Memories and Hopes

Re-thinking resilience in supporting homeless people

Gerard Lemos



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Lemos&Crane has researched high profile social issues since 1994 including homelessness; social housing management; people with learning disabilities; prisoners and ex-offenders; literacy; hate crimes; and financial inclusion.

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We owe them the greatest debt of gratitude.

Gerard Lemos London, June 2017

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Background and introduction

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1. Background and introduction

Since the 1980s services for single homeless people have expanded exponentially. These services have become a 'sector' turning over hundreds of millions of pounds of public funding a year. While many people have used these services and been successfully re-housed into permanent accommodation moving to more stable lifestyles, unfortunately this enormous growth of services and people receiving them has apparently not reduced the number of homeless people. Rough sleeping and homelessness remain stubbornly high and continue to make national headlines as in the 1990s. Hostels and temporary accommodation places, though available in much greater numbers, are generally full; and there is a widespread shortage of social rented housing, limiting the accommodation available to move on to for people living in temporary accommodation. Shortage of permanent housing is not however the only limitation. Paradoxically, many towns and cities with lots of empty housing continue to witness rough sleepers and homeless people, suggesting that many homeless people have complex needs and unstable lifestyles. Even if permanent housing is available, they clearly need other kinds of support as well before they can sustain a permanent tenancy.

Having nowhere to live is invariably a symptom of other long-lasting and intractable problems. Although many people cannot afford the home they want and have to improvise their housing arrangements in any number of unsatisfactory ways for that or some other practical reason, actually having nowhere at all to live is much more unusual and typically has much deeper roots. For many people the underlying antecedents of being homeless are, as ever, childhood trauma, relationship breakdown, family conflict, drugs and alcohol, mental health problems, offending, unemployment and social isolation. Consequently, many homeless and ex-homeless people have complex needs that take many years to stabilise. Some may need support for the rest of their lives and no longer retain aspirations to independent living. So they use services for much longer than initially intended, frequently leaving no space at the inn for the new or recently homeless.

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This concurrent and continuing growth in both demand and supply for homelessness services is partially explained by an unverified conviction on the part of policy makers and service providers that somewhere to live, a low-paid, low-skilled job and basic health care is what most homeless people need to be able to live an independent life. However, 40 to 50 per cent of people leave hostels or temporary accommodation without being resettled. Even when people are re-housed into permanent accommodation, a substantial proportion end up being evicted or moving out, unable to sustain the responsibilities of a tenancy and struggling to cope with isolation or independence. Some end up back on the street.

With a view to responding to some of these wider challenges and needs, homelessness agencies have expanded their services beyond temporary accommodation into outreach services for rough sleepers, tenancy sustainment and floating support. Many homelessness agencies have also branched out into training and employment. As services have grown in number and size, local and central government funding has been marketised by procurement and commissioning methodologies. As reported by 'providers' these systems may have reduced the unit costs of supporting an individual (in part by eroding terms and conditions of staff employment), but they have also created many rigidities and inflexibilities. New and emerging needs, such as destitute migrants or people escaping trafficking or forced labour, cannot be responded to quickly or cost effectively.

Because of the persistence of homelessness, the limitations of current approaches, cuts in services (in the name of post-financial crisis 'austerity') and new and unmet emerging needs, services run by volunteers and community groups have mushroomed, many growing out of churches and faith communities. As well as emergency accommodation and person-to-person support these 'pop up' services are also big contributors to food banks and soup runs. Without these unfunded or poorly funded services and the volunteers who run them homelessness and rough sleeping would increase dramatically all over the country. The new community-led services represent a considerable indictment of the well-established, longstanding services and government agencies that fund them.

What needs to be done?

One missing link in much current work with homeless people is user voice. For example, surveys of ex-homeless service users have identified a demand for an internet dating service, since the highest ambition of most homeless people (perhaps in common with most other people) is to form a lasting, loving relationship. No agency has been able to respond to that express demand. Meanwhile literacy and IT courses, for which there is often little enthusiasm, continue to be widely provided and, alas, frequently shunned. Innovative ways to hear and respond to the aspirations of homeless people themselves are clearly urgently needed.

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Drawing on the full range of community assets also has potential. Some of the most life-enhancing ideas with the greatest potential for building resilience are established parts of most communities: yoga classes, meditation groups, volunteer relationship counselling, drama groups, sewing clubs, art classes, bird watching, bee keeping, photography clubs and many more. Volunteers could achieve a great deal by promoting inclusion of homeless and vulnerable people into these activities in which they often participate themselves, something that happens routinely but not systematically in many faith communities and places of worship. Communities in which there is a rich, inclusive brew of social and civic activities conducted in an open, non-judgmental way, mostly in towns and smaller cities, show fewer visible signs of homelessness and rough sleeping than the expensive, impersonal cities.

Lemos&Crane, through our SupportActionNet online network, have been in regular touch with tens of thousands of practitioners in homelessness and supported housing since the 1990s, so we have a large database of more than 35,000 practitioners in supported and social housing who are used to hearing from Lemos&Crane promoting innovations in the way support is delivered to homeless people. For example, we are longstanding advocates of family mediation services being available to homelessness service users through local authorities as well as voluntary agencies. Over the years that approach has been widely adopted and is now pretty much ubiquitous.

Testing a new approach: Resilient Resettlement Project

While preventing homelessness remains a demanding goal, it seems there are aspects of resettlement that could be improved by a greater focus on the individual, their personality and aspirations and the place they could have in the community. With the foregoing thoughts in mind, the purpose of the Resilient Resettlement Project (written up in this short paper and supported by the Tudor Trust) was to address the following questions:

- 1. Do homelessness and supported housing agencies have an appetite for new approaches to resettlement against a backdrop of rising numbers of homeless people, a larger number of people with complex needs, austerity in public services and a rigid funding framework through commissioning?
- 2. Would these agencies be interested in encouraging their service users to become more involved with local activities and communities alongside their existing work helping people find accommodation, training and employment?
- 3. Would local communities and groups be welcoming or discouraging to homeless and ex-homeless people?
- 4. Would homeless and ex-homeless people have any interest, desire or motivation to become more involved with local community life and activities?

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- 5. Would a relatively modest amount of funding from the Tudor Trust (about £10,000) for each agency or group facilitate this approach and what would the money best be spent on?
- 6. Would there be an appetite for such an approach among agencies in the smaller towns and cities outside the big cities, which have developed and wide-ranging networks of services for homeless people even if they are sometimes over-stretched?
- 7. What lessons could we learn and spread from this project that might influence other homelessness and supported housing agencies to improve their practice and effectiveness?

