benefits, health and community care services.

An independent evaluation of the financial benefits of the Supporting People programme found that it delivered an overall net benefit of £3.41 billion a year as a result of short-term savings in, for example, housing, social services and crime (Capgemini, 2009). This included a net benefit of £559.7 million in relation to people with mental health problems and £40.3 million for offenders or people at risk of offending. The overall benefits of the Supporting People programme are likely to be greater when other benefits are considered such as the improved ability to live independently, the need for less support and reduced social exclusion.

The Comprehensive Spending Review in October 2010 set out a 12% cut to Supporting People funding to £6 billion over the next 4 years. Although this is a smaller reduction than in other areas of public spending, there have been reports that local authorities are making bigger cuts to Supporting People projects because this funding stream is no longer ring-fenced. As a result, there is considerable concern about the future of housing-related support services for vulnerable people. The negative impact that these cuts could have on vulnerable people is only likely to result in greater costs to local authorities, health, police and other statutory services in the longer term.

Criminal justice system

Ensuring that offenders have access to stable accommodation, particularly those leaving prison, has been given more attention in recent years as part of efforts to reduce re-offending. Prisons are required to complete an initial housing needs assessment for new receptions and many prisons also provide accommodation related advice services and support. However, many of these services are not able to meet the level of demand (Homeless Link, 2009b). There is also often inadequate support on release

from prison, particularly so for those on short sentences who are not subject to probation (St Mungo's, 2009).

Despite the clear overlap between those people passing through the criminal justice system and those experiencing homelessness, there has been little coordination between the homelessness sector and the criminal justice system to support this group (Homeless Link, 2009b). Homelessness agencies can provide crucial support for people with offending histories but this requires them to have good links with criminal justice services. The Department for Communities and Local Government (2009) has previously published a guide on homelessness prevention and meeting housing need for (ex)offenders for local authorities and their partners. This guide highlights the potential that working in partnership has to increase capacity and diversity in the housing options accessible to this group. It also stresses that the circumstances and complex needs of this group mean that early assessment and planning are crucial to ensure access to stable accommodation, particularly on release from custody, and that this depends upon multi-agency working.

A recent report by Homeless Link (2011b) recommends a range of ways in which the criminal justice and homelessness sectors can work together more effectively to support people with offending histories. The report found that partnerships need more coordination and should be seen as a must-have rather than just an add-on. It also urged both sectors to improve their understanding of each other's culture, needs and working practices. Joint working should be embedded at every level, with effective cross-sector working driven at a strategic level to provide the impetus and continued focus on partnerships. Co-location between agencies should also be explored wherever possible, and multi-agency panels and support planning should be common practice for people in contact with more than one agency.

The criminal justice system is yet to fully explore opportunities for interventions to identify housing need and provide related support at earlier points in the pathway, such as in police stations and the courts. The Government's plans for a national roll-out of diversion and liaison services for offenders with mental health problems by 2014 (MoJ, 2010b) could

provide the opportunity to tackle or prevent homelessness among this group at an earlier stage.

Armed forces

The needs of ex-service personnel have recently attracted media and political interest with the Prime Minister signalling that he wants the military covenant enshrined in legislation. Meeting the accommodation needs of service personnel, their families, dependents and veterans is a key component of this policy initiative. Of ex-service personnel identified as homeless in London between April 2004 and March 2005, just over one quarter had a prison history, with younger homeless ex-service personnel being significantly more likely to have served time than those aged 50 years or older (37% compared with 14%) (Johnson *et al*, 2008). In 2010, the Defence Analytical Service Agency reported that as of 6 November 2009 there were 2,820 veterans in prison, representing 3.5% of the prison population. However, there is still no clear information on the mental health status of these individuals. Collecting this information may prove to be very difficult (Fossey, 2011). Other than the London based Johnson *et al* (2008) study, no data is available about the accommodation status of this specific group upon release from prison.

Housing support for people with multiple needs

There are many different examples of housing support and interventions for people who are homeless or at risk of homelessness in the UK. However, concerns have been raised about the limited evidence base for the effectiveness of these interventions in terms of the outcomes they achieve, particularly for people with complex needs.

