SUPPORTING PEOPLE

&

PREVENTING ANTI-SOCIAL BEHAVIOUR

New ways of working

Report to the Community Safety Partnership

Funded by Cambridge Community Safety Partnership 2014-2016

SUPPORTING PEOPLE AND PREVENTING ASB

NEW WAYS OF WORKING

Summary

As a continuing part of extensive research originally undertaken in 2012 into street based anti-social behaviour (ASB) related to mental ill health, drug and alcohol dependency, the Community Safety Partnership agreed to fund a pilot scheme to test a model based on the key worker approach similar to that used by the Integrated Offender Management and Together for Families Initiative. The pilot is intended to give a clear picture of the gaps and duplication in services from the perspective of the service user and, to develop a model of service delivery that will help reduce street based ASB.

The original research indicated that around 70 to 80 people in the city who were engaged in ASB, needing medium to high level support and who were willing to engage with support services would be best served by the proposed model. The pilot was set up to test the model with 12 individuals in this cohort as a practical learning experience leading towards new ways of working with the larger group.

This report details how the pilot co-ordinator set out to deliver the objectives of the pilot during Phase 1 (2014-15) and how learning from phase 1[1] has influenced the delivery of phase 2 (2015-16)[2] of the pilot.

The report includes feedback about current service provision gained from the pilot participants, and service users. It also includes case studies from those who took part in the pilot.

Learning outcomes from phase 1 included:

The key worker approach is sound in principle but extremely difficult to implement in practice.

There is difficulty in reducing the number of appointments a service user needs to attend due to the nature of how service is provided by different support services.

The focus of support workers is often on moving people through the hostel system into secure accommodation and long term tenancy sustainment may not form part of the support plan.

[1] *Pg.11 Learning from Phase 1*

[2] *Pg.13 Phase 2*

Knowledge amongst support workers varies with regard to services available to support their clients

BACKGROUND

Cambridge Community Safety Partnership commissioned a piece of research, conducted by the City's Safer Communities Team, to review street based anti-social behaviour across the City[3]. As part of this review, in August 2013 Cambridgeshire Research Group published its report 'Estimating the scale and nature of street based anti-social behaviour in Cambridge City' to provide a profile of street based ASB over a two year period (2011-2013)[4]. It drew on both national evidence and local data from Cambridgeshire Constabulary and Cambridge City Council's Safety Communities Team. The data identified that a few individuals appeared to be associated with a disproportionate volume of ASB, that alcohol featured in half the sample incidents, and that those individuals perpetrating street based ASB were not a homogenous group. The review identified three groups within the existing caseload;

Group 1 – have low needs, they may be able to access accommodation through the private rented sector and the single homeless service relatively quickly. This group is supported and monitored by the single homeless service and their support workers where appropriate.

Group 2 – the middle group – consist of individuals who have higher needs in terms of alcohol, substance misuse or mental health issues. They may be living in temporary accommodation or have a street based lifestyle, but typically show a willingness to engage with support services. They may wish to enter treatment programmes and get a permanent tenancy.

Group 3 – the smallest group, consist mostly of problematic individuals who are responsible for a significant amount of the anti-social behaviour and do not want to engage. They may be referred to the Chronically Excluded Adults Service and their behaviour on the streets monitored through the Task and Target meetings.

The review contained 7 recommendations for new ways of working with the identified groups including;

"Develop different management models for each of the 3 main identified groups of the street life community, to best serve the needs of the individual, to help them sustain

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[3] *Review of Street Based Anti-Social Behaviour*

http://democracy.cambridge.gov.uk/documents/s21265/ASB%20-%20Ap%201.pdf

[4] *Estimating the scale and Nature of street Based Anti-social Behaviour in Cambridge City*

http://democracy.cambridge.gov.uk/documents/s21266/ASB%20-%20Ap%20A.pdf

tenancies and engage in treatment, using the Integrated Offender Management and Together for Families approaches."