Lemos&Crane promoted the Resilient Resettlement Project through only two emails and were quickly over-subscribed with 17 expressions of interest. Grants were awarded to 12 organisations in two stages: about £3,000 for initial scoping work with service users and about £7,000 for delivery of the project itself. In all, more than 120 service users participated in the project. The project promotion made it clear that we were particularly interested in activities located in market towns and smaller cities, where although populations of homeless people may be smaller, there are also fewer agencies and support services. Community life may also be more stable and accessible than in the impersonal and ever-changing cities.

The organisations that participated were:

- Beacon House, Colchester
- Brighton Oasis Project, Hastings
- Centrepoint Outreach, Boston
- Changing Lives, Middlesbrough
- County Community Projects. Gloucester
- Elim Housing Association, Gloucester
- Harbour Place Day Centre, Grimsby
- Maggs Day Centre, Worcester
- Step by Step, Havant
- West Kent YMCA, Tunbridge Wells
- Xtrax, Hastings
- YMCA Lincolnshire, Lincoln.

Each project submitted a short proposal explaining how they would spend a grant of up to £10,000 from the Tudor Trust in pursuit of the objectives outlined above. Some spent the money on extra staff resources focused specifically on this approach. Others set aside some of the money to pay for the activities that service users wanted to participate in. Many used the money in a combination of these ways. The groups then identified clients

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whom support workers thought might be interested in engaging and reengaging with community activities as part of their general resettlement. Those service users who were interested were asked to undertake an interview with their support worker using a 'baseline questionnaire' provided by Lemos&Crane. Many of the quotes in the sections that follow are drawn from these baseline questionnaires. Supported by a member of staff the individual then made a plan for their personal involvement in community life and were supported in seeking to achieve it, including where necessary coping with disappointment. At the end of the action plan (between six to nine months) individuals were asked to review their progress; and after nine months the projects were asked to provide general feedback and case studies to Lemos&Crane.

This report provides some general conclusions about participants' experiences, dividing them broadly and thematically into groups of attitudes and experiences. A key theme emerges from this initial overview of the more than 120 participants: the significance of memories in contributing to people's optimistic feelings for the future. Happy memories are, it seems, wellsprings for optimistic aspirations for the future and optimism, along with determination, are key components in successful resettlement; perhaps the most important components psychologically speaking.

Section 4 of the report is a group of case studies. As far as possible, these are told from the service users' perspectives. They are extended narratives over the entire engagement of an individual with the Resilient Resettlement approach. Although more than 120 service users were involved, their experiences and biographies were so varied that a quantitative analysis would have been alternately superficial, obvious or misleading, suggesting generalisations by aggregating snapshots and self-disclosures into unmerited patterns. The case study presentation is therefore a better way of gaining a clearer, more detailed view of the participant's experience anchored in a specific time period rather than unconnected incidents and phrases.

Section 5 deals with the benefits of the approach to both service users and staff; and section 6 sets out the conclusions and recommendations derived from the project.

Participants in the Resilient Resettlement project

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2. Participants in the Resilient Resettlement project

The baseline questionnaires completed by participants contained extensive qualitative data. Though the analysis set out in this section does not aspire to understanding groups of participants in a strictly quantitative way, there were nevertheless discernible trends and patterns set out here among the histories and experience of service users and hence their views and experience of the Resilient Resettlement Project approach. Service users who participated broadly fell into three groups.

The first group includes those who don't engage much with anything, are intermittent service users at the best of times, sometimes disappear 'off the radar' and often have multiple and complex needs including alcohol, drugs and mental health problems, often stretching a long way back into their personal histories. Many in this group also had experienced difficult childhoods characterised by family conflict and bullying at school and, in adulthood, found it difficult to establish lasting, loving relationships. That pattern is not new among homeless people, but persistent. This comment from a support worker notes the checkered histories of some service users:

"There was an expectation that the service users had positive past experiences that they could revisit and develop. This expectation is not accurate as many of our service users have had a history of negative family childhood and young adult experiences."

The group of people with intractable problems may also be disproportionately represented in the smaller towns and cities with typically less mobile populations, fewer casual employment opportunities and a less wide-ranging group of services than big cities. This group were difficult to enthuse about community involvement and that was sometimes demoralising and demotivating for support staff.

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This is one service user's particularly harrowing account of her past; there were many others:

"I was in a controlling relationship. I had no power over myself, my finances, even my voice. I used self-harm and attempted suicide to try to regain control. My partner set me up to take the blame for a fraudulent insurance claim. He used my name to claim money from a fire. He would not back me up and I spent 18 months in a prison for it. I still went back to him and he continued to control everything in my life. I spent time in mental health institutions and had in-depth support. It came to a head when my partner threw me out of a window... I ran for my life to the railway station and effectively made myself homeless. I literally had only what I stood up in and the money in my pocket. This was along with a £50,000 debt with which I had to go bankrupt. I have not seen my ex-partner since."

Here is another sad personal testament:

"In 2006 I became homeless; I gave up my home to move to [another town] to help my daughter bring up her children. At this point my daughter had four children, two of whom were disabled. I was unhappy when the local authority told me that I had made myself intentionally homeless as I came to [this town] to be with my daughter. I got low mood swings and depression. I felt very lonely at this point in my life and I didn't think that I would manage on my own."

The following was a very sad experience of one agency and one of their service users during the project:

"Client J had a 'friend' stopping with him in his flat. The person was assaulting him in his own flat. J engaged well at first but the abuse resulted in him being violently attacked. The attacks were reported to the police but he would not press charges. One day after he had been at a flat for a welfare visit, we tried to get him to leave the flat for his own safety. We failed to persuade him to leave and sadly the following day he was dead. This incident is still being investigated by the police. A man is on remand charged with his murder. Speaking to friends and relatives about the death of one of the clients on the project was very difficult. Client J came from a very well respected family and was himself respected in their close community. Their shock and sadness of how he was living and how he died was very emotional and sad to hear and talk about."

For this group life in supported housing may represent considerable welcome relief from past harrowing experiences, but life in hostels and temporary accommodation is not necessarily permanently transforming

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of people's lifestyles. Here are a couple of concise accounts, again among many others, of the lives of many people in temporary accommodation:

"[I would describe myself as] lacking confidence, shy and quiet. I like my own company at times, I like a quiet evening. I am happy living alone; I do get lonely especially if no one visits."

"Unconfident in new social situations. Shy when talking to new people, particularly since having an issue with alcohol."

This comment from a service user when describing themselves is reflective and insightful:

"More introverted than [most people]. Can get along with most people but need time alone to recharge. Probably a bit more confident than those in my circle but not when compared with people in general of my age."

