

What works?

Rethinking
homelessness

Foreword

Homelessness should not exist in modern British society. We are the tenth richest country in the world and it seems profoundly wrong that tens of thousands of people should still not have a roof over their heads.

You might say that some degree of homelessness is inevitable. But the extent of the problem also reflects a collective failure to deal with the issue effectively. The numbers are rising, with an estimated 185,000 people a year affected in England according to a study by Crisis and the Joseph Rowntree Foundation. That suggests we need to look hard at current approaches.

This report is the latest output of an initiative called Rethinking Homelessness, supported by the Berkeley Foundation. It's a collaborative project, providing a platform for charities and public bodies to share their ideas about what needs to change. Over the course of three years, it has focused on issues surrounding prevention, multi-sectoral working and emotional resilience.

Through this project, we have hosted events, published a report and commissioned a short film, to complement an overall investment of £1.5 million by the Berkeley Foundation in services tackling homelessness.

Berkeley is not an expert in this field but we care passionately about the issue. If we can provide the resources and opportunity for people who work on the front line to reflect on what works, then I am delighted and proud to do so.

Rob Perrins

Chairman, the Berkeley Foundation

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Epistemic trust: A new perspective
on the barriers to change in chronic
and repeat homelessness
by Liz Allison

This chapter explains the concepts of emotional resilience and epistemic trust and their relevance for services designed to support homeless and vulnerable people.

The pathways to homelessness are as many and various as the individuals affected. This is true to the point that thinking in terms of a general category of 'homelessness' is probably unhelpful [1, 2]. There are more or less overlapping subgroups (statutory homelessness, single homelessness, street homelessness etc) and across these groups the factors contributing to homelessness vary considerably. The issues to consider in the case of a single person sleeping rough or living in hostels will probably be different from those of a family living in a bed and breakfast hotel, although there will also be factors in common [2].

Structural factors such as poverty, inequality, lack of availability of affordable housing, unemployment, welfare and income policies always need to be taken into account [3, 4]. But the significance of individual factors varies from case to case. It is not always easy to disentangle the two because individual factors can arise from structural disadvantages such as poverty, lack of education, inadequate housing and other forms of social exclusion.

Fitzpatrick has pointed out that the distinction becomes unhelpfully crude if the only structural factors considered are macro-level social and economic forces and individual factors are taken to refer only to the individual's personal behaviours [2]. For example, an individual's childhood experience of poor parenting may be shaped by both structural and interpersonal factors and cannot be viewed as behavioural, although it may impact on the individual's later behaviour in a number of complex ways.

Rather than giving priority to one or the other, a more nuanced understanding can be achieved if we view structural factors as interacting in various ways with different combinations of individual factors such as trauma in childhood, domestic abuse, violence, and neglect, relationship breakdown, offending, poor physical or mental health, drug and alcohol misuse, and leaving care or prison, which have all been found to play a part [2, 4].

The experience of homelessness can, of course, also exacerbate or even contribute to causing some of these difficulties, which are particularly prominent in varying combinations in the proportion of the homeless population that sleeps rough or uses low threshold services.

The people in this group tend to have complex support needs associated with drug and alcohol problems and physical and mental health issues. The majority are single men.

They are often described as suffering from *multiple exclusion* [5, 6]. As a group they are extremely vulnerable with a tendency to fall through the gaps in policy and services, since most public services are designed to deal with one problem at a time and to support people with single, severe conditions, rather than taking the whole of the client's life situation into account, which can lead to confusing and sometimes uncoordinated multi-agency interventions. This relatively small group is nevertheless extremely costly to society as a whole [7, 8] through repeated unsatisfactory contacts with public services, reliance on expensive emergency interventions (such as A&E) and criminal justice responses, and regular receipt of welfare payments, as well as the social costs of crime and antisocial behaviour.

Nearly 70% of people accessing homelessness services report some kind of mental health issue, and over 45% feel they need more support in coping with their mental health needs [9]. As many as 60% of adults living in hostels in England will have a diagnosable personality disorder [10] compared with about 10% in the general population, and all other mental health disorders are significantly over-represented. These difficulties contribute to increased mortality in this group: statistically, the average age of death of a rough sleeper is 47 and for a homeless woman is even younger at 43 [11].