Cambridge Community Safety Partnership agreed to fund a pilot scheme to develop a model of working with group 2. Those needing medium to high level support but who were willing to engage

Objectives

Street drinking and street based ASB is an ongoing problem within the City and it is recognised that the term street drinker is used to homogenise a diverse range of people. It is also recognised that certain groups of people find it difficult to access services and accommodation and as a consequence are likely to be at risk of becoming involved in ASB or low level crime.

The objectives of the pilot were agreed as follows:

- To provide a clear picture of the gaps and duplication in services from the perspective of the service user.
- To develop a model of service delivery that would help to reduce street based anti-social behaviour associated with key words against a benchmark recorded in quarter 4 crime and disorder report 2014/15

Phase 1:

The first phase of the pilot involved;

- identifying the clients to be take part in the pilot.

- gaining a better understanding of the services available to clients

- based on the new model of working, facilitating regular meetings with each client and their support workers, to identify where, for them, the gaps/ barriers are and how, using a problem solving approach we could work together to address some of the issues that affect engagement and impact on positive outcomes.

Identifying the participants

Initially it was envisaged that participants would be identified by the support agencies. We would then score the referrals based on who most closely matched the criteria in order to have a cohort of 12. A simple referral form was produced along similar lines to those used by other support services.

Most of the accommodation providers had completed the New Directions Team Assessment tool for the County Council, a matrix used within the homeless sector for identifying need, the most appropriate move on option and support needs of clients. 281 clients had been scored using this matrix and from that 150 had been identified as fitting into a middle group. From the matrix it was possible to identify seven agencies that had been involved in the

scoring process. The pilot lead therefore went back to each agency and asked them to identify potential referrals from their clients who were scored as being in the middle group and that met some or all of the following criteria:

- Homeless or at risk of becoming homeless
- Has alcohol or drug dependency issues
- Has mental health issues
- Involved in or at risk or being involved in ASB – either as a victim or a perpetrator.
- Has some or good engagement with services already.

The pilot lead also attended multi-agency meetings including the HSIG (homeless services implementation group) to deliver a presentation about the pilot and take questions. Information was also provided about how to refer service users to the pilot.

In addition to this, meetings were arranged with staff from the Crime and Reduction Initiative Street and Mental Health Outreach Team (CRI), Centra Support, Cambridge Churches Homeless Project (CCHP) and Police as well as internal colleagues within the Homelessness Service, Tenancy Sustainment Service and City Homes. During these meetings the pilot lead discussed the pilot, the referral process and left information and referral forms. This was also an opportunity to understand more about the services available to the clients in order to gain a clearer understanding of the support available.

The pilot lead explained that the pilot would not be providing a new strand of support, or replacing anything that was already available, but would be looking at how existing support could be delivered in a way that best served the needs of the individual. This message was received with a measure of cynicism in the current economic climate.

Initial response to the Pilot

As participation in the pilot was voluntary it was important that the individuals referred had consented to take part and were willing to engage with the process. Furthermore it was also important that information was not being shared without the consent of the individual. In order to ensure this was the case it was anticipated that referrals would come from professionals working with individuals and with their consent.

The pilot lead did not receive any referrals following initial meeting with the agencies. Responses included:

"There were a couple of individuals from that list that met your criteria but getting them to engage or consent to engage was difficult"

"I've been through the list you have sent to me but we no longer house or work with 17 of the clients on the list."

"Providing names and getting consent would be difficult due to the short stay nature of our project so it would be up to the current guest list at the time to determine clients who meet the criteria but there will no doubt be some that do at the time."

"I'm afraid we have been unable to find anyone for you to meet with"

Two agencies provided a list of names but no supporting information, contact details, or any information as to whether the client would be a suitable referral. Some of the names were of those already linked with the Chronically Excluded Adults Project – or whose needs were too high to be met through the pilot.

This was problematic as the support agencies are best placed to identify the most appropriate referrals.