'Treatment first' approach

A literature review of models of supported housing for homeless people with complex needs found that a 'linear' and 'treatment first' approach to housing still prevails in the UK despite the limited evidence to support this

model (Johnsen & Teixeira, 2010). This approach essentially means that people progress through different services, including temporary emergency shelters, transitional housing and supported housing, towards independent living. As people move through projects, the support they receive is reduced at each stage. People are only placed in normal independent housing when they exhibit sufficient ‘housing readiness’. The effectiveness of this approach for people with complex needs has been questioned, particularly as it does not fit with the variable process of recovery. Each stage is often time-limited with the maximum length of stay ranging from 6 months to 2 years, which can fail to take into account the time needed for vulnerable individuals to prepare for independent living (Johnsen & Teixeira, 2010).

Recent research by the National Housing Federation similarly found that the evidence base for housing support services for people with mental health problems in the UK remains limited (Pleace & Wallace, 2011). The report highlighted that consistent evaluation of these services is difficult given their variability, but suggested that a small number of robust evaluations that demonstrate the effectiveness of housing support services could be used to support the sector as a whole.

Findings from the Multiple Exclusion Homelessness (MEH) Research Programme funded by the Economic and Social Research Council suggest that where homelessness and housing support agencies take on primary responsibility for supporting people with multiple and complex needs, workers can often feel isolated and out of their depth (McDonagh, 2011). The research found that despite the abundance of programmes, strategies and advice for providers, providing effective services for people with complex needs remains a huge challenge. There also remains little evidence of integrated working across health, housing and social care, with individual agencies undertaking their own ‘holistic’ assessment of need and formulating their own care and support plans. The findings also suggest that more rigid approaches that specify a time period for engagement rather than responding to an individual’s own pace are not appropriate for people with more complex needs. Persistent and ongoing encouragement and support seems to be a key factor in improving outcomes for this group.

‘Housing First’ model

For offenders with mental health problems, who often have a range of complex needs, lessons could be learned from international models such as the ‘Housing First’ model in the United States. The essence of this model is that it places vulnerable homeless people directly into permanent independent tenancies, with comprehensive non-compulsory support: “it does not attempt to ‘fix’ clients to make them ‘housing ready’, but rather is premised on the assumption that the best place to prepare for independent living is in independent accommodation” (Johnsen & Teixeira, 2010, p.6). In other words, it is based on a ‘housing first’ rather than ‘treatment first’ philosophy. Existing evidence, which comes largely from the United States, suggests that ‘Housing First’ models significantly improve housing retention rates. Clinical outcomes appear to be more mixed but are generally positive (Johnsen & Teixeira, 2010).

This ‘housing first’ philosophy echoes the principles underlying Individual Placement and Support (IPS), an evidence-based ‘place then train’ method to help people with severe mental health problems to achieve sustainable competitive employment (Sainsbury Centre, 2009b). IPS, when implemented well, can help between 50 to 70% of participants into employment whereas the best sheltered work schemes only achieve 20% employment rates.

Some providers of housing support in the UK offer alternative forms of provision which could be said to reflect some of the principles of the ‘Housing First’ model. For example, a project run by Turning Point Scotland in Glasgow targets homeless people involved in drug misuse, directly housing them in dispersed flats with floating support available around the clock. There has also been a growth in the number of specialist high-support transitional housing projects which provide individually tailored person-centred support and are based on assertive but patient engagement (Johnsen & Teixeira, 2010).

Opportunities and risks in the current context

At a time of wide-ranging policy changes, alongside significant pressures on public spending, there are both opportunities and risks for ensuring that offenders with mental health problems have improved access to stable accommodation and get the necessary support to facilitate their recovery and rehabilitation. Recent statistics suggest a rise in the number of people who are homeless or at risk of homelessness. Between April and June 2011, 11,820 people were accepted by local authorities as being entitled to the main homelessness duty – a 17% rise from the same period in 2010 (CLG, 2011). It is crucial that decision makers at all levels recognise that providing support for the most vulnerable is essential in improving the health and wellbeing of local populations and in making communities safer.

Welfare reform

The Welfare Reform Bill was introduced to Parliament in February 2011, setting out some of the most wide-ranging changes to the welfare system for a number of decades. Although the aim of the Bill is to deliver a fairer and simpler benefits and tax credits system, there is considerable concern about its overall impact on vulnerable groups.