It has been suggested [12] that the persistent and pervasive difficulties experienced by people with multiple and complex needs can helpfully be understood as a manifestation of long-standing or 'chronic' complex trauma; that is, a reaction to ongoing and sustained traumatic experiences such as prolonged periods of neglect or abuse. It must also be kept in mind that mental health issues can arise and/or be compounded by the experience of becoming and remaining homeless. In addition to the distress caused by being in this situation, repeated experiences of trying and failing to get help can reactivate difficult feelings about earlier experiences of rejection and/or punishment.

When we are confronted with this bewildering array of problems, homelessness may sometimes seem to be the most straightforward one to solve, even though it is difficult and expensive to provide accommodation when suitable housing is becoming ever scarcer. Recent research on the Housing First approach to reducing long-term and repeated homelessness by providing a home immediately or as soon as possible and then offering open-ended support to the client has shown that housing people who have been long-term or recurrently homeless can help to alleviate their difficulties [13].

However, not everyone who is homeless is entitled to rehousing by local housing authorities, or able to gain access to the limited services available to those who do not qualify. People with multiple needs have particular difficulty and often end up rough sleeping. Some find themselves excluded from accommodation projects either because their needs are deemed to be too high or complex or because they are seen as too much of a risk to others [4]. In their 2015 annual review of support for single homeless people in England, Homeless Link report that cuts to funding have made it necessary for many services to adapt by reducing costs and sometimes limiting the level of support they can offer, reducing the availability of services with the capacity to work with challenging behaviour [3].

The ability to adapt to stressful situations or crises is called *emotional resilience*

When people with multiple needs do gain access to accommodation, the relief is all too often only temporary. This may be because the accommodation is only available in the short term. It may also be because the person either abandons their place or loses it as a consequence of their own actions [12]. They then go on to experience further and perhaps deepening distress and may suffer chronic or repeat homelessness. Research by Homeless Link showed that 47% of former rough sleepers who were evicted from or abandoned hostel places in London were subsequently found rough sleeping again [10].

To the well-intentioned service provider, this can feel like a frustrating resistance to being helped, while the client's experience may be that services are not giving them what they need. How can we understand this situation better, and if our attempts to help are failing, what could we do differently?

One way to answer the question of why some people become trapped in a situation of long-term or recurrent homelessness is to say that – for a variety of reasons, both structural and individual – they have lost the ability to adapt to their circumstances appropriately, and because many current services are not designed to take this difficulty into account, they struggle to engage with this group. The ability to adapt to stressful situations or crises is called *emotional resilience*.

What does emotional resilience look like? In order to grasp this, we must consider our nature as social beings. As human beings we are unique in our ability to live together in large social groups in which we benefit from our interactions with each other. It is thought that being able to communicate and to teach and learn from each other is what gave us the evolutionary advantage over our competitors [14, 15].

Being able to learn from others allows us to progress much more rapidly than we would if we had to figure everything out for ourselves from scratch. However, we also need to be selective about who we learn from: we cannot assume that everyone we meet wants to help us [16]. On one hand, we must guard against being too trusting; but on the other hand, it is vital that we are able to trust those people who do have something to offer us. The technical name for this ability to trust in order to learn is *epistemic trust*, or trust in new knowledge.

As infants, we first develop a capacity for this kind of trust in the context of our relationships with the people who look after us. If all goes well, they treat us as people with thoughts, feelings and wishes that need to be considered. Being treated in this way involves recognising and empowering us as agents, since we experience our caregivers modifying their behaviour in order to take our wants and needs into account.

If we are to become agents capable of effective action, we need the experience of being recognised as such in our interactions with significant others. Without this recognition, which is conveyed through the way they treat us, we are more likely to experience ourselves as victims of circumstance. The experience of being recognised as an intentional agent is very important in establishing our attachment to our caregivers, but it is also the key signal that alerts us that they have things to teach us and we should pay attention.

As adults, being treated like a person whose thoughts, feelings and wishes need to be respected continues to act as a key signal to let down our barriers in order to take in something new that will be useful to us. If we are able to do this, our emotional resilience is greatly enhanced, because we will be able to benefit from others' help and guidance in dealing with crises and stressful situations, adapting or moulding ourselves to new circumstances.

Some children are not given the opportunity to develop a capacity for trust in new knowledge. Children who suffer physical or emotional neglect and/or abuse learn that letting down their barriers is a dangerous thing to do. This means that when they face stress or adversity in later life, or even just changed circumstances, they may struggle to adapt to cope with difficult situations they find themselves in. Even when help is on offer they are unlikely to be able to avail themselves of it.