Due to the lack of agency referrals, a flyer aimed at encouraging service users to self-refer to the pilot was circulated to the various hostels and support providers. As a result a number of expressions of interest came through from support workers, who had a client that was interested. The pilot lead then arranged to meet with the clients to discuss the pilot in more detail and to complete the referral form with them if they wanted to take part.

Delivering the Pilot

Once the referrals started to come in and individuals were accepted onto the pilot the aim was to arrange regular core group meetings with their support workers to discuss their support needs and set action plans which would be monitored on a regular basis.

Initially it was hoped that there would be no more than two weeks from initial referral to the first core group meeting, so as not to lose the engagement of the participants. Of the eight, five (including one couple) participated in regular core group meetings. The remaining three (including another couple) were harder to engage and the process was much slower, however they responded to calls and accepted visits from support workers.

In reality setting up the initial core group meetings took longer than anticipated. Due to conflicting commitments of the supporting agencies, the participant and the pilot lead finding a date that worked for everyone was a challenge. Following on from the initial core group meeting the aim was to have 6 weekly follow up meetings with the client and support workers, however there were difficulties scheduling timetables to suit all and the time between follow ups could be anything from 6 – 10 weeks. There were further delays if there were staff changes.

The participants didn't always have contact numbers or surnames of their support worker, so further resources had to go into finding out this information through other sources, and waiting for responses from the various agencies.

Due to limited capacity it was not possible to assign someone as a lead professional. The pilot lead took on the role of co-ordinating the meetings and following up on the action

points. Typically the support worker within the accommodation would be the conduit between the client and the pilot lead.

The core group (involving the participant) discussed the desired outcomes identified by participant, what was needed to facilitate this and whether there were any barriers or gaps in current provision that would reduce the likelihood of the objectives being met. Support workers were very knowledgeable about their own service and those within the homeless sector. However they were less knowledge about services outside of the sector which may offer a valuable resource for their clients.

Although the meetings were useful from a learning perspective for the pilot lead, the value to the participant and support worker is difficult to measure. Pilot participants gave positive feedback on the meetings and seven of the participants expressed a wish to continue even when given the option of discontinuing.

Support workers were keen to rehouse their clients and a number of the referral forms specifically stated that the client wanted to take part in order to help with re-housing. The pilot lead made it clear that taking part in the pilot would not guarantee housing, however it could help to evidence how well someone has progressed and whether they would be able to manage their own accommodation.

During Phase 1 and into Phase 2 there have been numerous staff changes and only two of the referred clients had the same support workers throughout. With each staff change the pilot lead had to explain the pilot and review the case. Some support workers had a better background knowledge of the pilot than others.

Service users are required to attend very specific support meetings with each agency involved in all areas of their support, which could not be dealt with in a core group setting. For example, clients may be involved with a key worker within their accommodation, an Inclusion worker and a mental health support worker and therefore required to attend one to one support meetings with each. The pilot meetings added a further meeting that they needed to attend. In addition they may also need to attend meetings with benefit advisors, employment providers and health practitioners as a matter of course. Unless there was a central hub where the agencies worked from it would be difficult to avoid this.

Of the individuals that agreed to take part in the pilot, seven are still involved in varying degrees. One has moved into his own tenancy and has full time employment and another found his own accommodation outside of the City. Another two – although still involved with the pilot their engagement is poor and they are at risk of losing their accommodation.

A breakdown of the referrals:

Referral ID	Referred by	Date accepted onto pilot	Outcome
M1	Self	11/09/14	Into tenancy
J2	Self	11/09/14	Dis-engaged with pilot
M3	Self	25/09/14	Found own place outside of City
C4	Self	25/09/14	Returned to parents outside of City
A5	Self	25/09/14	After completing referral changed mind about taking part
B6	ASB	02/10/14	Engaged with support but would not modify behaviour - tenancy enforcement action pending which could result in loss of secure tenancy
I7	ASB	02/10/14	Engaged with support but would not modify behaviour (partner impacted in his engagement) tenancy enforcement action pending which could result in loss of secure tenancy
V8	Self	10/10/14	ongoing
J9	TVP	6/11/14	ongoing
M10	Self	27/02/15	Disengaged – didn't want support
K11	WW	25/04/15	ongoing
J12	WW	25/04/15	ongoing