Universal Credit

A key change is the introduction of Universal Credit, which from 2013/14 will replace current means tested out of work benefits, tax credits and housing support with a single income replacement benefit for working age adults. There is to be a total cap on the amount of benefit received, which will be set at the average earnings for working households (£500 a week for families and £350 a week for single person households). Although this is a key part of the Government's aim to 'make work pay', reports have suggested that the benefits cap could result in an additional 40,000 homelessness acceptances (Guardian, 2011). The Children's Society (2011) has estimated that the cap could make more than 80,000 children homeless because of the reduction in household income,

and push many more thousands into poverty. It has also estimated that children are nine times more likely than adults to be affected by the cap given the prevalence of large families among those claiming benefits.

Housing benefit

There are also considerable changes to housing benefit, which will be rolled into an individual's entitlement under Universal Credit. In April 2011, the Government introduced limits to the Local Housing Allowance (LHA) rates which are used to determine the amount of housing benefit people renting from a private landlord receive. These limits currently only apply to new claimants but are to be extended to existing claimants from January 2012. According to the Department of Work and Pensions (2010), changes to LHA will result in an average loss to claimants of £12 per week. Research commissioned by Shelter found that this could put 269,000 households in serious financial difficulty, with up to half of these households having to move or becoming homeless (Fenton, 2010).

A lower rate of housing benefit, the Shared Accommodation Rate, is also to be extended to cover single people aged up to 35. Currently, people aged 25-34 are able to claim housing benefit based on the cost of renting a one-bedroom flat. From 2012 they will only be able to claim enough for a room in a shared house. According to research conducted by the University of York, this change will affect an estimated 62,500 people aged 25-34 and could lead to a rise in homelessness (Crisis, 2011b). Shared accommodation is already in short supply for those on benefits and can often be inappropriate for vulnerable people including those who have previously been homeless and those with mental health problems. The Government has amended the Bill so that people who have previously lived in hostels for homeless people for a total of at least three months will be exempt from the extension of the Shared Accommodation Rate to those under 35.

For those living in social housing, housing benefit will be reduced for those deemed to be 'under occupying' their properties. Eligible rent will be reduced to the amount of rent for a property with the number of bedrooms deemed to be appropriate for the household members. This will mean that people wanting

to stay in the property will have to make up the difference from their own income or risk getting into arrears and losing the property, potentially becoming homeless. The Department of Work and Pensions (2011a) has estimated that the change will affect 670,000 working-age housing benefit claimants in the social housing sector with an average loss of £676 per year. It has also estimated that more than two-thirds of affected people (450,000) will be disabled (DWP, 2011b).

Reduced support

Other changes, such as the replacement of Disability Living Allowance (DLA) with Personal Independence Payment (PIP), could further reduce the support available to vulnerable people. There are considerable concerns that the proposed new assessment for PIP will fail to pick up certain people with who have additional support needs, such as those with mental health problems, and that the thresholds for receiving PIP will be set too high. For people with mental health problems, DLA can be vital to their recovery and help them manage their condition. The Government aims to reduce spending on DLA by 20% which will likely mean that people perceived to have lower level support needs will have their DLA removed. This could lead to their condition deteriorating, resulting in higher health and social care costs in the longer term.

Conditionality

The reforms also introduce more work incentives and conditionality to the welfare system including claimant commitments around work preparation and work search. Failure to comply with conditions set may result in sanctions including the reduction or loss of benefits. Yet evidence from the United States suggests that benefit sanctions do not improve the job prospects of people with mental health problems: they simply reduce their incomes (Meara & Frank, 2006). It is crucial that people are accurately assessed and given appropriate support from the start to comply with any requirements, otherwise there is a considerable risk that vulnerable people will become more excluded and move further away from the labour market. Providers of the Work Programme, which replaces a range of existing employment programmes and where providers are paid only if they get someone into work, must also be

properly incentivised to work with people with the highest support needs.