Remember that it is likely that there have been times in their lives when suspicion and distrust have been very sensible strategies

We can understand their difficulties better if we remember that it is likely that there have been times in their lives when suspicion and distrust have been very sensible strategies. The trouble is that once formed, habits like these are hard to break, even when it is clear to the individual concerned as well as to everyone else who is involved that they are no longer helpful. They might want to hear, but their strategy of caution stops them from being able to listen.

Many people who have chronic or repeat experiences of homelessness report traumatic childhood experiences such as abuse, neglect, bullying, witnessing alcoholism, or domestic violence [17]. These difficult beginnings can leave them profoundly mistrustful of others. Not surprisingly, then, they are also often mistrustful of services and may refuse to engage or struggle to remain engaged, especially if the help on offer comes with rigid conditions attached. When they do try to get help and the attempt backfires, this further undermines their trust in the people around them and they become even more entrenched in multiple exclusion. It is beginning to be recognised [10] that if service providers do not work actively with their clients to establish trusting relationships, these clients are unlikely to be able to make use of whatever is on offer.

How can this state of affairs be reversed, or at least mitigated? The key lies in the recognition of the person as an individual, as an agent whose needs, wishes, thoughts and feelings are recognised and acknowledged.

The creation of psychologically informed environments (PIEs) and the provision of personalised care are examples of strategies that can be used to this end. Trust is much more likely to develop when the providers of services treat the client like a person, take their feelings, needs and preferences into account, and think about how it feels to walk in their shoes.

To return to the Housing First approach to homelessness, it has been suggested [13] that the catalyst of change may not be the provision of accommodation per se but the way in which clients of Housing First services are viewed and treated by service providers: their agency is recognised by empowering them to make their own choices about how to live their lives and the support they are offered is flexible, non-judgemental and open-ended.

Re-establishing the capacity to trust is an essential part of the work that needs to be done

However, establishing trust is more than a necessary preliminary step to engage the client in order to allow the real work of rehabilitation to begin. *Re-establishing the capacity to trust is an essential part of the work that needs to be done.* If this capacity is rekindled, it has the potential to be a turning point in the client's life. This is not only because we need to be able to trust in order to allow ourselves to be helped, but also because the capacity to trust is fundamental to our ability to help ourselves. If we have this capacity, we can learn from others and use what we learn to adapt to whatever challenges we face. We have been empowered to change.

While there are multiple pathways to homelessness, when we work with clients who have multiple and complex needs and may have endured long-term and/or recurrent homelessness it is helpful to think about this outcome as ultimately the consequence of a loss of the capacity to trust in others.

The solutions to the problem of homelessness are as diverse as people's reasons for being homeless, and personalised care is undoubtedly required, but even if the ideal solution for a particular person's difficulties were on offer they would be unable to access it while still entrenched in suspicion and mistrust. The capacity for trust must be rekindled for change to become possible.

What does this mean in practice? Above all, it means that service providers must listen to their clients and take their current expressed needs seriously, even if these differ from professional and organisational views about what the priorities are or should be. It means not imposing but adapting to them to an equal degree that we demand adaptation from them. It means taking a person's wishes seriously, even if their preferences seem sub-optimal to us.

It means collaboration rather than confrontation. It means asking what help is needed before offering help. It often means patience in a world that has all too little time, especially for homeless people. It means respect even when society dictates disapproval. It means constantly challenging one's own actions to see if they support rather than provoke. It means replacing the temptation of presenting solutions and solving problems with curiosity to find out about the client.

Seeing the world from the client's point of view and helping them to solve the problem that feels most immediate to them is more likely than anything else to make them feel understood and enable them gradually and tentatively to begin to trust again. Until this crucial step has been taken, the barriers to change will not come down no matter what resources we throw at them.

Conversely, if our work with vulnerable and excluded people directly builds their capacity to trust, service providers and those that fund them will get a much greater social return on investment. As demand grows and resources diminish, that is a prize well worth striving for.