Feedback from those participating in the Pilot

Feedback from service users was sought during the core group meeting and this substantially focused on what help they needed/wanted and how they felt about the services and their interactions. They were also asked periodically by the pilot lead whether they wanted to continue and whether they found it helpful or not to be part of the pilot. Their responses included:

About the pilot:

J2 -During a core group meeting the client was asked if she found these meetings and being on the pilot helpful – or were they just another meeting she had to attend. She said she found them really helpful because it meant everyone was coming together at once and she

really liked that. She said usually you have to see everyone at different times and she liked it when we were all there to discuss her case together

She said it had also meant that her keyworker had kept her on her case load rather than passing her to another keyworker and has agreed to continue supporting her.

She really likes the idea behind the pilot. She said when she had her own house, she had five support workers at once and when her support stopped she was left with nothing at all. She found going over the same details to lots of different people hard. She said she wanted to continue with the Pilot for as long as possible.

M1: "*Hello…., just read your notes in the email you sent and everything is absolutely fine, just wanted to say that I think the meeting we all had together went really well and feel a lot more confident in the way things are heading, yet again thank you very much..M*

M3*: "Hello ……, everything is going well in …… and I really liked doing the pilot I did with you I found it very useful and easy to understand and you was easy to work with"*

V8 –During core group meeting – V8 had recently relapsed. I asked client if he wished to continue or if he found it a waste of time. He said he wanted to take part, found it useful and wanted to make sure he was getting support he needed. He said he found being on the pilot really helpful and felt that things had started moving in the right direction as a result of taking part in it.

Learning points about current service provision

Some general themes have come out through the core group meetings included

- There is a need for support and guidance for individuals to help steer them in the right direction. For example, helping them to understand and access benefits that are available to them and how they are affected by being in employment.
- Outcomes were sometimes worse for recovering alcoholics housing within shared accommodation where others have the freedom to drink. It produced additional support needs and contact with staff.
- The type of support or activities needed to encourage engagement needs to be tailored to the individual particularly if they know they need support but don't actively engage.
- An incentive is needed. There are certain expectations of service users in order for them to continue to receive the support they require, however services are set up in such a way that it is not always easy for service users to meet the requirements. Low cost or free transport was suggested as a possible incentive.
- Positive activities need to have a wider appeal and not just aimed at those who are homeless or have issues. A number of those who took part in the pilot were trying to

break the links with their associates within the streetlife community and found this difficult when the activities were aimed at that group.

- Transport was an issue for some participants – not having access to affordable transport when they are required to attend appointments all over the City doesn't motivate people to attend and might even deter them from attending. Not everyone had a bike or was able to use a bike. Some of the participants had health issues and walking long distances was also difficult.

- One accommodation provider had good facilities, such as a gym and IT, but these were not yet available for clients to use. This frustrated participants.

- Having a mentor from outside of the homeless sector can be beneficial to some service users. One participant turned to a Church volunteer for informal support and guidance.

Feedback from Service Users (SUs):

In order to get feedback from more service users about their experiences, contact was also made with service users at Jimmy's and Willow Walk to discuss their experiences of homelessness, drug and alcohol misuse and how they have been supported.

The pilot lead also attended two cold weather provision sessions run by the Churches, accompanied a Street Outreach Worker on a morning rough sleeper count and carried out a joint patrol with the Streetlife PCSO. During these sessions approximately 25 individuals spoke about their experiences of being homeless (or vulnerably housed) and the support that was available to them.

- SUs felt discriminated against and received a different level of service because they were homeless – for example, they are banned (or believe they are banned) from some premises because management know they are homeless.