Homelessness duty

The Localism Bill contains changes to the main homelessness duty owed by local authorities to those in priority need and who are not intentionally homeless. Local authorities will now be able to discharge this duty by housing someone in the private rented sector and can limit this tenancy to 12 months, potentially leading to greater instability and uncertainty for individuals. Moreover, resettlement for vulnerable people in the private rented sector has been found to deliver poorer outcomes than for people in the social housing sector (St Mungo's, 2011).

Spending pressures

A recent survey of 200 homelessness services by Homeless Link (2011c) found that 57% had seen their funding fall in 2011, with 48% expecting further cuts. The majority (78%) said that these cuts have already had an impact on their service: 62% of the services said that fewer homeless people are moving on from hostels to accommodation; 74% said fewer homeless people are moving into jobs; and over 45% said fewer homeless people are getting access for help with drug, alcohol and mental health problems. Without access to appropriate support, these people are more likely to experience health, mental health and substance misuse problems and to become involved with the criminal justice system. In the survey, 58% of the services reported that they thought anti-social behaviour had increased; 57% believed there had been an increase in street drinking; and 46% thought there had been an increase in crime.

Constraints on funding may lead services to protect their own budgets, focusing only on the areas and outcomes for which they are directly responsible rather than working to break down silos and deliver more coordinated and connected services. This would be particularly detrimental for offenders with mental health problems who often require support from a range of services and therefore depend on

effective joint working and commissioning by local agencies. On the other hand, limited resources could focus commissioners on making better use of money and encourage them to pool resources for people with complex needs, for example through the use of Community Budgets or through the Supporting People scheme.

There are also concerns about proposals to abolish the central Social Fund which provides for Community Care Grants and Crisis Loans, replacing it with a non-ring-fenced alternative administered locally. Community Care Grants and Crisis Loans can provide emergency finance for people making the transition to live independently in the community. Transferring responsibility for this funding to a local level may mean that people are left without vital support, particularly as the funding will not be ring-fenced and therefore may be used to meet other spending demands.

Localism

The current Government is committed to devolving greater power and control to local communities. As part of this ‘localism’ agenda, there are a number of reforms which could help to facilitate a more joined up approach that focuses on the needs of local populations. For example, the transfer of public health responsibilities largely to local authorities and the proposed new health and wellbeing boards as part of the health reforms could enable greater coordination across a range of local services including health, mental health, housing and criminal justice. However, it is crucial that these boards have adequate powers as well as broad membership, including representatives from housing, criminal justice and other relevant services such as employment, so that joint working is seen as a ‘must do’ for all.

The localism agenda could also give local areas more freedom to develop innovative approaches to meet the needs of their population. Local commissioners and providers could look at new and different models of housing support, such as the ‘Housing First’ model, when adapting their own services so as to improve support for people with complex needs (Johnsen & Teixeira, 2010). However, at a time when funding is limited, demonstrating effectiveness and cost-

effectiveness will be crucial. As such, there is a clear need to strengthen the evidence base for ‘what works’ for particular groups, such as offenders with mental health problems.

Cross-government working

The Government has also established a cross-government ministerial working group to tackle and prevent homelessness and to align national strategies. At a national level, there is some evidence of a more joined up approach with the Ministry of Justice (2010b) identifying access to stable accommodation as part of its efforts to rehabilitate offenders and the mental health strategy (DH, 2011) highlighting the importance of good-quality housing in facilitating recovery and independent living. Concerted action is required to build on this strategy so that both policy makers and local decision makers recognise the links between housing and mental health, as well as other factors such as offending and employment, in order to inform the design and delivery of services.

The ministerial working group on homelessness is to look at shared priorities on tackling and preventing homelessness for ex-offenders (MoJ, 2010b). The Ministry of Justice (2010b) has also committed to working with the Department for Communities and Local Government to reduce the barriers into accommodation for offenders and to clarify the role of prison and probation in ensuring that offenders receive appropriate support to prevent them losing their home. Given the prevalence of mental health problems among offenders, it is crucial that efforts to improve access to stable accommodation for offenders includes support to address their mental health problems as well as any other needs such as substance misuse and unemployment. Liaison and diversion services in police stations and courts are one opportunity to ensure that offenders with mental health problems are able to access a range of necessary support, but access to appropriate support must be available throughout the criminal justice system.