References

1. Williams, M., *Complexity, probability and causation: implications for homelessness research*. Journal of social issues. Available at: www.whb.co.uk/socialissues/mw.htm, 2001.
2. Fitzpatrick, S., *Explaining Homelessness: a Critical Realist Perspective*. *Housing, Theory and Society*, 2005. 22(1): p. 1–17.
3. Homeless Link Policy and Research Team, *Support for Single Homeless People: Annual Review 2015*. 2015, London: Homeless Link.
4. Jones, A. and N. Pleace, *A Review of Single Homelessness in the UK 2000–2010*. 2015, London: Crisis.
5. Fitzpatrick, S., G. Bramley, and S. Johnsen, *Pathways into Multiple Exclusion Homelessness in Seven UK Cities*. *Urban Studies*, 2013. 50(1): p. 148–168.
6. Clinks, et al., *Making every adult matter (MEAM): a four point manifesto for tackling multiple needs and exclusions 2009*, London: MEAM.
7. Fitzpatrick, S., G. Bramley, and al, *Hard Edges: Mapping severe and multiple disadvantage*. 2014, London: LankellyChase Foundation.
8. Battrick, T. and al, *Evaluation of the MEAM pilots – update on our findings*. 2014, London: FTI/PBE.
9. Homeless Link, *Mental Health and Wellbeing Guide*. 2011.
10. Keats, H., *Psychologically informed services for homeless people: Good practice guide*. 2012, Southampton: University of Southampton.
11. Crisis, *Homelessness: A silent killer. A research briefing on mortality amongst homeless people*. 2011, London: Crisis.
12. National Mental Health Development Unit and Department for Communities and Local Government, *Meeting the psychological and emotional needs of homeless people: Mental Health Good Practice Guide*. 2010, London: Department for Communities and Local Government.
13. Bretherton, J. and N. Pleace, *Housing First in England: An Evaluation of Nine Services*. 2015, York: Centre for Housing Policy.
14. Csibra, G. and G. Gergely, *Natural pedagogy as evolutionary adaptation*. *Philosophical Transactions of the Royal Society of London*. Series B, Biological Sciences, 2011. 366: p. 1149–1157.
15. Fonagy, P., P. Luyten, and E. Allison, *Epistemic petrification and the restoration of epistemic trust: A new conceptualization of borderline personality disorder and its psychosocial treatment*. *Journal of Personality Disorder*, in press.
16. Sperber, D., et al., *Epistemic vigilance*. *Mind & Language*, 2010. 25: p. 359–393.
17. McDonagh, T., *Tackling homelessness and exclusion: Understanding complex lives*. 2011, York: Joseph Rowntree Foundation.

Can we trust homeless people?

by Stuart Nevill

This chapter offers a practitioner's perspective on the issue of trust, based on the experience of staff in a homeless charity operating in West London.

Clients often describe developing trust with a member of staff as a breakthrough. Sometimes it's a long time since they've trusted anyone. It becomes the foundation for getting a job, keeping a home and developing new social networks.

But if we all know this, why don't we get it right?

Sometimes it's because our clients don't easily trust. Sometimes it's because service models don't foster trust. Sometimes it's a lack of skill or an inappropriate style of communication. Sometimes it's because of an overtly authoritative culture and sometimes it reflects an organisational culture that doesn't actually trust their clients.

Many vulnerable, isolated people have not benefitted from a consistent trusting relationship in their earlier lives. When this need is not met in early life and help is needed as an adult, there is one central question in the mind of that person: can I trust you?

Not all of our clients at Spear have experienced trauma but at some point things have gone wrong – a relationship breakdown together with the loss of a job and home, for example. These people look to others for help and they too are asking this same question: *can I trust you?*

Services are now designed to work with clients for ever shorter period of time, with fewer resources which have to be strictly rationed

The tragedy is that if this need isn't met – if clients don't form a trusting attachment to someone who they believe can help them when they really need it – then alcohol or drugs often provide an obvious way of coping. They form friendships with other people who are doing the same, or get angry and start to behave in challenging and unconstructive ways.

This generates a punitive response which perpetuates a vicious cycle of feeling let down by others. Eventually people lose hope in themselves and others.

The extent to which our clients fail to feel adequately engaged by our staff partly speaks to the difficulty some of our clients have trusting someone new; but it also speaks to the way professional staff are trained to deal with challenging behaviour and to the way services are now designed – to work with clients for ever shorter period of time, with fewer resources which have to be strictly rationed.

If I start at Spear with the proposition that epistemic trust is a key first stage in our work, then I need to ensure our services routinely win the client's trust. This depends on five things:

- Ensuring front line staff are skilled, experienced, trained and supervised appropriately;
- Ensuring that service delivery models allow for adequate time and space for staff and clients to get to know each other and develop a rapport;
- Ensuring teams have regular opportunities for reflective practice;
- Ensuring that clients can engage in a range of social and skills development activities;
- And ensuring that clients have opportunities to influence and support how the service or charity is run.