The second were a group of people who did engage and get involved, but only slowly following initial reluctance. This group needed to spend time talking and building confidence individually and with peers. For some in this group a peer-based activity, such as group volunteering, was more appealing and effective, requiring less individual 'get-up-and-go'. In one project, to help overcome motivational barriers and personal anxieties the staff successfully sought funding from the local health and well-being commissioner for a short period of group therapy to strengthen motivation, which proved very helpful for a considerable proportion of the group. The following comments are typical of this group:

"I would like to spend my time with confidence and meeting new people without my anxiety getting in the way."

"[I would describe myself as] quiet, shy, don't want to associate with other people I was bullied a lot so I settle with just my boyfriend - friendly, creative, caring, nervous around new people."

These are the perspectives of support workers also talking about their experiences of encouraging people to participate more actively in community life:

"The frustration at times of trying to get people to engage with the project. Clients often took quite a lot of persuasion as they had been let down in the past and had experienced repeated broken promises by support workers."

"It felt like an ongoing uphill struggle to persuade clients to commit to activities. There seems to be a deeply embedded reluctance to try something new, and a disbelief of any potential benefits. There is also resistance to being taken out of their comfort zone – perhaps due to the general level of discomfort experienced much of the time in day-to-day living."

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"Having eventually persuaded clients to commit to an activity, which could be difficult as mentioned above, unreliability was a big problem. Generally for a trip only about 50 per cent of clients who had signed up actually turned up. This was disheartening for staff who had put much time and effort into organising the outings."

The third group engaged quickly, successfully and sustainably with community activities once offered with support. These are typically people who had had interests and hobbies in the past. Here are some examples of people's interests from the past. The range of former interests, as these quotes illustrate, contained many surprising activities and ideas; eclectic would be an accurate description:

"I love writing, especially poetry and I have had a book published. I used to love gardening and budgie breeding, as well as going bowling, ten pin bowling and grass bowling. I also used to love archery and ice skating. I had three greenhouses and some pets."

"Martial arts, stopped because of a lack of money, would take it up again but can't afford it."

"Fishing was a big part of my life but sold my fishing tackle when I was using drugs."

"I used to work in interior design, I would like to do that again."

"Used to be very keen and very good swimmer - no longer swims. Likes animals. No longer goes into town socialising."

"Used to enjoy ferreting - would catch rabbits and sell. Also used to enjoy cycling - would like to do it again but doesn't have a bike."

"I used to be mad on chess, played it every day but now I don't."

"I used to love hockey but then I slowly stopped and just done things in my own pace."

These quotes illustrate how interests from the past might be indicators for the future:

"Interested in fishing, canoeing and rock-climbing - has also sailed but probably wouldn't do that again. Would like to do banger racing/go-karting, used to do off-road motorcycling."

"Was extremely good at football; was a schoolboy with both Barnet and Watford - could have been a professional but at 15 or 16 I got into girls and drink and football no longer priority.

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Coached up until 17 but stopped playing. Good at all sports in past and tennis in particular."

"I use to enjoy cycling and snooker but I had to give up as I was in a wheel chair for nine years due to an accident. I have just started doing snooker again but I have not been on cycle any more since the accident."

This group expressed a range of interests for the future, including activities just mentioned, but also gardening, photography, dance, meditation, yoga, travelling, volunteering, religion and spirituality, reading and book clubs, computer games. When asked what support they would need people mentioned: information, support with attendance, encouragement, relatively small amounts of financial help, transport and equipment. All of these are fairly modest and achievable requirements subject to the availability and commitment of staff. This quote illustrates the difficulties of living on benefits while seeking to live an active and fulfilling life:

"I gave up going to the bingo and cinema as I did not have the money. I like playing bowls but it costs £6 and on benefits I can't afford it. I also like to go swimming but again it's too expensive. I used to like to go to the hairdressers to have my hair done, I enjoyed a manicure and pedicure too but on benefits these things are just not possible anymore."

Here are some more confident expressions of self from service users:

"[My perfect day would be] getting up, doing sport for a couple of hours, taking a lady out for a nice munch then walking on the beach. We would have ice cream and go to the fish stall for cockles. Then be able to get back to the flat and enjoy a bottle of wine."

"I think I put myself over as a confident person and good listener. I like to help other people. I have life experience that I could use to help others. I have helped people in the past at [a training centre for people with mental health issues in a large café/function facility open to the public]. I was a chef at a Christian café."

Attitudes of local communities

One concern at the start of the project was that community organisations with well-established groups of members long familiar with one another would not feel welcoming and so the experience for service users would be intimidating and excluding. Although the reception from community groups was generally welcoming and unproblematic when people started participating in community activities, these quotes note the issues that might arise: that members of the general public may harbour negative stereotypes about homeless people and those attitudes may affect the way that people are treated.

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"Perceptions by the general public of a stereotypical homeless person, who has poor personal hygiene, substance misuse issues and is likely to reoffend or possibly be violent present the greatest obstacle to service users becoming more engaged in community life."

Members of the public may, alternatively, expect people to live more orderly lives than is in fact the case:

"A tendency to be unreliable is also an issue as people wanting to encourage service-users become frustrated when they fail to appear when promised."

For the most part there was no unfriendliness or hostility from local community groups, however there were some unhappy experiences, such as those reported here:

"At the start of the project it was agreed with service users that we would explain their situation, both current and historical, to the groups/activities/ charities that they were hoping to engage with in order to gain understanding and increase their support and in the hope it would improve the chance of sustainability once the buddy had disengaged. Whilst many of the groups were understanding and supportive of the service user some encountered a very negative reaction from this, with at least two being what appeared to be discouraged from engaging. Service users reported this gave them a sense of embarrassment and worthlessness."

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3. The significance of memories

In the baseline questionnaire there were a set of questions around the general area, 'when have you been happy?' The recurrent themes in the responses were striking: childhood memories, remembering lasting and loving relationships, the secure familiarity of family life, the pleasures of pursuing personal interests and the rewards and achievements of having a satisfying job. These quotes from service users is a good summary of those themes:

"When I worked as a band-saw operative as I felt very skilled. When I was doing martial arts at the church, I was very confident. When I was in a particular relationship and when I was a child."

"Whilst he was married. When his dog sat on his foot and 'picked' him as its new owner. Birth of his two children. Meeting Princess Diana when he was in the army. Being awarded a medal whilst in the army for 'making the best shot in the army' for killing a sniper who was shooting women and children at random. Taking his mum out in a red, soft top Mercedes for the day and having lunch just the two of them."

Several people commented on the overwhelming importance of having a child as a major life-changing event which brought happiness, special satisfactions and ineradicable memories:

"When I saw my children born."