- Perception that immigrants are being housed over homeless people

- Harder for couples to get accommodation together

- There was a feeling homeless people get moved out to the 'hinterlands' but this is not helpful as they need access to Cambridge for jobs/services. One said they would consider rough sleeping if it meant being nearer to work –as the cost of transport back into Cambridge was prohibitive. Another said they would consider moving back to where they have a connection but they couldn't get accommodated with their partner who didn't have the same connection.

- It was frustrating having to repeat their circumstances/tests to each new GP they saw and that it took several weeks for their notes to be transferred over from one GP to another.

- Lack of support once leaving hostel accommodation or Jimmy's
- Positive activities contributed heavily to a sense of well-being and inclusion
- Bad experiences in accommodation can also lead to bouts of drinking
- One SU commented there was a "trigger for everything"
- SU's don't always know the 'way out'
- "We want to be treated as adults", and, "People never choose to be homeless"
- There was some dissatisfaction with the rules and regulations that they were required to adhere to in their accommodation and unfair sanctions for low level breaches.
- SU's also expressed dissatisfaction with how some agencies respond to the needs of the homeless in general – one said "there is a huge industry around homelessness and it's not is anyone's interest to sort it out".
- One SU remarked that there needed to be a service user's forum. He was involved in one in another area where homeless people were represented at various meetings and able to impart their views.
- If you are homeless with no 'issues' you get no support. You have to have big problems to get any support – the worse you behave the more support you get
- Once SU spoke about his experience of being mentored by a church volunteer over a number of years and found this an invaluable part of his recovery and tenancy sustainment.

Learning outcomes from Phase 1

1. It was difficult to identify appropriate participants by going direct to the agencies. Some agencies were resistant to the pilot. Other agencies reported that they were unable to identify anyone that met the criteria for the pilot, or that they had spoken to their service users and could not find anyone interested in participating.

2. It was not always possible to identify an appropriate person to take on the role of Lead Professional. There was a lack of continuity of keyworkers as roles changed or individuals left. In addition to this keyworkers had large caseloads and were unable to commit to being a lead professional. In order to overcome this, the pilot lead took on the role of co-ordinating the meetings and ensuring that actions were followed up, liaising with the keyworkers and service user directly. Although not ideal this ensured continuity throughout phase 1 as the pilot lead remained the same. However the pilot lead's time was also taken with reiterating the aims and objectives of the pilot each time there was a new keyworker.

3. Service users can be overwhelmed by the number of appointments and different agencies they have to engage with for different forms of support. However they are often required to attend 121 support meetings with agencies such as Inclusion and mental health providers, who have very specific goals to work through with service

users, which could not be done in a group meeting. Service specific support meetings would still be required if using the Together for Families model. Therefore the frequency of appointments may not be reduced enough to make a difference to the service user unless there was a multi-agency hub where all appointments were in one place.

4. Engagement can be very sporadic even where the service user is indicating that they want support. The pilot lead often had to accommodate peaks and troughs in the service user's health and / or motivation when arranging core groups and find a time when the agencies involved were able to attend. It was anticipated that core group meetings would be six weekly – however in reality it was very difficult to arrange a suitable time when all involved could attend, so meetings were often less frequent than this.

5. Support agencies focus is on positive improvements and successes (however small) in order to move individuals through the hostel system and back into secure accommodation. Preventing ASB and consequences of ASB, or long term tenancy sustainment is not necessarily a key part of an individual's support plan. The pilot did address ASB issues and service users were advised that part of the remit was to ensure they were in a position to manage a tenancy long term and preventing further ASB was part of that. However this conflicted with accommodation provider's targets of moving people on in order to accommodate those on the waiting list who may be rough sleeping.

6. Emphasis is placed on the service users to identify their own needs and solutions. Whilst there is a need to empower people they are not always able to identify for themselves what options are available to them. Therefore the support workers expertise is key to identifying suitable options for their client and then guide appropriately. Knowledge amongst the support workers as to what is available for their clients varies.

7. Positive activities available for people as part of their support package are set mostly within the homeless community or with others in recovery. It would be of benefit to make links with the wider community in order for the individual's aspirations to be explored and underpin their long term support package and personal goals.