Spear isn't unique in this respect – much of this is good practice in our sector – but it does require investment and recognition. I fear that as funding for homelessness services is cut further, this investment will be reduced in turn. As a result, commissioners and service delivery organisations are likely to increasingly focus on short term outcomes, or worse, just do the essentials as inexpensively as possible.

The danger with this approach is that whilst a short-term benefit might still be delivered, the long term benefits of our work are weakened. We will end up expecting less of ourselves and the services we deliver and our clients will have fewer opportunities to trust, learn and change their lives for the better. Some of the most vulnerable people will remain at risk on the margins of society.

To really engage with the idea of epistemic trust, we need an honest review of the extent to which we work in person-centred ways. We need to ask ourselves some searching questions:

- How well do we take account of our clients' needs, thoughts, feelings and wishes?

- How often do we require our clients to conform to our rules and requirements – at the risk of exclusion if they do not – rather than negotiate jointly agreed terms of engagement?
- How often do we focus on the procedures our staff need to follow, rather than the quality of the clients experience on the receiving end of that procedure?
- How often do our organisational needs come before those of our clients?
- And are there unspoken rules in our culture which disempower our clients?

These are difficult questions to address honestly.

Reviewing our work in an optimistic light, we might also ask: can we improve staff-client rapport? can we better demonstrate real belief in our clients' abilities to succeed? can we develop the person-centred skills of front line staff? can we do more to invest in our clients self-esteem and confidence?

I believe that if this approach was widely adopted by the voluntary and public sector, our clients lives would improve drastically. We would achieve better long term outcomes and the investment of public money in tackling homelessness would be valued more highly and recognised as providing a significant return on investment.

To bring this alive, I wrote up a conversation with a client of Spear and a colleague who had direct personal experience of homelessness, drug use and prison. We talked about trust, resilience and how different approaches from professionals can make all the difference to a client's progress. Here are their perspectives.

On the receiving end

I asked one of our clients (who I'll call James) how it felt when he was homeless. He told me being homeless wasn't just about the difficulties of sleeping in his car. He was coping with relationship problems and was distressed remembering how not very long ago, he had been paying rent and supporting his children financially before things suddenly span out of control.

I asked James how he saw the world around him when he was homeless. He said it felt to him that the world was split between the 'have' and 'have nots'. You were either in or out. He felt very much he was on the outside looking in at people who seemed to have all the opportunities he didn't and that some of the ways society operates were actually keeping him on the outside.

I asked him if he had any difficult experiences looking for help. At this point James got angry. He felt as if some of the staff paid to provide a service were just turning up to get paid. It felt as if they were trying to antagonise him. They had no skills in how to talk to someone in a crisis and they seemed most interested in using rules which they didn't fully disclose to justify not helping him.

James said he felt as if he wasn't being listened to. He felt like he wasn't trusted. It seemed to him that the professional he was speaking to had already decided not to help him because a manager had made a cursory decision and the person would easily lie and manipulate what he was telling them to justify giving the answer they had decided to give before talking to him.

It felt like Alice after she fell down the rabbit hole – going round in circles in a world that made no sense

James said it felt like the worker was performing a 'set piece' designed to exclude him. He spent a long time trying to argue his case but said ultimately it felt like Alice after she fell down the rabbit hole – going round in circles in a world that made no sense. He said he would never trust those people again.

I asked James if he had any good experiences when looking for help and if so, how that compared. He talked about a conversation with a GP. This man took the time to listen. He was polite and showed James some respect. He asked a question which meant a huge amount to James at the time: 'how can I help?'. The GP didn't promise to solve the problem but offered to help if he could. This time, James said he believed the person wasn't just doing a job.

James described how he opened up and told him the truth of how it felt to be street homeless. The GP didn't appear to assume the worst and this gave James hope that there was some help out there. It gave him the motivation to seek help. From that point onwards, James engaged with Spear. He found somewhere to live and is now in vocational training.

Different kinds of conversation

Bob has had a successful career working with vulnerable and homeless people. But in his younger life, he had a drug habit funded through regular shoplifting. As a result, he was regularly in court and had been sentenced to a series of increasingly long prison sentences.