"My son being born, getting into college, passing college, and getting into university."

"When I first had my daughter. I had just bought my mum's house, I was working as a collections agent and had a car."

This person remembers family holidays with their children as happy experiences:

"I was happy when I went on holiday with the boys when they were young. I love to see the boys enjoying themselves. This made me very happy. I was still married then."

On the other hand, if relationships break down and contact is severed with children or partners, this is a source of loss and unhappiness, even if people recognise they may have contributed to the problems, as this quote illustrates:

"The day his son was born, cut cord. Happy when worked for [a construction company] - working on new army garrison. Split up with son's mother in 2007, beat her up; not currently in contact. This was a big change and been less happy since split up. Happy when got CSCS [Construction Skills Certification Scheme]card and forklift licence."

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This person seems be fatalistic in their belief that most relationships end unhappily:

"I have been happy at the start of relationships but then things go downhill. I was happy when I lived in Amsterdam until I was 11."

For this person a 'normal life' of work and family was disrupted by drug misuse and eventually imprisonment. Having come through that, he seems to be looking for something else in his life:

"When he was with his ex-girlfriend and his daughter and when he was working (had a good job). Had what he regarded as a normal life and he felt contented, took it all for granted. When he had a daughter, he felt this was the time he developed a consciousness. Had two very good years but then started using again. He always had the feeling that he would fall on his feet but feels that perhaps his time ran out. Has been in prison for drugrelated activity. Got on well there, which he thinks is sad. Went to rehab, which was a Christian place. He has some interest in the church; he was brought up as a Catholic and would like to explore Christianity more and has some faith."

Many people reflected on happy memories of their own childhood in their responses, contrary to the stereotype that all homeless people were neglected or abused as children:

"When I was with my grandad. He was more like a dad than my real dad. We'd go on holiday to Turkey as we had a flat there. Nan had to sell it when he died."

"When with my mum and dad working with them and working on boats by the seaside."

"Going to see my great gran in Cornwall and my grandad waking me up at 4am to get ready to go felt like a big adventure and was so happy to arrive there to see my gran's face and to go on long walks eating ice cream and watching seagulls."

"Was happy between 13 and 18 years old when in army cadets, engaged [in] camping, climbing, shooting and boxing. Happy when helping people."

"When I was down the beach with my friends sunbathing and walking across the pier."

It is worth noting that many happy memories of childhood and other times have been enjoyed in the open air and surrounded by the beauty and surprises of nature. This seems important for the visceral pleasures of nature - wind, sun, heat, fresh air - as well as the symbolic resonances of

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freedom and unbounded horizons, literally and metaphorically. This quote powerfully and poetically conveys those feelings, with the added benefits of a close empathy with an animal, another aspect of nature's pleasures:

"When I was horse riding. It was the summer, I was about 12, in Spain up in the mountains and I would ride a horse called Rosebud. We formed a bond. I'd always leave the trek and go off for a bit. I felt so free."

In line with earlier comments about pleasurable previous interests, these respondents talked about their former interests with great pleasure and, in some instances, pride in their achievements.

"I'm happy when riding motocross bikes. Spending days with my son making him laugh. When got a Groundworks job."

"When I did the Stroud half marathon."

For this person being happy in their present situation is connected to meeting some of their personal goals, which will presumably be an important part of their resettlement from homelessness:

"When I have done my housework the flat is clean and spotless, I feel very happy. I like everything to be done. When my first grandson was born I felt really happy and cheerful and I cried."

Work can also bring its own rewards and satisfactions. Money is of course part of it but also a social life with friends, as this person notes:

"I felt happy and content when I was working. I also had a car and socialised with work friends. This was before things went wrong with my relationship."

For this person their work brought forth powerful feelings of achievement and fulfilment, especially when they were engaged in creative work:

"When I was a dance teacher it made me so happy, dancing is one of my dreams and teaching it made me happy to see the look on the kids and adults faces when they mastered something."

The important underlying themes of these various positive memories is clearly a sense of connection to others, but there is also a more profound sense of being an insider: inside a family, a community, a workplace or a group of people with shared interests. That, coupled with feelings of freedom and joy, make for an empowering brew to nourish the spirit, not only to inculcate optimism but to overcome disappointments and setbacks. Conversely, nothing more powerfully dramatises the identity of an outsider than being homeless.

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4. Case studies

This section of the paper details service users' experiences of activities promoted through the Resilient Resettlement Project. These are taken as far as possible from the accounts either of service users themselves or of support workers, suitably anonymised, but without changing the tone or the content.

Case study R

R has been attending [the day centre] for well over a year. He suffers from a lack of self-confidence and consequently likes to spend most of his time on his own playing computer games. However, when he does engage he is reliable. He attended, one day a week, a six week course in Woodland Skills. He has engaged with a range of activities including bowling and day trips, including sailing. He has also cooked lunch, on a number of occasions, for other clients. He likes to help people and was a very good friend to another client in a time of great need. He is now housed in permanent accommodation. He likes Sudoku and writing poetry.' (see below)

BEACON HOUSE BOYS

We're not here for confrontation

when all we need is inspiration

All our days don't have to be the same

sitting at a computer playing a game.

There's more here than meets the eye

so come along and give it a try.

Some people are here in dire straits

But when they're here they're with some mates

Entertainment oh yea it's free

and so is the tea and coffee.

If you want to make a fresh start

then you're welcome in the room for art.

Sometimes there can be quite a noise

but that's just us Beacon House Boys.

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Case study C

'C grew up with her mother and her two younger siblings. C's father died as a result of a heart attack when C was aged five. C's mother turned to alcohol as a coping mechanism and when nine years old, C was taking on many of the parental responsibilities for her two younger siblings as well as going to school and trying to keep up with the household chores that her mother was not managing. At 15 years old C, like her mother, turned to alcohol as a coping strategy and by the age of 18, C was at the height of alcohol and drug addiction. She was street homeless and was sourcing finances in any way she could in order to fund her addictions. This way of life continued for another three years. C became pregnant at 21 years old and, as a result sought professional help for her addiction. C worked with drug and alcohol support services and the local social care team to ensure that she could be the best parent she could be, and she secured a room in a supported accommodation unit for young mothers. C received one-to-one support throughout her pregnancy and after her daughter was born also. She moved into her own property when her daughter was 18 months old. C still feels isolated within her society, however, and has very few friends and none that are local to her. This makes it extremely difficult for her to socialise and she has very little opportunity to make new friends. Over the past few years C has gained weight and her GP has suggested that losing weight may help improve her mental health as C is medicated for anxiety and depression. It was through a referral from her GP that C heard about the Resilient Resettlement Project.