Outcomes and recovery

Recent policy continues to place emphasis on developing outcome based commissioning across all sectors, providing the opportunity to develop more holistic and person-centred services. The homelessness sector already uses a range of outcomes models including a version of the Outcomes Star which measures progress across 10 areas: motivation and taking responsibility; self-care and living skills; managing money and personal administration; social networks and relationships; drug and alcohol misuse; physical health; emotional and mental health; meaningful use of time; managing tenancy and accommodation; and offending (<http://www.outcomesstar.org.uk/>).

There is scope to build on this approach and work towards delivering recovery-oriented services. Recovery in mental health is about enabling people to build a meaningful and satisfying life for themselves. The principles of hope (believing that one can still pursue their own hopes and dreams), control (of one's own life and the services offered to make it better) and opportunity are central to the recovery process (Shepherd *et al*, 2008).

Providers of housing and homelessness services should consider how they can embrace the principles of recovery in their delivery. A recovery approach requires a different relationship between services users and professionals, where the aim of the professional is to provide the service user with the resources – information, skills, networks and supports – to manage their own condition as far as possible and to help them to access the resources they think they need to live their lives. Service users need to be actively involved in directing their own care plans, and should also be involved more widely in the design and delivery of services.

An example of a recovery approach in the housing sector is the ethos adopted by St Mungo's to guide their work with people who have been rough sleeping. Clients are actively involved in decisions about how services are run and work in partnership to improve these services. St Mungo's is also working towards embedding personalisation into the services that they offer through, for example, offering their clients a choice of key worker and providing a menu of support provision.

Conclusions

Instability in housing appears to be linked to both poor mental health and offending, with one often compounding the other. Without a safe and stable place to live, offenders with mental health problems are more likely to get trapped in a cycle of offending and homelessness, becoming more and more isolated from the services that they need to rebuild their lives. Timely access to appropriate housing support could be an important step in breaking this cycle. Getting and keeping a home is, however, only one part of the picture: many, if not most, offenders have multiple needs and therefore require comprehensive support if they are to make the transition from chaos to stability.

There is a risk that the current wide-ranging policy changes alongside cuts to local spending could have a disproportionately negative impact on vulnerable people, which could make it more difficult for them to live healthy and independent lives and lead to greater costs to society in the longer term. However, there are opportunities for local agencies and services to come together to recognise the importance of appropriate housing support and access to stable accommodation for vulnerable people, including offenders with mental health problems, as part of their rehabilitation and recovery. This will not just benefit the individual but also help to build healthier and safer communities, bringing benefits to society as a whole.

Recommendations

1. The ministerial working group on tackling and preventing homelessness should develop clear policy and guidance on the pathways into stable accommodation for offenders with mental health problems. This should include timely access to appropriate support at all stages in the criminal justice system.

People with mental health problems who enter (or are at risk of entering) the criminal justice system should be identified and provided with appropriate mental health services, treatment and any other support they need. This is vital in improving not just the mental health of offenders but the safety

of our communities and the efficiency of the justice system.

The ministerial working group should therefore make improving access to stable accommodation for offenders with mental health problems a key priority. It is well placed to demonstrate how this is consistent with wider government policy, as well as to identify key opportunities for early intervention and prevention.

2. Liaison and diversion services should include access to housing advice and support as a standard part of their practice.

The national roll-out of liaison and diversion services in police stations and courts provides the opportunity to improve access to treatment and support for offenders with mental health problems. From our experience, these services will need to offer an intensive and integrated response to multiple needs if they are to result in improved outcomes for offenders. This could be achieved through a holistic screening and assessment process coupled with support to access a range of services to meet identified needs. This should include access to appropriate housing advice and support.

3. Commissioners and providers should consider how services can provide integrated and tailored support for people with multiple and complex needs.

A persistent theme in this and many other reports is that many services still focus on addressing single problems and have high access thresholds, meaning that vulnerable people with multiple and complex needs often fail to receive adequate, if any, support. There must be targeted support for people with multiple needs in local areas and a coordinated response from local services based on a holistic assessment of need to ensure that people do not continue to fall through the gaps in services. Although improvements have been made in some areas, much more needs to be done to address the fragmentation of services which leads to poor service responses for people with multiple needs.