Bob describes how three people were key in helping him to turn his life around. The first of these was a judge. Bob was in court, waiting for yet another prison sentence, when the judge surprised him. He said “obviously this isn’t working, let’s try something else”. Bob accepted the community Drug Treatment & Testing Order (DTTO) and signed up with a drug support agency.

I asked Bob what worked work in the drug support agency. He said two things: “the people were genuine” and “they saw potential in me when I couldn’t see it myself”.

Part of the programme was Cognitive Behaviour Therapy and Bob describes how the therapist took a genuine interest in his life. He seemed to care. Bob describes how this changed his thinking. He described feeling the same inside as he had always felt but the people around him had a different attitude and that made the difference.

After the successful completion of the DTTO, Bob signed up for a government training programme. After successfully completing the course, the tutor asked Bob if he’d like to be her assistant in future. He said “I nearly fell over; I couldn’t believe that the tutor had that much faith in me”. Bob reflected how important it can be to take a chance on someone.

Now Bob recognises that all three of these people – the judge, the therapist and the tutor – had the capacity to see past the person who appeared in front of them, past the person Bob thought he was, and see his potential. They took a real interest in his wellbeing, were flexible, open minded and willing to get to know him.

This was in stark contrast to his interactions with many other professionals who appeared to have made up their minds from day one and made minimal effort in their communication. “It’s not just about getting a disappointing response”, he said, “it’s the way it’s communicated that can leave you feeling much worse about yourself and your prospects than when you went into the meeting”.

I finished the conversation by asking Bob how he applies what he learnt as a 'client' to the way he now works with clients as a 'professional'. He said:

Every client has a story and their story is real. They may have told their story a hundred times to a professional in a series of questions and answers. I know I did. What I have found to be far more effective in my work is finding out how the person I'm talking to feels. This can never fully be realised with stock questions – these only get you stock answers.

The times when I have really got to see how someone I am working with is thinking about themselves has been on a walk to a coffee shop, or standing outside the office for a cigarette. On sunny days, I've even conducted key-work sessions in the park. It becomes a conversation. No notes really. And by listening actively and giving the person a real space to express their feelings, trust is built.

One of the biggest challenges is to enable clients to no longer view themselves as a just a homeless person or just a user or whatever the issue at the time may be.

Labels can be limiting. So if the person can come to their own realisation of themselves as an equal, or of their own self-worth, if their own perceptions of themselves and all that entails can be changed for the better, then they can start their journey from a far more liberating mind set and with a far greater chance of success.

In conclusion

I am convinced the approach this describes is a critical success factor in our most effective interventions at Spear.

It's not enough only to be person-centred. But across the plethora of practical support we provide, it is the person-centred client experience which makes the difference to the clients' engagement with the support on offer.

A good level of engagement (from the professional with the client and vice-versa) is very often a reflection of that client's capacity to trust and their motivation to learn and change. In simple terms, if we demonstrate that we respect and trust our clients, they are much more likely to trust us and get something meaningful from the service we provide.

If we demonstrate that we respect and trust our clients, they are much more likely to trust us and get something meaningful from the service we provide

It seems to me that we need to demonstrate much better exactly what works – perhaps from a perspective of behavioural economics, cost benefits analysis or whatever language will resonate with policy makers.

Understanding the fundamental importance of trust would enable service commissioners and delivery organisations to safeguard against diminishing outcomes caused by continuous cuts and instead to invest with confidence in transforming the lives of their clients.

The cause of the causes

by Paul Plant

This chapter considers the practical implications of focusing on trust and suggests what can be done by policy makers, commissioners and providers to address the issue.

Levels of rough sleeping are growing in London. Last year around 740 people could be found sleeping on the streets on any one night. A total of 7,581 slept rough at some stage during 2014/15 – a 90% increase from 2010/11 levels.

The factors that lead to rough sleeping and the consequences of not being in adequate housing have major impacts on health. The average age of a male rough sleeper when they die is 43 years while for women it is 47 years; and their rates of mental illness, substance misuse and physical health problems are much higher than for other Londoners.

Rough sleeping is one of the most visible manifestations of inequality in British society and throws into stark relief our collective inability to care for the most vulnerable.

Many public and voluntary sector services invest a lot of resource coping with the consequences of issues such as rough sleeping and in trying to find sustainable solutions to the housing, health, social and economic needs of the individuals involved. Lord Darzi's London Health Commission, which looked at the problem from the perspective of the NHS, found many examples of excellence in local provision, but also gaps and inadequacies, a picture replicated in other service areas.