C indicated that she would like to meet new people and lose weight. C and her buddy used the internet to research local gyms, local netball teams and other sports teams. C did not have the finances to fund childcare and due to her anxieties she was reluctant to leave her daughter with anyone she did not know. This proved to be a big barrier for C. She and her buddy then discussed other options regarding community groups that she could attend with her daughter. C and her buddy found a local weight loss group which was targeted at mothers with pre-school children. C decided that this would be a great opportunity for her and decided she would attend with her buddy the next week.

C attended the group with her buddy, who also attended for the first three weeks. C and her buddy explained the project to the group leader and why C's buddy would be in attendance as this could have been a potential barrier. The group leader was extremely understanding and accommodated C's needs. C has continued to access the group and has made a small friendship group, her mental health has improved and she is beginning to see the physical and emotional benefits of losing weight.'

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Case study P

P has a baby and has wanted to attend mother and baby swimming classes for some time. P's anxieties initially made it difficult for her to commit to arrangements. She would show willingness and excitement towards an opportunity, but when it came round, she lacked the confidence and self-belief to see it through. She was excited when she was enrolled for 12 classes and reassured and less anxious when she knew her support worker would accompany her to some of the classes. The support worker said:

"We tackled [her anxieties] by initially having me attend some of the mother and baby swim classes with to help her to get her daughter ready. We have been preparing for these classes over the previous weeks by checking she has all the relevant and needed equipment and practising putting the car seat in my car for days when the weather isn't nice enough to walk. On arriving we went into the changing room and...it continued to be obvious that P lacked confidence as she clearly felt the need to explain why she was struggling e.g., 'I've never changed her on a table this high, it's harder'. After every session we discussed how it went and once she was familiar with the situation, I gradually removed my presence from the classes until she was attending independently. This took six weeks to happen."

While waiting for the class P met two other young mums with children of similar ages. During the class itself, although initially anxious, P engaged really well with the class leader, asking questions and checking when she wasn't sure. She also interacted well with other mums in the pool, and due to the ages of the babies, was put into a group with the two young mums she met at the start of the class. P seemed settled throughout the class and her baby loved it too, which put P at ease as she had mentioned concerns about her daughter being the only one who would cry throughout the class.

"It was the first time I didn't feel like I was being judged for being a young mum and I met two other mums my age, so I had people to talk to. I managed to turn up on time, get her changed and prevented her from crying throughout the swim lesson. It's changed me as a person. It's beneficial already, I am bonding with my daughter while getting about and meeting other mums."

After the first session she felt comfortable with the other mums attending, and from then she has continued not only to attend regularly, but has involved herself within the class, asking questions when unsure, and engaging successfully with other mums. P has slowly gained confidence with her baby daughter before the class, but still struggles to believe she can independently get both herself and her daughter ready. She continues to worry about her baby crying ... and I get the impression P feels that it causes people around to judge her abilities as a mother.

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P's confidence has developed incredibly. Since her tenth session P has continued to attend the mother and baby swim classes entirely on her own, confident in her abilities and without concern. This is a massive improvement to the young lady I met at the start of this project and a fantastic thing to have been a part of. P then booked in the next block of twelve sessions.

After a further twelve sessions P has continued to develop a strong bond with her daughter that incorporates increasing confidence in her ability as a mother. Since the initial session P has made dramatic improvements not only with her parental bond, but also in terms of her own confidence and self-esteem. Although she still maintains concerns of being judged as a young parent, the initial anxiety caused by this has reduced noticeably and she is able to cope better in situations with parents of various ages.

The confidence she has gained from attending these sessions has given her the courage to apply it elsewhere in the community, most evident in her independent attendance at a local baby group. This in turn has helped her to expand her social network with other young mums, who she then feels she is able to discuss relevant issues with, whether this is parent/child orientated or generalised.

Halfway through the second block of mother and baby swim session P moved out of supported accommodation and into her own flat. She has maintained regular contact with me (a lot of which has been initiated by her) and freely discussed concerns she has without fear of judgment.

From a professional point of view, P is a prime example of how this funding has been incredibly beneficial. Not only has it provided opportunities to the young people, but it has assisted in allowing me to build working and effective relationships with clients that continue to exist with or without supported accommodation being incorporated.'

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Case study L

'L was pregnant when the [support worker] first came into contact with her at another project. L has a young child who is not in her care and has no contact with her family, L informed the support worker that being from a BME background added to her feelings of being socially excluded. When first engaging with this client she was housed in a B&B and was spending her time with members of the street community who were misusing substances such as alcohol and new psychoactive substances. L reported that spending time with this community combatted the loneliness she felt.

L reported that she is normally a happy and cheerful person, but was not social in big groups, "I don't get anything out of groups". She said that she often felt happy but was sad at other times. L informed the support worker that she was suffering with depression and was currently on medication to control it. During the interview L said:

"I hang around with people at the Centre, I used to hang around with the homeless people on the street, but I had to knock that on the head cos of baby..... I love watching movies, I like the escapism. When I'm watching a movie I just float away."

The support worker began to have one-to-ones with L following the Women's Group because it was apparent to the support worker that L needed to talk in a secure environment. The support worker started to meet L outside of the project since this was more appropriate as her pregnancy progressed. L stated that she wanted to challenge her social anxiety by attending the cinema, and she felt that by doing this seemingly 'normal' activity with the support of the support worker this would help to build her confidence in engaging in activities by herself and that would lead on to her having the confidence to get involved in other community activities. The cinema was stepping stone towards greater community engagement.

L's confidence grew as she was spending more time in town being involved in a variety of activities and support groups. The support worker introduced L to a project where she could get free lunch, some clothes and a bit of pampering on a weekly basis. L was gradually encouraged to attend a women's only film club. After a bit of convincing L realised that she did get something out of group activities, quickly becoming a regular and active member of the women's film club, even bringing along a movie to share with the other women involved.

The multi-agency structures of support have offered strength to L, she reported to the support worker, while being involved with them she has not only improved her mental health and social situation, but has ensured her son has a different start in life. L has expressed her gratitude to the support worker for delivering the Resilient Resettlement Project. She was aware that she needed to keep busy to occupy her time so she did not slip back into old habits and social networks. Currently L has been given the opportunity to work positively in a mother and baby placement. She is using this opportunity to grow and learn so she can continue to be a positive influence in her son's life.'

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Case I

'We first met J at the local refuge and she seemed vulnerable, traumatised and anxious about her current situation. Vulnerably-housed J had recently registered as homeless and had been abstaining from substances such as drugs and alcohol for around three months at that point; she did not have her children in her care and had a recent history of anti-social behaviour. J was a prolific cannabis user and suffered with severe anger and anxiety issues.