8. Tenancy sustainment support is essential especially when clients are feeling vulnerable or overwhelmed when moving into their own accommodation (Cambridge City Council has since appointed two Tenancy Sustainment Officers)

9. Participants and service users spoke of pastoral support and mentoring that they received from volunteers as being extremely beneficial to them as there was no specific agenda. It gave them an opportunity to talk and be listened to by someone

who was not part of the streetlife or homeless community. There may be a need for this to be considered as a valuable part of ongoing support and tenancy sustainment.

Changes to the pilot going into Phase 2, taking account of the learning from Phase 1

Taking into account any learning points from phase 1 the second phase will:

1. Continue with the work already being carried out with the remaining six on the pilot – ensuring there is an exit strategy in place.

2. Use the Task and Target meetings as a referral point where individuals involved in problematic street ASB are discussed and action plans put in place to include possible enforcement action as well as support actions. This will be monitored through the Task and Target and recorded using Ecins.

3. Identify individuals who have sustained a tenancy long term (at least 1 year) and who are managing their alcohol/drug misuse or mental health issues and find out from them how they have done this and in particular what worked for them and what didn't. The findings to be included as part of the final evaluation / recommendation

4. Work with agencies to identify innovative solutions to begging and street drinking, including raising awareness of the support available to the street community, challenging and changing the commonly held misperceptions about why people beg and promoting schemes like the Alternative Giving Scheme to discourage residents and visitors from giving to beggars.

5. Evaluation of the pilot and going forward, recommendations for future work with the larger group using the learnings of the pilot

Sarah Steggles
19 October 2015

CASE STUDIES

CASE STUDY 1

Male in his mid-thirties with a history of offending and multiple periods in prison. A recovering alcoholic with offending linked to his alcohol use. He experienced periods of homelessness and was evicted from accommodation for ASB linked to his alcohol consumption.

He self-referred to pilot having seen the flyer. His accommodation key worker was supportive of him taking part. He had recently relapsed and was keen to ensure it didn't happen again. During the referral meeting he was asked his reason for taking part in the pilot.

> *"I want a little extra help – if there is help I am not getting but could do with, something to steer me on the right path, guidance etc. – whatever support is out there"*

He was supported by his accommodation key worker and Inclusion worker, both of whom were fully engaged and supportive of their client's involvement in the pilot.

His long term goals were to work full-time (possibly as a drug or alcohol worker) and have a house. He knew he needed guidance to stay *'on the right track".* He explained that *s*igns of him becoming unwell would be his lack of engagement, he said he would shut himself away and not speak to anyone, this feeling could last for days.

At the first core group meeting (involving the participant, support agencies and the pilot lead) a number of issues were identified which caused the participant stress and could potentially trigger a relapse. Strategies were put in place to help with these concerns and progress monitored and followed up at each meeting.

Lack of motivation and boredom was a factor for the participant and something that could lead to a relapse. One of the actions was for him to participate in the Recovery Champions training with the support of his Inclusion worker[5]. This enabled him to keep busy on the days he wasn't working.

He engaged well with the process, acknowledging that he was ready to make these changes. He attended every meeting and always responded to emails and calls. He has completed the recovery champions programme, has full time work, is remaining sober and out of trouble. He managed his shared accommodation well.

He was referred to HARP (Hostels Assessments and Resettlement Panel) and he was awarded an A band. At the last meeting he discussed feeling scared about moving into his own accommodation but at the same time excited. He still had financial worries and concerns over managing his own tenancy. He said it can be overwhelming but felt ready to move on.

[5] *Recovery Champions are service users trained to offer volunteer peer support and motivation to others on their recovery journey*

He has now secured his own general needs tenancy, continues to work full time and engages with Inclusion. He is still in contact with the pilot lead who has agreed to monitor his progress to ensure he has support during the early stages of his tenancy.