The challenge of addressing growing need and service shortcomings for vulnerable people could not be starker

This picture of growing need and variation in service provision is also true of a wider group of Londoners who, like rough sleepers, suffer severe and multiple disadvantage and whose needs and behaviours manifest themselves in ways that are of concern to health services, those providing protection and social care, as well as the criminal justice system, where repeat offending is common. Of this group, 85% will have suffered a traumatic episode in childhood and come from backgrounds marked by poverty, family breakdown and disrupted education (S. Fitzpatrick et al).

The challenge of addressing growing need and service shortcomings for vulnerable people, however, could not be starker. Local government will have seen a 40% reduction in funding between 2010/11 and 2015/16 and is expecting further funding reductions. The NHS in London alone is projected to face a £4.8bn gap in funding by 2020/1 due to increased demand. So at the very least, services designed to tackle exclusion and inequality will be placed under increasingly intense scrutiny to demonstrate they are cost-effective. Most can expect severe challenges to funding levels.

In this context, the chapters of this report by Liz Allison and Stuart Nevill are timely. Allison highlights the evidence that a lack of epistemic trust is a major contributory factor in causing homelessness and a capacity that needs to be developed if troubled families or a rough sleeper, for example, is to get their life back on track. Nevill brings alive how the concept of epistemic trust resonates with his operational experience. He provides us with real insight into the centrality of a trusting relation with service users.

Both chapters imply that not to recognise the importance of epistemic trust means we are likely to be getting poorer outcomes. Resources will be being used inefficiently as help that has been put in place proves ineffective and support mechanisms break down.

Building trust in service users has to be pursued alongside the existing goals that practitioners have for those they help. They need to be comfortable and trained to do so. Different objectives can be hard to reconcile. What happens, for example, when a person is given choice and they choose something that a support worker believes is not in the service user's best interest?

Allison talks about the value of listening and being curious but nevertheless practitioners may feel there is a tension between the need for the client to be able to exercise autonomy in order to build trust and actions they think are required to prevent self-harm. Moving from academic insight to delivery is going to depend on exploring this issue in depth with practitioners.

We also need to know to what extent existing services currently build epistemic trust, if we want to gauge the scale of change implied by the evidence. Neville suggests that service providers do recognise this agenda. If he is right, then the literature might simply be describing what is happening already and we need do no more.

But good evidence to back this claim is lacking at the moment and without independent data and a user perspective we should be cautious about assuming an idea we all recognise (the need to build trust) is routinely delivered in practice.

Liz Allison's chapter, however, implies something deeper than simply the need for services to develop a trusting relationship with their clients. It suggests that epistemic trust is something to be nurtured as a capacity in an individual so that they can flourish and live independently. Epistemic trust is an internal capacity, manifest in relationships, not simply the quality of the relationship with one person or service. It infers we need to work with an individual to develop this specific capacity, which in turn might require a direct kind of therapeutic approach and new service models.

One of the implications of developing epistemic trust is that individuals will be able to support themselves more readily without the need for continued state support

To gain the commitment and resources to rethink services in this way will require a clear case for change, articulating the costs and benefits of doing so. This needs to be done in ways that recognise the role of political leadership and decision-making from local government as well senior leaders in the NHS.

One of the implications of developing epistemic trust is that individuals will be able to support themselves more readily without the need for continued state support. This should appeal directly to those who worry public services often undermine personal responsibility and the capacity of individuals to be independent. Showing that a focus on epistemic trust leads to better outcomes and greater efficiency should also be supported across the political spectrum, irrespective of the moral case for taking action. So there is a case for change that could enjoy wide support.

This debate, however, has even wider implications than simply looking at current services. The problem to solve may not be troubled families or rough sleeping per se. The evidence implies there are potential gains from early intervention and a population level prevention strategy. Epistemic trust takes us ‘up stream.’

First it implies that it may be better to identify and address damaged epistemic trust at an earlier stage, with a range of professionals working in different settings. Second, such an approach might be beneficial to other areas of social policy and public health. When a life course approach is adopted, it is clear that damaged levels of epistemic trust are a common root of the seemingly intractable problems that manifest themselves in different ways in those who have suffered trauma early in life and currently experience severe and multiple deprivation.