J initially described herself as friendly and bubbly, but had low self-esteem and was lacking in confidence. With no friends and family support in the local area J was keen to be supported to engage in activities as she confessed she gets really bored and misses her children desperately. J was engaging with other services to support her substance misuse and journey to recovery.

J informed us that she did not previously have any hobbies but had spent her time, 'drinking and smoking, they were my hobbies.' J was very open to trying new things and keen to meet with new people with the support of the activities co-ordinator.

J has enrolled for and completed a variety of college courses, supported and funded by the Resilient Resettlement Project. Many of which focused on the arts, she is currently attending a computer course to become IT literate and support her new passion for creative writing.

"I passed!!! I'm well chuffed, they crammed it in to today, got outta there at 3.30, I get my certificate in two weeks, thanks..."

Being involved in the Resilient Resettlement Project has given J the opportunity to feel a part of the local community and because of this she now plans to settle in [the area]. J has managed to remain being abstinent from all substances including alcohol for a year now and has recently reported that her children has been taken off the at risk register.

J has also become very active in engaging with the local community by attending International Women's Day 2015 and International Children's Day 2016 and a breakfast meeting exploring barriers to work for women. The project has allowed J to feel valued as a member of a group, supported in relaxed and informal environments and to have something positive to focus on.

"Thank you so much this is the nicest thing that has happen since I got to the Refuge in October, I can't stop smiling."

While J has been consistently engaging well with agencies and support services the opportunity to have access to this project, as more informal support, has offered J the chance to feel valued and a part of the local community.

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"It's a real struggle. I'm trying to sort myself out for myself and my kids, it's hard to stay off it (substances) because it's so boring. I don't know what to do with myself most days. I wander around. I wish there were activities to do everyday... that would really help."

J reports that the support of the Resilient Resettlement Project, both the support worker and the other women engaging, has been invaluable to her. The befriending and acceptance has helped her to remain strong and engaged with more formal services. J has reported a number of setbacks throughout her engagement with us, and has felt that simply 'having someone to talk to, who is not judging' has helped her to build character and belief in herself and therefore been instrumental for her to remain on the path to recovery.'

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Case studies F and B

'F and B met while B was recovering from a heroin addiction. Over the course of the next three years B managed to remain drug free and as a couple, they managed to purchase a small property. Due to debts from previous relationships and due to F leaving work on maternity leave they were unable to sustain the property and declared themselves as bankrupt, rendering them completely homeless. Both F and B have local family however they were unable to accommodate them due to space. F and B spent the next four months 'sofa surfing'. F explained that this time made her feel extremely isolated from family, friends and society as a whole. After six months, F and B secured a tenancy through the local authority they were supported to furnish the property and were entitled to support to ensure the tenancy was sustainable. The sense of isolation remained, however. F, who was now a full-time mummy to her son, sank into a constant state of anxiety believing that she was being judged due to her previous circumstances. F and B continuously struggled with finances and very rarely left the house. F and B used alcohol as a way of passing the time and as a coping mechanism for stress and anxiety.

F and B both sought support from their GP for anxiety and depression, and with this support they came into contact with homeless support services who recommended the Resilient Resettlement Project.'

'Both B and F were very low in confidence, due to lack of finances and due to being at home a lot B had gained weight and as a result his confidence was very low. Through the questionnaire it was identified that B would ideally like to join a local gym to regain his fitness.

B's 'buddy' accompanied B to the local library where they researched local gym memberships, B completed a membership application online. B's buddy accompanied him for his 'taster' session where he met the gym instructors and was given a full tour of the facilities. B did not feel that he needed support in attending any further sessions as he was confident in attending on his own.

B attends the gym at least four times a week, he is slowly regaining his fitness and is building his confidence back up. B speaks to his Buddy approximately every two weeks. B has encountered very few hurdles since joining the gym. B has said that he feels far more confident since returning to the gym and has met some new people who he socialises with on occasion.'

'F was at her happiest when she had a large support network around her. F and her buddy identified that she would like to meet other mums with children of a similar age to her son as she was anxious that her son was not socialising enough.

The main barrier for F to overcome was her anxiety and reduced selfconfidence. F and her buddy accessed the internet through the local library, where they spent several sessions researching local groups for mothers and

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babies, due to having a lot of time on her hands, F was open to attending more than one group per week. F identified that she was unlikely to attend these sessions on her own at first and that she was not the most organised in the mornings and therefore an afternoon group maybe best to begin with. F found two sessions that were held at a local church on a Tuesday and Thursday afternoon. F's buddy attended the groups with F for six weeks. It was at this time that F felt confident in attending without support. She had made a solid group of friends who attended both groups on a regular basis.

F now attends two mother and baby groups and is slowly rebuilding her confidence. She has acquired a strong friendship network who she now approaches when she feels she needs additional support with day-to-day challenges. F has contact with her buddy, mainly through text message, every two weeks or as necessary. F faced quite a few personal challenges in the initial stages, these were: finances, travel, and anxiety regarding leaving the house and how other people perceive her. With support F conquered these barriers and over time is requiring less and less support from her buddy. As a result of this F's mental health has improved significantly.'

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Case study S

'S plays snooker to a very high standard, almost semi-professional. He hasn't really been able to compete at the highest level due to the expense of practice time, travel and tournament fees. The Lemos&Crane funding has to date helped S to book practice time, provided travel for him to get to snooker competitions, a small living allowance while away from home and clothing to meet competition requirements (looking presentable) both in tournaments and while practising.

"I need practice time. Table time is vital for me if I am ever going to turn professional. Knowing I could practice whenever was a great help. I work full time and knowing I could go to the club whenever was great. It has given me a more balanced structure/routine when practising."

At times S's lack of confidence and self-belief has prevented him from engaging as effectively with support staff. This has resulted in a lack of motivation and limited understanding of how to move forward. He lost his initial sponsorship from a local business man in the community, which affected his practice time and in turn his confidence in entering competitions when he was out of practice. We resolved this by having a meeting with support staff and formatting a plan with his contributions. We continued regular meetings where S was assisted with helping to find alternative sponsorship and once his practice time was back to his normal routine, be gained the confidence needed to enter further competitions.

He has enough ability to definitely turn professional one day, but needs to be playing against players of a similar ability regularly. Lemos&Crane provided such an opportunity for him by helping fund a recent trip where he played in a pro-am event.

"Definitely a great experience. The funding gave me the opportunity to compete with some excellent players. I couldn't have afforded to compete at this level without the help. It got me out into the community competing at the highest standard. Boosted my independence and also my independent living skills. It has given me the confidence to play more senior competitions against high ranked players."