CASE STUDY 2

Male in his early twenties was referred to the pilot with his girlfriend, who was pregnant with his first child. The couple both had come from traumatic backgrounds and a breakdown in the relationship with their families. His girlfriend had previously had a child removed into care. He had diagnosed mental health issues, including ADHD, bi-polar depression and anger management issues. Similarly she had anger issues and poor understanding and low level of literacy.

He was living in a hostel and had experienced several periods of homelessness and temporary accommodation. There was no history of drug or alcohol misuse but there was abusive behaviour within the relationship. There were disagreements amongst the housing providers as to who could house the partner due to the fact that she had no local connection to the Cambridge. She stayed on occasional nights with her partner in the hostel and on other occasions she would sleep out.

They had been put in touch with the pilot lead to see if they wanted to take part. When they met they told the pilot lead their reasons for taking part were;

Her – "*the more support the better … to be a secure family and to have a family home and not to lose the baby"*

Him - *"we need more support now baby is on its way… to have a stable place and not going through the hostel environment."*

He was supported by a key worker at the hostel and they were both being supported by a worker from Centre 33 who helped them with basic skills. Social Care was also involved.

The pilot leads initial concerns when meeting the couple were that they were both very immature and would need significant support to manage a tenancy together. The Centre 33 worker agreed felt they would need a very robust package of support to manage a tenancy.

Although she had learning difficulties it was not at a level that met the thresholds for support. It would have been helpful for them to have an independent advocate who could advise them on their rights and responsibilities with regards to housing and their involvement with social care in a way that was easy for them to understand and to explain some of the more complex questions that were being asked of them.

Advocacy services, although available, are limited and their availability depends on the client meeting certain criteria. During the course of their engagement with the pilot the relationship ended. He however, remained fully engaged with the process. He proactively got involved in positive activities and worked at reconciling with his mother who also

attended the pilot meetings with him. With support he managed to arrange for an advocate to help progress issues concerning access to his new baby.

With additional support he managed to find his own privately rented accommodation outside of the City. He has updated the pilot lead to say he is settled and doing well. However there is no further involvement with him. Throughout the pilot process he was very keen to engage and suggested more frequent meetings.

CASE STUDY 3

Male in his 40s, evicted from his council tenancy for ASB, including drug related activity. He asked to participate in the pilot having seen the flyer. He said he wanted to be involved because he wanted to get a better understanding as to how he got in the position he is in an that he needed to address his decision making processes. He said he wanted to be accepted into society and have secure accommodation for him and his children, with whom he had developed good relationships with. He also wanted to be drug free and in work. He had led a chaotic lifestyle for over a decade.

He was supported by a key worker at the hostel, an inclusion worker and a probation worker. However it was difficult to arrange a convenient time for all to meet. The meetings tended to include the participant, his hostel key worker and pilot lead, with updates from Inclusion.

The participant felt he had been unfairly treated at the time of his eviction, when he was going through a particularly chaotic time in his life and did not have the support he needed to understand what was happening or what was expected of him. He felt that if he had more support he may have held onto his tenancy. In spite of this he accepted the position he had found himself in and wanted to turn things round.

During the course of his involvement in the pilot, he engaged well in spite of a number of relapses.

He was moved to another hostel as he no longer needed such a high level of support. He has been engaged with the pilot since October 2014. He missed one meeting. However his key worker agreed that the pilot lead could write to him to ask if he wanted to remain on the pilot and if so he had to engage with the process.

He made contact with the pilot lead in person as soon as he received the letter to apologise and to advise that he wanted to continue as he had found it really helpful. He explained that he had experienced bereavement hence his temporary disengagement. He also informed the pilot lead that he meets with a Pastor over a coffee to talk which he found particularly helpful as it enabled him to clear his head. He felt he could talk freely where no notes were taken or anything expected of him.

During that discussion the pilot lead spoke to him about his next steps and he listed several things he wanted to achieve, including paying off his arrears. It was agreed that this would be followed up at the next core group meeting.

He has since met with the City Councils' Financial Inclusion Officer and has set up a payment plan. He has recently had another change of key worker and another core group meeting is due.