As a country we accept a situation where inequalities are widening but rather than address these at source we simply expect our public services to ameliorate and address the consequences

Looked after children, for example, are a group that fairs poorly on a range of indicators of health, education attainment, repeated contact with the criminal justice system and employment outcomes. Evidence shows that even with high quality services, many of those who come into contact with these young people struggle to help them on a pathway to success. They would be an obvious group to work with, given the trigger for why they are in care is often associated with trauma. In so doing, it would also stop more young people from these backgrounds themselves ending up homeless. So there is a double benefit.

In fact, the list of issues epistemic trust is linked with covers just about all the groups we struggle to engage with. We are still some way from having the understanding to intervene earlier and take a population primary prevention perspective; but work on the mechanisms, benefits and costs of putting theory into practice is worthy of much more serious consideration and experimentation.

There is one caveat, though. As a country we accept a situation where inequalities are widening but rather than address these at source we simply expect our public services to ameliorate and address the consequences. In so doing, we continually overload public services with tasks other than those associated with their prime function. This approach is costly and unsustainable. So simply adding ‘build epistemic trust’ to the list of things to address, say in our schools, is unrealistic.

But there are some urgent tasks to galvanize us now. Policy makers need to recognise that a lack of trust often lies at the heart of people’s inability to engage successfully with public services and the employment market – and there is a direct cost to this.

Service commissioners need to include building epistemic trust as one of the core outcomes they require from the services they commission.

For providers, it means examining and sometimes redesigning services as well as developing the skills of their staff to work in ways that are person-centred and psychologically-informed.

If this were to happen, we would start to tackle at source what Sir Michael Marmot would describe as the real ‘cause of the causes’.

Biographies

Dr Liz Allison, Director of the Psychoanalysis Unit, University College London

Liz Allison is the Director of the Psychoanalysis Unit at University College London (UCL).

She is a psychoanalyst and Member of the British Psychoanalytical Society. She supervises students on both the Psychoanalysis Unit's Doctoral Programme and the MSc in Theoretical Psychoanalysis. Having taught on various UCL Masters courses, including the MSc in Theoretical Psychoanalysis, the MSc in Psychoanalytic Developmental Psychology and the MA in Gender, Society and Representation, Liz is a member of the Editorial Board of Routledge's New Library of Psychoanalysis and an Associate Member of the Editorial Board of the International Journal of Psychoanalysis.

She is currently serving as External Examiner for Westminster Pastoral Foundation's Masters courses (accredited by the University of Roehampton).

Stuart Nevill, Chief Executive, SPEAR

Stuart grew up in London and went to secondary school in Westminster. After spending 6 years as a Buddhist Monk in the UK and overseas, Stuart started working with vulnerable people with mental health issues in the mid 90's.

After qualifying as a Psychoanalytic Psychotherapist in 2003, Stuart started working with street homeless people struggling with mental health issues in East London. He then held a variety of project management, new business and senior operational management roles in several London homelessness organisations, including Head of Offenders Services at St Mungo's and Commercial and New Business Director at Guinness Care and Support.

Stuart gained a MSc in Voluntary Sector Management at CASS Business School in 2009 and took up the role of Chief Executive at SPEAR in 2010 and has since led the charity to develop and expand SPEAR's activities in South West London.

Paul Plant, Deputy Director for Health Improvement, Public Health England

Paul Plant is the Deputy Director for Health Improvement at Public Health England (London).

He leads a team that supports local government with their public health responsibilities by providing evidence of effective practice. He also works with a range of stakeholders at a pan-London level to take action where it will make most difference to the health of Londoners and in tackling the deep inequalities that exist across the city. Currently he is working on programmes that are taking forward Better Health for London, the city's ambitions to be the healthiest city in the world, as well as supporting London's devolution plans.

Paul has a wealth of experience across all areas of public health, having worked on urban planning, housing and employment, addressing key health related behaviours and in support of particularly disadvantaged groups. He has a long standing interest in the public health aspects of mental health and is Visiting Professor at University College London (UCL), where he works with colleagues, supporting programmes developing adolescent resilience.

He has worked on programmes to address the complex needs of rough sleepers but would readily admit that collectively London has a long way to go to really tackle the deep seated issues that blight their lives and means they die early and experience very poor health.

The aim of this project is to illustrate what works to the people who commission and deliver services tackling homelessness. It brings alive the importance of trust and personal relationships in turning people's lives around.