Unfortunately S didn't actually manage to win a tour card. He was up against 180 other players, some of which were past professionals. Having said this the experience he gained will hopefully hold him in good stead for future events. The whole experience has certainly boosted his confidence for which he is very grateful. The organiser of the pro-am tournament commented:

"He was a great addition to the tournament on Sunday. Although I didn't get much chance to talk with him myself, his opponents commented on his good snooker and great attitude. He was unlucky in losing to a very good player 4-3. I would hope to see him at future tournaments at the Club as he clearly has the ability and character to compete at this level."

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Case study E

'E attended a six week course in creative textile techniques. He also attended volunteer days with Hands on Heritage, activities included building a coracle and helping with the construction of a Roman-style villa. He has engaged with a range of activities, such as a drama workshop and the painting of a mural and textiles. He seems to find peace when engaged in these activities. He is currently staying in a night shelter, but is due to move into sheltered accommodation. He was recently admitted to a psychiatric hospital due to an incident in the town. We will encourage him to explore his creative side, possibly through the further use of textiles.'

Case study G

'G is a 40-something ex-Crack addict and alcoholic as well as being a tattoo addict. He suffers from bipolar disorder. He did some modelling for a local tattoo studio. He attended volunteer days with Hands on Heritage, activities included building a coracle and helping with the construction of a Roman-style villa. He has engaged with a range of activities including bowling and day trips to [an outdoor activity centre]. We would like to find him more tattoo-related modelling work as he displays a real interest in this. He has continued to abstain from using from Crack, although he has been admitted to hospital after using legal highs. He was recently housed in supported accommodation and despite some initial protestations relating to problems regarding support and location is now settling in well. This is a good indicator of improved resilience.'

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Benefits of community engagement and activities to service users, staff and volunteers

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5. Benefits of community engagement and activities to service users, staff and volunteers

The greatest benefits to service users of the Resilient Resettlement approach to involving people in community activities reported by support staff were in self-confidence.

"The majority of service users found that they were very anxious at the thought of doing new things within their local community, many of them were severely isolated and rarely left the house. After meeting their buddy, however, and being supported for the initial stages they have all reported that their confidence has grown and as a result they now feel able to approach and manage situations that they otherwise would have avoided. These included: making GP appointments, attending social events and opening bills as they arrive rather than stock piling and waiting for someone else to open them."

These barriers can be overcome, however, as these support workers note:

"Improved awareness of skills and attributes helped in turn to improve self-esteem. This is an unquantifiable yet incredibly empowering result and very significant. Improved confidence can overflow into all areas of life, enabling service users to feel that they can address the many issues they face."

In a similar vein, this support worker notes the transferability of some of the skills and attributes gained through getting involved in new activities with new people with a different personal history:

"Many transferable skills were learned – for example, team building and problem solving. Again the sense of achievement gained from being involved empowered and enabled clients and a number have turned their lives around post-project. Improved problem solving in particular is of course key to improved resilience."

This support worker comments on the relatively greater benefits from slowly acquired and more durable benefits of simple pleasures over the instant but harmful impact of drugs:

"The project helped to show those struggling with substance misuse that there are many options available which are fun, and in fact give a much longer term, more stable reward than the momentary high from taking drugs."

Here is a specific example of the type of changes in behaviour that can come about through an activity that is without stigma or judgment:

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"Two of our most hard-to-reach drug users agreed to go with a staff member to see the show I Daniel at a theatre a few miles away. They got involved in the debate that followed, which was a very uplifting experience for the staff member. This was the first thing we have ever managed to engage them in and since then they have attended our residents' meeting, again a first."

Many other touching examples were given: service users volunteering at Gloucester Cathedral; a group of service users who worked with a landscape designer (married to a member of staff) on landscaping the gardens of a nearby dementia home; the middle-aged man who visited London for the first time in his life and saw Big Ben. Here are some comments from staff:

"Although as an organisation we work in a person-centred way, the learning from this experience is that when given the chance our service users, even the most chaotic, proved that they are willing and able to embrace new experience if the support to do so is in place. Staff commented that there were better outcomes when out of the normal environment and that morale is boosted for both staff and service users. The key learning is just how important socialising and integrating the local is for our service users. It seems more important than ever to find ways to raise money to ensure it continues. I feel very excited by the plans we may be able to make for the future well-being of both staff and clients."

"Taking the coracles which had been constructed by clients during the Hands on Heritage project and paddling them on the river was possibly one of the highlights of the project. The day was a victory on so many levels. Seeing the delight of our service-users at having made something from scratch that was watertight, floated on the river and could be sat in and paddled was just one aspect of the success. The family feel of the day, something which is so absent from the lives of our clients, also made it very special."

The need to overcome a lack of motivation among service users has already been noted. The flip side of that is that increased motivation and participation from service users considerably enhances the enthusiasm and satisfaction of the support staff with what they are doing as these comments note. The comments below reflect the benefits to staff of seeing their clients expressing renewed enthusiasm and showing a more positive energy, perhaps suggesting the beginnings of a renewal of the love of life.

"It was incredibly rewarding for staff to hear clients' discussions following the outings. They became quite animated as they shared their experiences with others, and the outings gave them something constructive to chat about, and an opportunity to enthuse others. The fishing trip was a particularly popular and

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successful outing, with 100 per cent turnout, and was brought up in conversation for many weeks afterwards."

"A tangible improvement in participants' self-esteem was hugely encouraging for staff. One client particularly enjoyed power boating, another archery. Through the project they were given a chance to excel at something, when so often they are perceived by others, and sadly themselves, to have failed in so many ways."

"The project brought variety and excitement to the day-to-day work of the organisation."

"Relationships with clients reached a new level after the outings. They engaged much better with the more mundane aspects of life post-trip enabling staff to help move them forward much more effectively."

The benefits were felt by volunteers as well as staff, as this quote illustrates:

"Volunteers were able to spend extended time with clients in a relaxed environment away from the busy-ness of the centre, and enjoyed the days out. An added benefit was that volunteers could be rewarded for their commitment and contribution to the organisation by being offered a chance to participate as helpers during the trips. This built a stronger base of volunteers, strengthening the organisation."

Did Tudor's money help?

The principle benefit of the Tudor money seems to have been flexibility and freedom about how it was spent and the fact that it was not earmarked for a core operational activity. These quotes speak for themselves:

"Having access to a budget which allowed us to overcome financial barriers, examples of these barriers could include: travel; weekly fees for community groups; gym memberships. For those service users who had not yet established financial stability this made a big difference to their level of engagement."