Identifying shared outcomes and using place-based or Community Budgets could help to promote joint commissioning and coordinated services, but there must be

sufficient advice and guidance for local areas to deliver this. There also needs to be practical support available to help local areas identify where any savings are being made and how to redistribute and reinvest those savings in other funding streams.

Central government could support a more integrated approach by looking how it currently manages cross-departmental savings. A siloed approach to government departmental budgeting inevitably filters down to local areas. As the recent vision paper from Revolving Doors Agency and the Making Every Adult Matter Coalition highlighted, central government must help to create an environment which encourages and supports leaders in local areas to put coordinated services in place (RDA & MEAM, 2011).

4. Health and wellbeing boards should have clear powers and broad membership including representatives from housing and criminal justice.

The transfer of public health responsibilities largely to local authorities has the potential to facilitate joint working and the development of an integrated, holistic and life course approach to addressing the needs of individuals and families. However, for this to be achieved clear mechanisms must be in place to secure commitment from local agencies and services to joint working. Health and wellbeing boards may provide a way to achieve this but they will require broad membership and adequate powers to influence local commissioners so that joint working is seen as a 'must do' for all.

Housing and law enforcement have a significant impact on health and wellbeing, and including representatives from these services will help to bring them together with health and social services to identify areas for cooperation.

5. The evidence base for different models of housing support for people with complex needs, including offenders with mental health problems, needs to be further developed.

It is important that commissioners and providers are able to design and deliver services on the basis of good-quality evidence about the effectiveness and cost-

effectiveness of different interventions. Constraints on public expenditure underline the importance of value for money and more limited resources must now be invested in the most effective and cost-effective way. It is therefore crucial that we build up the evidence base of what works in order to support offenders with mental health problems into stable accommodation in a way that facilitates their recovery, informed from the start by evidence from service users of what works (and what does not). One alternative model of housing support is the 'Housing First' model in the United States, but further research is required as to the viability and effectiveness of this model in the UK context.

The design and delivery of services could also be informed by a better understanding of the links between housing, offending and mental health. This is particularly true of the link between housing and offending which remains less well-established.

6. Commissioners and providers need to understand and meet the specific accommodation needs of children and young people. Early intervention, homelessness prevention and improving mental health should be a key priority.

Homeless children have traditionally been a low priority for national policy and front-line services. This is despite evidence that poor housing can have a detrimental impact on children's health and wellbeing, educational achievement and future life chances.

For children and young people, there are particular issues that need to be considered including the role of their family, previous time in care, missed education or school exclusion, and gang-related problems. There needs to be a clearer understanding of these issues and the specific interventions and support needed to tackle and prevent homelessness among children and young people.

There should be a strong emphasis on early intervention and preventative work aimed at younger children to reduce problems developing further down the line, such as homelessness and poor mental health. There is a strong evidence base for both early detection and intervention for a number of

mental health conditions resulting in better health outcomes and financial savings in the longer term. Persistent and severe behavioural difficulties in children under 12 are very likely to be indicative of early mental health difficulties. Evidence based parenting interventions provide the best chance of supporting positive change when antisocial behaviour is beginning (Sainsbury Centre, 2009a).

This work should be supported by the ministerial working group which should look at how to improve outcomes for children and young people of all ages. Housing should also be a key part of the Government's agenda on supporting families with multiple problems.

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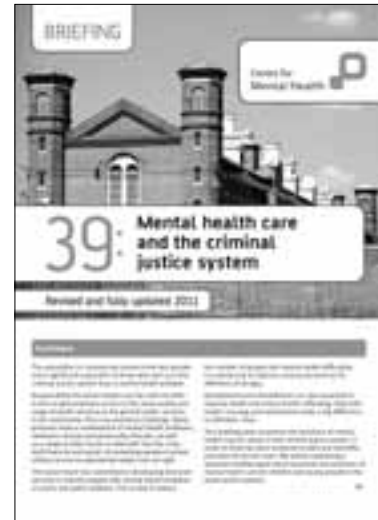
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Briefing 39: Mental health care and the criminal justice system

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Briefing 43: A place to live

Securing stable accommodation for offenders with mental health problems

This briefing was prepared for the Centre for Mental Health by Gael Scott

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