"We had already purchased some bikes which had been trashed by service users and we did not have the money to fix them. We used some of the grant money to repair the bikes and in doing so taught service users how to maintain them. Our engagement worker has also organised bike rides and there seems to be a real sense of achievement in the project as a result. Having the bikes has meant the service users are no longer [fare dodging] and ending up in court and they have a measure of independence to get to appointments in time."

"Being able to plan social outings and activities without worrying about the impact on the projects budget is beyond words. The plans are ongoing and service users are now very involved in all aspects of the planning procedure. This has had a significant

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impact on the overall 'feeling' of the project and service users have even asked if they can redecorate the communal areas. Before we had 'nice' activities planned, no one wanted to get involved in anything like this, not even staff. Now plans are in place to decorate AND make Christmas decorations and artwork for the corridors."

"I cannot express how much the grant has helped us to refocus in the right direction to truly support our service users to gain social skills, experience and build self-esteem. Yesterday afternoon for example, on the spur of the moment a staff member took three service users to a climbing wall. Without the grant this would not have been possible but the pleasure on everyone's faces when they returned was priceless. A few months ago we struggled to even get service users to attend house meetings and last week there was almost a full attendance."

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6. Conclusion and Recommendations

Typically in homelessness services, activities to engage with community life may form part of long-term resettlement but do not feature in the programmes offered to rough sleepers, 'sofa surfers' or those recently moved into temporary housing. Yet for some recently homeless people this project suggests that sustaining their self-confidence and motivation to stop them sliding into a pattern of depression and recidivist homelessness is essential and sustained community involvement may help achieve that. Encouraging community involvement should clearly be 'upstream' in service delivery. It should form part of the core support offer from the outset; resettlement may be too late and, if people have lost touches with friends, interests and community, the risks of tenancy breakdown once resettled is almost certainly greater. There are a number of implications for policy and service development suggested by this project. The case for homelessness service providers to promote innovation in their services, borrowing readily and freely from other analogous sectors, such as mental health, learning disabilities and services for ex-offenders, is compelling.

Personal budgets of the sort that are now widespread in learning disability services are not available to service users of homelessness services. As a result is that they have no cash for well-being activities not seen as essential in the benefits system. For example, a course of swimming lessons for a mother and baby costs £75, a reasonable price that is nevertheless unaffordable on benefits. Similarly with transport and equipment costs. A related obstacle personal budgets could help to overcome is demands on support worker time, which is now heavily prescribed by (sometimes unimaginative) commissioners. For example, accompanying a service user to a photography class for an afternoon may not pass muster with the commissioners. Again, personal budgets would create some modest resources for sessional support staff or volunteers' expenses as well as a greater sense of agency and choice in service users.

We noted the question of some service users' motivation. Many support staff have received a limited amount of training in motivational interviewing techniques designed originally in mental health services. Judging by the experiences of some participants there is a wider need for more intensive form of talking support, such as cognitive behavioural therapy (CBT) which is now widely available to prisoners and ex-offenders with discernibly positive and accredited results overall. CBT is also increasingly used within schools and mental health services for children and young people.

Circles of support, an approach widely used for adults with learning disabilities living in the community, which brings together local volunteers to look out for a vulnerable person living usually on their own in the community, could also play a role for long-term homeless people.

35 Memories and Hopes

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Desistance theory developed to reduce reoffending and recovery models in drugs and alcohol services both suggest that long-term resilience depends on a much more holistic, inner-directed approach to re-building identity, lifestyles, relationships with family and friends and involvement in wider society, not just accommodation, healthcare and work. The methodologies which might facilitate that more holistic transformation are under-used in homelessness services: family mediation; marriage and relationship counselling; art and music therapies and creative practices; mindfulness and spirituality; group therapy and peer support.

While there are AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) groups in almost every community in the country, mostly run without funding or professional support but sticking to a twelve-step recovery model, there are no groups for Homeless Anonymous or Ex-offenders Anonymous whom, it could be plausibly argued, are also in recovery. Positive psychology is now a big part of community health services but rarely part of homelessness services. Circles of support are a common adjunct to adult social care for adults with learning disabilities living in the community but not for ex-homeless people struggling to cope with independent living. AA, NA, positive psychology and circles of support are all community-based, often run by volunteers and rely heavily on peer and mutual support and encouragement. Some of the most promising methodologies for long-term resilience against homelessness reside not in expensive, 'commissioned' professional agencies but in volunteer-led, community-based, locally initiated activities.

The key conceptual link between personal budgets, CBT and circles of support – as well as other person-centred models of support such as desistance from offending, recovery in mental health and twelve-steps model for people with a history of alcohol abuse - is that they all recognise the problems an individual is seeking to overcome are intractable and long term, in some instances they may be permanent for the future. Axiomatically it follows that the change needed for successful resettlement or rehabilitation goes beyond change in practical or material circumstances, and has to be to some extent a change from within; a change in who the person thinks and feels they *now* are by comparison with who they once were in their darker days. That change can be facilitated and supported by others, both professionals and volunteers and community members, but ultimately for the change to be real it must be personal.

The assumption in service design in services for homeless people is all too often that homelessness is a temporary phase and a factor of externalities like the simple absence of anywhere to live or the means to pay for it. The evidence to the contrary for many homeless people is mountainous. Homelessness is evidently symptomatic of many other problems in people's lives and only tangentially a factor of the undoubted inadequacies of the housing market. The circumstances that lead to people having nowhere to live are complex and enduring, and sometimes unendurable. If they weren't

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from the start, over time they become inner-directed i.e. loss of confidence, lack of motivation, readiness to anger, inability to foresee or take into account negative consequences, difficulties in sustaining positive friendships and so on.

There are also some lessons for funders from the Resilient Resettlement Project. Flexibility in how funds can be used is very welcome. Funders should also look more benignly on projects that promote the softer side of life, unconcerned by how difficult the benefits are to measure. If funders only fund things that can be measured, many opportunities will be missed and the self-evident but complex benefits of humanity, decency and belonging may go unnoticed. Some of the projects that received support through this project had received funds from Tudor before and none had thought to seek funds for the kind of 'soft' activities encouraged through this programme. Support organisations are wary about seeking funds for activities, as opposed to funds for staff that are always necessary, as they don't want to use up valuable 'credit' with funders that may be needed to meet some urgent staffing requirement. This is much to be regretted. For example, one obvious common gap in available funding is small grants for sporting activities for people in supported housing, which would have obvious benefits in health and well-being and be popular with clients; perhaps more popular than the high-minded and sometimes frustrating pursuit of 'meaningful occupation', which eludes so many not just those who have been homeless.